

# A qualitative study of older people's views of out-of-hours services

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## SUMMARY

**Background:** Out-of-hours primary care services continues to change with the growth of general practitioner (GP) co-operatives and the more recent development of NHS Direct. While older people are more likely to have increased needs for such services, evidence suggests that they are reluctant users of GP out-of-hours services.

**Aim:** To explore older people's experiences and perceptions of different models of general practice out-of-hours services.

**Design of study:** Focus group methodology, with qualitative data analysis undertaken using a grounded theory (Framework) approach.

**Setting:** Thirty people aged between 65 and 81 years old from community groups based in south east London.

**Method:** Four focus groups were held, each with between five and 12 participants. Each focus group session lasted 90 minutes and was audiotape-recorded with the permission of the participants. The tapes were transcribed verbatim.

**Results:** Two related themes were identified. First, attitudes to health and healthcare professionals with reference to the use of health services prior to the establishment of the NHS, a stoical attitude towards health, and not wanting to make excessive demands on health services. Second, the experience of out-of-hours care and the perceived barriers to its use, including the use of the telephone and travelling at night. Participants preferred contact with a familiar doctor and were distrustful of telephone advice, particularly from nurses.

**Conclusions:** Older people appear reluctant to make use of out-of-hours services and are critical of the trend away from out-of-hours care being delivered by a familiar GP. With increasing numbers of older people in the population it is important to consider steps to address their reluctance to use out-of-hours and telephone advice services, particularly those based around less personal models of care.

**Keywords:** out-of-hours care; older people; qualitative study.

## Introduction

THE delivery of primary care outside of surgery opening times (out of hours) continues to change and develop with the growth of GP co-operatives and the expansion of NHS Direct.<sup>1-3</sup> The main impetus for the development of GP co-operatives came from general practitioners (GPs), for whom personal 24-hour care for patients had become an unacceptable burden.<sup>4</sup> NHS Direct is a nurse-led telephone advice line intended to provide 'easier and faster advice and information for people about health, illness, and the NHS'.<sup>2</sup> The Government has stated its intention that out-of-hours care be integrated with NHS Direct by 2004.<sup>3</sup>

Concerns have been expressed frequently about the inappropriateness of much of the demand for primary care out-of-hours.<sup>5</sup> However, relatively little attention has been given to the extent of unmet need and the implications of delay in seeking care out of hours.

Older people are likely to have increased need for out-of-hours services compared with those who are younger; however, evidence suggests that they are reluctant users of general practice out-of-hours services.<sup>6,7</sup> Their needs reflect greater levels of morbidity and social isolation. For example, of people aged over 75 years, 66% report a longstanding illness, disability or infirmity, and 47% live alone.<sup>8</sup> However, surveys have consistently shown that older people are more likely to be satisfied with out-of-hours services than younger patients.<sup>9,10</sup>

This study was undertaken to explore qualitatively older people's views of out-of-hours services.<sup>11</sup> This was intended to inform the development of out-of-hours services and NHS Direct within the district.

The study was conducted in Lambeth, Southwark, and Lewisham, a socially deprived, multi-ethnic area of south London. A focus group methodology was chosen using existing community groups so that both users' and non-users' knowledge and experiences could be explored. We wanted to provide an opportunity for issues to be raised and for participants to discuss their own priorities for out-of-hours care.<sup>12,13</sup> A purposive sampling process was used to ensure the inclusion of a range of people who were most likely to be affected by out-of-hours care.<sup>14,15</sup>

## Method

### Sampling and recruitment

Managers and project leaders of day centres, community groups, and older persons' forums of the Community Health Councils were approached by the researcher to take part in the research. Their members were invited by letter from the manager or project leaders to participate in a discussion about their experiences and views of out-of-hours care.

A topic guide, previously piloted with a group of younger

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**HOW THIS FITS IN**

*What do we know?*

Older people, despite increased morbidity, appear to be reluctant users of GP out-of-hours services and NHS Direct.

*What does this paper add?*

An exploration of factors contributing to older people's low service use. These include: suspicion of consultation by telephone, preference for contact with a familiar GP, limited view of nurses' roles, and previous 'negative' experiences.



adults, was used to explore participants' knowledge, experience, and attitudes (Box 1). The focus groups were conducted by a trained facilitator (JF) and supported by a colleague, who took notes and facilitated one of the focus groups.

