

***Public Attitudes to Health and Personal Social Services  
in Northern Ireland 2004***

Appendix 3

Executive Summary – Focus Groups

November 2004

## **CONTENTS**

<b>1</b>	<b>INTRODUCTION AND BACKGROUND</b>	<b>116</b>
<b>2</b>	<b>SUMMARY OF METHODOLOGY FOR FOCUS GROUPS</b>	<b>116</b>
2.1	IDENTIFYING CLIENT GROUPS	116
2.2	HOSTING THE FOCUS GROUPS	118
2.3	CHOOSING THE SAMPLE	118
2.4	USE OF INCENTIVES	118
<b>3</b>	<b>PRIMARY CARE SERVICES</b>	<b>119</b>
3.1	GPs	119
3.2	SOCIAL WORKERS	123
3.3	HOME HELPS	125
3.4	HEALTH VISITORS	127
3.5	DAY CENTRES	129
3.6	ALLIED HEALTH PROFESSIONS	131
3.7	PHARMACISTS	133
3.8	DENTISTS	134
3.9	COMMUNITY PSYCHIATRIC SERVICES	135
<b>4</b>	<b>SECONDARY CARE – HOSPITAL SERVICES</b>	<b>137</b>
<b>5</b>	<b>PUBLIC HEALTH</b>	<b>143</b>
<b>6</b>	<b>GENERAL ISSUES</b>	<b>145</b>

## **1 INTRODUCTION AND BACKGROUND**

The Department of Health, Social Services and Public Safety (DHSS&PS) appointed Research and Evaluation Services (RES) in March 2004 to assist it with a public consultation exercise.

The public consultation exercise was carried out in two parts:

- A series of 13 focus groups, this report relates only to the findings of the focus groups); and,
- A telephone survey of Northern Ireland adults (details of this are available in Appendix 1 and 2 of this report).

## **2 SUMMARY OF METHODOLOGY FOR FOCUS GROUPS**

### **2.1 IDENTIFYING CLIENT GROUPS**

The Department worked with the four Regional Strategy Area Sub-Groups (established as part of the Regional Strategy) to identify “hard to reach” client groups i.e. those groups whose voice would not necessarily be heard via a telephone survey. The Health and Social Care Councils were also closely involved in the planning and selection of these groups.

The Department liaised with the Regional Strategy Area Sub-Groups and the Health and Social Care Councils to identify locally-based groups in each area to represent the views of the client groups chosen.

The focus groups took place during April and May 2004. Full details of the focus groups hosted are shown in Table 1 overleaf.

<b>Table 1: Details of Focus Groups Hosted</b>					
<b>Group No</b>	<b>Profile</b>	<b>Contact Organisation</b>	<b>Date</b>	<b>Venue</b>	<b>Attendees</b>
1	Mental Health Service Users and Carers	Steer	1 Apr 04	Steer, The Diamond, Londonderry	11
2	Rural Area (families)	South Armagh Women's Family Health Initiative	7 Apr 04	Mullaghbawn Community Centre, Mullaghbawn	10
3	Physical (sensory disability)	Cedar Foundation	14 Apr 04	Balmoral Training and Resource Centre, Belfast	6
4	Neighbourhood (disadvantaged)	Northern Health Action Zone	14 Apr 04	Gortalowry House, Cookstown	9
5	Travellers	Western Health Action Zone	15 Apr 04	Community House, Omagh	9
6	Older People (rural)	Senior Citizen's Consortium Sperrin & Lakeland	20 Apr 04	Gortmore House, Maguiresbridge, Co Fermanagh	8
7	Carers	Banbridge Carers Group	21 Apr 04	Banbridge Enterprise Centre, Scarva Road	9
8	People of Different Sexual Orientation	Coalition on Sexual Orientation	24 Apr 04	Clanmil Housing Association, Northern Whig Building, Belfast	6
9	Older People (city)	Engage With Age	26 Apr 04	Grosvenor House, Glengall Street, Belfast	11
10	Learning Disability (service users)	Newry and Mourne HSS Trust	28 Apr 04	Laurels Day Centre, Drumalane Road, Newry	8
11	People with Hearing Impairments	Royal National Institute for the Deaf	5 May 04	RNID, Wilton House, College Square North, Belfast	9
12	Young People (13-16 years)	Ballynafeigh Community Development	18 May 04	Ballynafeigh Community Centre, Ormeau Road, Belfast	10
13	Ethnic Minority	Northern HSS Board Ethnic Minority Steering Group	20 May 04	Ballymena Inter-Ethnic Forum, Ballymena	6
<b>TOTAL Attendees</b>					<b>112</b>