Four focus groups were held, each with between five and 12 participants (a total of 30 participants: 26 women and four men). Participants' ages ranged between 65 and 81 years, although not all participants provided their age. The groups were held in community or day centres where participants usually met to ensure that members could easily attend and felt relaxed.<sup>13</sup>

The majority of participants were women who were white and who lived alone, reflecting the greater proportion of older women living alone in the population.<sup>8</sup> Men, members of ethnic minorities, and the more frail elderly were under-represented owing to the composition of the sampled community groups.

Each focus group session lasted 90 minutes and was audiotape-recorded with the permission of the participants.

- Thinking about any worries or concerns that you may have about your health or the health of someone you care for, who do you generally turn to?
- Are there other people whom you may contact about your health or the health of someone you care for?
- What are the circumstances in which you decide to try and make an appointment to see your GP?
- Have there been times when you wanted to speak to your GP on the phone?
- Have you tried to contact a GP when the surgery has been closed?
- Have there been times when you have used, or have thought about using, other services, e.g. A&E, ambulance?
- Have you ever thought about contacting your GP when the surgery was closed *but did not*?
- Have you ever received telephone advice out-of-hours? (If not, then how would you feel about receiving telephone advice?)
- Have you heard or used an emergency primary care centre, such as the one based at Dulwich Hospital? If not, then how would you feel about using one?
- What are the important things for you in out-of-hours services?
- From your experiences, do you have any suggestions for how the service could be improved?

Box 1. Topic guide: key questions.

The tapes were transcribed verbatim.

**Data analysis**

A grounded theory approach was undertaken and data were analysed using the Framework approach,<sup>9</sup> whereby a coding frame was inductively constructed and systematically applied to the data.<sup>16,17</sup> An experienced qualitative researcher reviewed the coding frame and, in discussion with JF, the coding frame was amended and refined.<sup>15</sup> Data were lifted from the transcripts and placed on charts according to thematic references, so enabling analysis within each group and between the four focus groups.

**Results**

Attitudes towards health and health care professionals, the experience of using out-of-hours-care, and perceived barriers to its use emerged from the focus group discussions as the strongest themes influencing the use of, and attitudes towards, out-of-hours services.

*Attitudes to health and health care professionals*

Experiences of healthcare prior to the NHS, beliefs about when it is appropriate to seek help, and attitudes to doctors and nurses were influential in shaping older people's attitudes towards seeking help out-of-hours. Across the four focus group discussions, 'our generation' and 'when you are older' were offered as explanations for certain attitudes and behaviour.

An uncomplaining attitude towards health was frequently expressed across the groups. This was characterised by continuing with normal activities and 'hoping you would feel better in the morning':

*'You must realise that we were brought up that way. If you weren't well you were told to go to work and work it off'. (Female, group 1.)*

Help was only sought when it was considered absolutely necessary. This stoicism was felt to reflect the shared values of 'our generation' and the experience of having to pay to see a doctor prior to the establishment of the NHS:

*'I think that for our generation, you had to pay to see a doctor, you didn't see a doctor unless you felt you were desperately ill. The doctor was king, and you didn't contact him unless you were at death's door'. (Female, group 1.)*

Although such attitudes were expressed in ways that implied an overarching influence on participants' use of the health service, they appeared to reflect a particular reluctance to make demands on the service outside normal working hours. For example, experiences were reported of suffering symptoms through the night until the morning, rather than attempting to contact a GP.

*Implications of illness*

In describing situations when out-of-hours help had been sought, the interpretation and implications of signs and symptoms were influenced by increasing age and perceptions of frailty. The fear associated with symptoms; for

example, that they might be related to a potentially life-threatening condition, such as pneumonia or cancer, was reported as increasing with age:

*'Don't forget that the older you get the more you fear when you're ill: what is wrong with you? You know, have I got this?'* (Female, group 2.)

Fear and the inability to make sense of symptoms and their severity, especially pain, emerged as the main triggers to seeking help out of hours.