## 2.2 HOSTING THE FOCUS GROUPS

The Department worked in liaison with the locally-based groups to agree a mutually convenient date, time and venue for each of the focus groups.

The Department and RES jointly agreed a draft agenda for the focus groups. Written parental consent was obtained for all of the under 16 year olds who attended the young persons focus group.

RES hosted and tape-recorded each of the focus group sessions. We also asked participants to complete a monitoring form. The statistics from this are shown in the detailed report which accompanies this summary (see Appendix 3).

It would not have been feasible to have asked focus group participants about all of the primary care services. Instead, it was agreed with the Department that each group would be allowed to choose which primary care services it had most experience of or wished to comment on. Hence, in the summary that follows, we explain the number of focus groups whose participants opted to comment on each service. Inevitably, there were some primary care services that no group chose to comment on.

Apart from this, all groups commented on all other questions.

## 2.3 CHOOSING THE SAMPLE

The participants for each focus group were chosen by each locally-based organisation.

## 2.4 USE OF INCENTIVES

With the Department's consent, RES gave each adult participant £20 in cash to cover any out-of-pocket expenses and their time for attending. In the case of the young people's focus group, a £10 donation was made for each young person who attended. (This reflected the fact that the young person's focus group lasted only one hour compared with the adult groups which typically lasted two hours).

### 3 PRIMARY CARE SERVICES

#### 3.1 GPs

*(Participants at 12 of the 13 focus groups chose to comment on this service)*

*How would you rate the service in terms of ease of access?*

Different client groups appeared to experience different barriers to access.

- Young people felt that access was easy.
- However, many adults and older people felt that in general waiting times to get an appointment, for example, a week or more) were too long.
- There seemed to be demand for and a shortage of female GPs (middle aged and older female focus group members commented specifically on this).
- Travellers felt that the out-of-hours services and service at weekends were good. However, those in rural areas perceived these aspects as very poor.
- Many people perceived that GPs were reluctant to carry out home visits; this was a particular issue for older people.
- Insufficient car parking and stairs in surgeries constituted barriers for people with mobility problems including older people.
- Many perceived that the receptionist had too much ‘power’ and acted more as a barrier than a gateway to service.
- The mental health service users and carers we consulted, as well as those representing people from ethnic minorities, all gave examples of where it had proven extremely difficult to find a GP who was willing to have them registered with them.
- People with hearing impairments indicated that without visual display units in a surgeries it was a very stressful experience waiting in a surgery, trying to figure out when they were being called for their appointment.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc*

These were considered together.

- In the main, people felt they got a good service from their GP. Many felt that their GP was positive and helpful.
- However, many reported feeling rushed during the appointment itself.
- A few felt that some GPs were too slow to diagnose serious conditions.
- Some criticised what they perceived as a sarcastic, dismissive attitude of some GPs.

- Older people in particular felt that some GPs did not take their symptoms seriously enough and were too quick to attribute their illness simply to their age.
- Several people resented the notion that a receptionist, who was not medically qualified, was seemingly making decisions on whether or not a situation was sufficiently urgent to merit an appointment with the GP.
- For people with hearing impairments, a key issue was the fact that most GPs cannot use sign language.
- Another key issue for people with hearing impairments and people from ethnic minorities was the fact that the onus is on the patient to organise an interpreter. There was a strong view that this should be the responsibility of the service provider.
- A few people with learning disabilities commented on how stressful it was if they had to wait for a long time in the waiting room before their appointment.
- It seemed to some people from ethnic minorities that there was little appreciation amongst medical staff in general about the cultural/religious importance of certain procedures, for example, circumcision.
- People of different sexual orientation perceived that the health service in general was homophobic. They considered that, in the case of someone of different sexual orientation, GPs over-relied on medication rather than examining the root cause of a patient's stress. They alleged that some GPs had "outed" gay people and thereby caused considerable distress.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, male or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

*Same Service...*

- Travellers and people with learning disabilities were the only two groups who felt that everyone gets the same service from their GP.

*Better Service...*

- Many felt that one received a better service if one knew someone who was influential, or one was oneself regarded as influential, or one came across articulate, confident and knowledgeable about the service.
- Young people felt that older people and babies received a better service.
- Mental health service users and carers felt that people who do not have a mental health condition received a better service.

*Lesser Service...*

- People of different sexual orientation felt that gay and lesbian people received a lesser service because of what they perceived as the largely homophobic attitude of GPs.
- There was concern among a few groups that older people could receive a lesser service unless they had someone to speak up for them.
- People with hearing impairments felt very marginalised. They perceived that all other types of disability are treated more favourably than theirs.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service of GPs:

- Several groups commented on the following aspects:
  - Have more GPs so as to enable appointments to be given sooner.
  - Take people on time for their appointments.
  - Have more nurses employed in GP surgeries to carry out routine matters such as blood pressure, blood samples etc.
  - Have open surgeries;
  - Have a faster system for issuing repeat prescriptions; and,
  - Make the receptionist more patient-centred.
- Young people felt that there should be toilets at GPs surgeries and a dedicated area for young children to play. They also thought that the waiting areas should be larger. They felt at times the areas were overcrowded. They considered that something should be done to make GP surgeries smell fresher. The young women felt that there should be provision for them to visit their GP on their own, for example, to discuss sexual health matters.
- Some older people wished to have medication reviewed more regularly.
- Older people and those living in rural areas wished GPs to consider doing more home visits.
- Those living in rural areas wished to see improvements in the out-of-hours service and the ambulance service. They also wished to see a better system for sharing patient information between GPs and patients being surveyed to give their opinion on service quality.
- People of different sexual orientation felt that GPs should consider the benefits of gay-friendly counselling and alternative therapies for some of their patients. They felt that GP surgeries should be more gay-friendly.

- Mental health service users and carers felt that GPs needed to know more about mental health conditions and local support services. They felt that each surgery should have more GPs with specialist knowledge of mental health issues. They felt there should be greater emphasis on non-drug therapies, such as, cognitive behavioural therapy.
- People with hearing impairments felt that there should be more deaf awareness training for GPs and receptionists. They also believed that staff at GP surgeries should be encouraged to learn sign language and use mini-coms. They felt that each surgery should have a videophone in a dedicated room. They believed that more health-related information should be available on video / DVD and that information in written form should contain lots of supporting visual information.
- People with hearing impairments and people from ethnic minorities felt that the GP should be responsible for booking the interpreter for any appointment.
- People from ethnic minorities felt that staff at all GP surgeries should receive cultural awareness and anti-racism training. In common with mental health service users and carers, they believed that more should be done to make people aware of the role of the Central Services Agency in helping people to get registered with GPs. They also felt that the difficulties some people have in getting registered should be investigated.
- People with physical and sensory disabilities wished to see surgery facilities being upgraded, more phone lines available to get through on and increased use of touch tone systems as appropriate.