### Attitudes to GPs

Considerable value was attached to having out-of-hours care provided by a trusted GP familiar with the patient's history. Without this, it was felt that inappropriate advice might be offered. However, if the need for medical attention was so great then an unfamiliar doctor would be acceptable. Confidence about seeing an unfamiliar doctor tended to be linked to positive experiences of out-of-hours care, as one participant who had contacted a GP co-operative described:

*'I got advice on the phone ... In my particular case it was alright'.* (Male, group 4.)

Across all the groups there were references to GPs of bygone years. This was contrasted with GPs' reluctance to undertake home visits today, and what was perceived as less caring attitudes.

*'... I'm talking 50 years ago, you called out a doctor and if he thought that you really were not well then he was there on the doorstep. Today they're not coming out'.* (Female, group 3.)

However, there was also some disagreement as to whether it was reasonable to expect GPs to visit at night when they had worked all day.

### Acceptability of nurse consultation

Views about seeking advice from nurses were explored, particularly in relation to telephone consultations. Contrasting opinions were identified. Confidence in, and sometimes preference for, talking to nurses was expressed that contrasted with a lack of trust in the qualifications and experience of nurses and doubt about how a caller could know whether or not a nurse was 'properly' qualified to give telephone advice. The role of the nurse was described by some as being one of 'doing dressings and simple things', and opinions were voiced that nurses are not trained to assess problems or give advice, but rather to act on doctors' orders:

*'My generation are trusting in the doctor. The nurse has got a role to do what is different training to the doctor's training. And I think somehow it's been mixed up'.* (Female, group 3.)

Confidence in talking to a nurse tended to be associated with greater personal experience of nurses providing support:

*'I'm prepared to talk to my nurse instead of the doctor, actually. Because we can talk together and go*

*back over the years, we have a good relationship'.* (Female, group 4.)

### Experiences of out-of-hours care

From the data, a range of experiences of out-of-hours care and perceived and encountered barriers to out-of-hours care were identified.

Stories told by participants were analysed and grouped according to whether they were 'positive' (satisfied with the care they had received) or 'negative' (critical of the care received). Themes identified with 'positive' experiences were GPs readily agreeing to make a home visit and arriving swiftly, and when the visiting doctor was known and familiar with the patient's past medical history.

*'I had terrible pains for a couple of days and eventually on Saturday evening at half past ten, I said to my husband "I can't bear it anymore, you'll have to call the doctor" which he did. Now my own doctor was there within a quarter of an hour'.* (Female, group 2.)

Themes identified with 'negative' experiences were the perception that the doctor was underestimating the urgency and need for care and callers feeling that they were bothering the GP. Such perceptions came from experiences of the GP sounding annoyed at being contacted, asking questions in an impatient fashion, sounding rushed, or appearing reluctant to visit.

*'So she [participant's sister] phoned the doctor and nobody wanted to come ... my daughter she's in the medical profession, and she insisted that a doctor came. And the doctor just came to the doorway and never came near me!'* (Female, group 1.)

### Going out at night

Significant problems were reported, particularly by women living alone, about travelling out-of-hours to the primary care centre used by the local general practice co-operative. The cost of using taxis and their untrustworthiness was highlighted, while public transport was considered both unreliable and unsafe. Fears about personal safety were combined with practical issues about leaving home, such as feeling too unwell and having to negotiate flights of stairs.

*'I've got 32 stairs. There is no way if I felt really ill I'd get down those 32 stairs to begin with! Let alone outside in the cold. And if you are not feeling well then the last thing you want to do is go out into the air to go on a bus'.* (Female, group 1.)

There was a widely shared view across the groups that if a person was ill enough to call a doctor out-of-hours then they were likely to be too ill to travel. This perception appeared to act as a barrier to contacting GP out-of-hours services because of the fear that they would be asked to attend an emergency centre or be asked to travel to an accident and emergency department to seek help.

### Use of telephones

The telephone was identified as a barrier to seeking help out of hours. The use of telephone answering machines to pro-

vide contact numbers for out-of-hours services was criticised. Taped messages were described as being garbled, with contact numbers sometimes given too quickly to be noted down. At the time when help is urgently needed, participants reported feeling anxious about having to make multiple telephone calls.