### 3.2 SOCIAL WORKERS

*(Participants at 3 of the 13 focus groups chose to comment on this service).*

*How would you rate the service in terms of ease of access?*

- There was a wide range of opinion on the subject of access. Some had no issue about access. Some rated it as “good”. Others found it difficult. They felt they had to “badger” social workers to get help. They also felt that the arrangements to provide cover when a social worker was on leave were poor. A few felt that it was difficult to be able to contact social workers who worked part time.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

These topics were considered together:

- Some perceived that social workers were good at helping clients find their way around ‘the system’, others felt that social workers were not at all helpful in this regard and the client felt left to fend for him or herself.
- People of different sexual orientation felt that homophobic attitudes were widespread amongst staff within the health service, including social workers.
- People with physical or sensory disability and people with hearing impairments felt that some social workers did not demonstrate sufficient empathy, they did not seem to be able to see the deficits in the service from the point of view of the service user.
- People with hearing impairments perceived that social workers have inadequate signing skills. Some had experienced a patronising attitude from social workers.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, male or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

*Better Service...*

- People with hearing impairments felt that the hearing community receives a better service.
- People of different sexual orientation felt that heterosexual people received a better service (for example, in relation to adoption). People with hearing impairments also felt that those without a hearing impairment received a better range of options in relation to adoption.
- People of different sexual orientation also felt that articulate, confident people received a better service.
- People with physical and sensory disabilities felt that those who “badgered” social workers got a better service.

*Lesser Service...*

- People with physical and sensory disabilities believed that a client received a lesser service if they appeared to be coping.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service from social workers:

- People of different sexual orientation considered that social workers needed to:
  - undergo gay awareness training;
  - employ more gay people in social work; and,
  - work to change attitudes towards gay people.
- People with physical and sensory disabilities felt that social workers needed to:
  - improve their attitude to clients as more empathy was needed;
  - be more aware of offering emotional support to their clients;
  - involve service users in the design of social work services; and,
  - be more knowledgeable about how to support their clients, for example, accessing aids / services etc.
- People with hearing impairments felt that social workers needed to:
  - improve their sign language (Level II);
  - treat deaf adults as adults not children; and,
  - have a uniform set of criteria as regards eligibility for free equipment across Northern Ireland.

### 3.3 HOME HELPS

*(Participants at 2 of the 13 focus groups chose to comment on this service).*

*How would you rate the service in terms of ease of access?*

- Most perceived it to be difficult or very difficult to access a home help.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

- Overall the quality of the service provided was deemed to be poor for a variety of reasons:
  - Many thought that the range of duties offered was too limited. (there was a perception that large numbers of insurance claims have led to this).
  - The time allocations were thought to be unrealistic;
  - Not enough home helps;
  - Poor remuneration;
  - Poor cover arrangements;
  - Services perceived as not being managed effectively;
  - Perceived to be poor internal communication amongst home helps and their managers;
  - Inadequate training of some home helps, not able to use the aids and appliances a client needs.
  - Differences in the services one home help provides versus another;
  - Major concern over perceived lack of systematic, confidential quality assurance systems;
  - Concern about the harmful effect on mental health of living in unhygienic conditions; and,
  - Care package (including home help) not always being in place before a patient leaves hospital.

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

- There were mixed views on the attitudes of home helps. Some thought that the attitudes were good. Many however, felt that home helps had become uncaring, their work was now “just a job”.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

*Better service...*

- A few felt that getting a better service depended entirely on the home help. We were told that some home helps do more than they are actually allowed to do but clients and home helps both kept quiet about this for fear of a reaction from the District Nurse.

*Lesser service...*

- Some carers felt that there were fewer home helps available for children and consequently children received a lesser service.
- Some carers themselves reported feeling quite unsupported as regards home help provision.
- There was a major concern about the possibility of vulnerable people receiving a lesser service. There were concerns that some of these people may have a justifiable complaint against their home help but do not complain for a variety of reasons. Without a complaint a lesser level of service could be allowed to continue unchecked.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service from home helps:

- Focus more on a caring attitude;
- Allow home helps to do more routine tasks;
- Partner with other support services;
- Monitor client satisfaction;
- Have a probationary period;
- Allow travel time;
- Have a travel allowance;
- Provide training to match clients' needs;
- Address the insurance issue; and,
- Provide more services for children.

3.4 HEALTH VISITORS  
(Participants at 2 of the 13 focus groups chose to comment on this service)

*How would you rate the service in terms of ease of access?*

- Access was described by all as good.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

- Generally, the quality of the service was considered to be good.
- However, some mothers felt that health visitors were too quick to conclude that there was a problem with their child.
- People from ethnic minorities felt that there was a need for health visitors to be more culturally aware. Interpreting services were also needed.