A few participants said they would be confident to accept telephone advice for medication queries and minor problems. However, many expressed concerns about their needs being assessed over the telephone, including doubts about the ability of unknown doctors to make accurate diagnoses in these circumstances.

*'This chap has never met me and I have never met him before. But I rang up to say that I was running a temperature and that I needed to be seen to, and he diagnosed my illness over the phone!'* (Female, group 3.)

*'I don't think it is advisable to talk to the doctor over the phone about what you are suffering with and what the symptoms are and so on. I think it is most important that a doctor sees you.'* (Male, group 4.)

## Discussion

Concerns have been expressed that new forms of service delivery, such as GP co-operatives and NHS Direct, are being underused by the elderly.<sup>6,7,18</sup> This study provides some insight into the views and experiences of a group of older people in south London and gives indicators of why this might be. The findings suggest that older people prefer contact with a familiar doctor, tend to adopt a stoical attitude, particularly during the out-of-hours period, and are reluctant to seek help. They also appear suspicious of trends towards telephone triage and advice.

Attitudes towards health and health care emerged as important determinants in participants' decision-making about when to contact out-of-hours services. It has previously been recognised that the decision to administer self-care or take no action is the overwhelming response to symptoms of illness among older people,<sup>19</sup> although the attitude of 'wait-and-see' has been identified across all age groups.<sup>20</sup>

The views elicited here about healthcare professionals and the importance attached to being treated by a familiar doctor may apply widely to the general population, but it appears that older people, particularly those who have multiple problems, may place particular importance on continuity of care.<sup>21,22</sup>

The participants perceived their views and experiences, of themselves as older people, as different to the rest of the population. However, the recruitment method of using community groups may have biased participation towards those individuals who were relatively mobile. Men, ethnic minorities, and the frail elderly were under-represented in the groups and their experience and views of out-of-hours services may differ from those reported here. This study was intended to raise questions and ideas about out-of-hours services rather than give a representative view of the wider population of older people in the district.

The study provides useful insights into the reluctance of older people to seek help out of hours. Some of the views

contradict the findings of quantitative surveys of GP out-of-hours users, which demonstrate high levels of satisfaction with out-of-hours care among older people.<sup>9</sup> From our results it is only possible to speculate that when older people do use out-of-hours services they may be satisfied with specific episodes of care; however, despite such positive and satisfactory experiences there are obstacles to access that may result in degrees of unmet need. Deeply held views and opinions about their health and health care professionals and the appropriateness of seeking help may be slow to change, despite one-off positive experiences.

The attitudes expressed by this particular group of older people may in part be a cohort effect, and their experience of growing up prior to the establishment of the NHS may have played a significant role in shaping their attitudes towards seeking help. However, in addition it is probable that older people's views on illness reflect part of an ageing phenomenon, where signs and symptoms increase in their significance. The extent to which future generations of older people will have different experiences and attitudes to health and health care is difficult to anticipate.

The proposed future integrated model of out-of-hours care is intended to enable more immediate access to advice and information.<sup>3</sup> The new model will go some way towards addressing problems with telephone answering machines and difficulties in accessing out-of-hours services. However, for older people this may not go far enough unless the anxieties and fears expressed here about telephone consultation itself, particularly with nurses, are overcome.

## Conclusion

This study goes some way to explaining why new models of out-of-hours service delivery, such as general practice co-operatives and NHS Direct, may seem inappropriate to older people for dealing with their health care needs and so are underused.<sup>18</sup> Given the multiple morbidity experienced by many older people, the ageing of the population, and the increasing number of older people living alone, it is important to consider steps to address the barriers to seeking care out-of-hours that are revealed by this study.

Until now, much of the publicity in relation to out-of-hours care has tended to emphasise the need *not* to make excessive demands on the GP. Such messages may exacerbate the reluctance of older people to use out-of-hours services. The consequences of unmet out-of-hours needs on levels of morbidity, physical and psychological distress, subsequent costs to the health service, and overall societal costs need further investigation. Careful consideration should be given to how new service arrangements, such as NHS Direct, are designed and advertised appropriately for older people.

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