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

- Generally the staff attitudes were thought to be good. A few mothers, however, found some health visitors patronising or too theoretical.
- Some mothers from ethnic minorities perceived that some health visitors were suspicious or disapproved of their traditional methods of childcare.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

- Those consulted believed strongly that everyone receives the same service.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service from health visitors:

- Enable mothers to speak openly about their concerns in relation to their own health / situation, for example, depression;
- Visit more frequently;
- Provide more support for lone parents;
- Have an open day at the baby clinic;
- Undergo cultural awareness training; and,
- Use interpreters as required.

### 3.5 DAY CENTRES

*(Participants at 2 of the 13 focus groups chose to comment on this service)*

*How would you rate the service in terms of ease of access?*

- Some perceived access to day-centres to be easy. Others found it difficult to find a suitable place for someone with behavioural problems. Steps and lack of wheelchair access were barriers for some people with mobility problems. Some carers were concerned about what they perceived as the long journeys that people attending a day centre had to make each day.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

- People with learning disabilities felt that the quality of services were good. The development of friendships through the day centre appeared to be more important than the types of activities offered. Being given responsibility seemed to be important for the development of self-esteem of some.
- Carers, however, felt that the quality of the transport service to and from the day centre was poor and unreliable. They believed that a backup service and day time service were needed. They claimed that drivers need training in use of equipment. They also alleged that on occasions drivers had not checked whether there was a responsible adult at home before dropping passengers off. They were puzzled at a policy which appeared to operate at one centre where people were asked to stop attending the day centre when they became 65.

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

- People with learning disabilities described the staff attitudes as “very nice”.
- Carers had mixed views. Some felt that the quality of stimulation was good others thought it was inadequate. Similarly, some perceived that the nursing staff’s attitude was generally good, but a few felt that nursing staff trivialised some important issues.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

- The people with learning disabilities whom we consulted did not have any experience of any other day centres and so were unable to comment on this.
- Carers felt that a client could receive a lesser service if the client was not into computers or crafts.
- They also felt that less day centre options were available if a person has significant behavioural problems.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

- The people with learning disabilities whom we consulted had no comments to make in relation to this question.
- Carers made the following suggestions for improvements:
  - more one-to-one care;
  - more reliable transport;
  - shorter journey times for clients;
  - backup transport; and,
  - check that a responsible adult is at home before dropping client off.

### 3.6 ALLIED HEALTH PROFESSIONS

*(Participants at 1 of the 13 focus groups chose to comment on this service – “Rural Families”)*

*How would you rate the service in terms of ease of access?*

- Access was considered to be poor to physiotherapy, speech therapy and Community Psychiatric Services (CPS).

*How would you rate the service in terms of the overall quality of the service provided, and why?*

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc*

These topics were considered together and the following points were made;

- physiotherapy and occupational therapy perceived as uncaring;
- speech therapy perceived as using outmoded techniques and patronising; and,
- perceived lack of multi-disciplinary working.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males/female etc, affluent or disadvantaged, disabled / non-disabled etc*

*Same Service...*

- Some thought everyone received the same service.

*Better Service...*

- Others felt that those who shout louder get a better service.
- Collective action was thought to achieve better service.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service from allied professions to health:

- more therapists;
- more patient-centred;

- re-introduce caring attitude;
- improve inter-disciplinary communication and working;
- have a one-stop shop option for patients with multiple needs;
- have more CPS in rural areas;
- have more community mental health day care services; and,
- have more CPS for young people (16 – 18 year olds) with mental health problems.

### 3.7 PHARMACISTS

*(Participants at 1 of the 13 focus groups chose to comment in this service – “Young People”)*

*How would you rate the service in terms of ease of access?*

- Young people felt strongly that chemists were “easy” to access.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

- The general view was that chemists offered a fairly good service.

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

- Feedback regarding staff attitudes was somewhat varied. Some felt staff attitudes were acceptable. Others thought that some staff were disrespectful to young people.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

- Young people mainly thought that everyone gets the same level of service. Some thought that adults get a better service, that they get more respect and attention from chemists.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service from chemists:

- longer opening hours;
- have more staff at peak times;
- make premises wheel chair friendly;
- ensure that staff have more respect for young people; and,
- have more health and well-being facilities / gadgets.

### 3.8 DENTISTS

*(Participants at 1 of the 13 focus groups chose to comment on this service – “Travellers”)*

*How would you rate the service in terms of ease of access?*

- Mixed views emerged with regard to perceptions on ease of access to services. On the whole, routine access was regarded as poor whilst emergency access was regarded as good.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

- Service quality was perceived as good. However, question marks were raised over variations in dental charges in different locations.

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

- Attitude of dentists generally thought of as good.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

- Perceived that everyone gets the same service.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestion to improve the service from dentists:

- all services should be free to those on Income Support.

### 3.9 COMMUNITY PSYCHIATRIC SERVICES

*(Participants at 1 of the 13 focus groups chose to comment on this service – “Mental Health Service Users” and “Carers”)*

*How would you rate the service in terms of ease of access?*

- Access is difficult.
- Too long to get an appointment.
- Felt that there was not enough Community Psychiatric Nurses (CPNs).
- Allocation of CPNs regarded as a “lottery”.
- Appointments perceived to be not long enough, 10 –15 minutes, especially given vulnerability of clients.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

- Overall quality of service thought to be very poor.
- Generally felt that there was not enough information available on mental health services and therapeutic options.
- Accommodation and service in psychiatric hospitals perceived as poor.
- Several felt that there was little or no support after leaving hospital.
- Also perceived that out of town location of psychiatric hospitals further isolates mental health patients from the community.
- Tasks in Occupational Therapy, demeaning for some.
- Not enough contact with professional staff. Rushed appointments.
- Need to emphasize alternatives to drugs, for example, Cognitive Behavioural Therapy (CBT).
- Community Psychiatric Services seeming not to support the efforts of the GP to support the client.

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

- Some positive support from GPs and CPNs.
- However, many examples were given of clients feeling patronised.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

*Better Service...*

- Perceived that people with private medical insurance were seen faster, this was thought to apply to all health and social services.

*Lesser Service...*

- Perceived to be poor psychiatric provision for children living west of the Bann.

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service from CPS:

- professionals to change attitudes;
- involve service users in service design and delivery;
- work to change public attitudes to mental health / illness;
- upgrade psychiatric hospitals; and,
- consider non-drug therapies, specifically counselling and CBT.

#### 4 SECONDARY CARE – HOSPITAL SERVICES

*How would you rate the service in terms of ease of access?*

- There were mixed views about ease of access.
- Some felt that one's access depended on the decision or not of a GP to refer you.
- Lack of car parking was mentioned by several of the groups.
- Participants at a few of the groups felt that the waiting lists to see a specialist were too long.
- Participants at a few groups were concerned about the possible closure of their local hospitals and the consequent difficulties in access.
- Participants at a few groups also believed that the waiting times at Accident & Emergency were too long.
- Participants at a few groups felt that the ambulance service was poor. They felt that there were too few ambulances to transport patients to and from the hospital. This resulted in long waits at either end. Others were gravely concerned that the ambulance crews appeared not to know the local roads very well. They felt this lost vital time in an emergency.
- Those without their own transport, especially those living in rural areas, found it very difficult to access city-based hospitals, especially for early morning appointments.
- People of different sexual orientation perceived that it was very difficult to get an appointment at Genito-Urinary Medicine (GUM) clinics.
- For people with hearing impairments access was difficult because of the lack of deaf awareness training undertaken by hospital staff, as well as the fact that properly qualified interpreters were not used routinely, and appropriate technology which could help deaf people was not used routinely.

*How would you rate the service in terms of the overall quality of the service provided, and why?*

*How would you rate staff attitudes? i.e. How patient-friendly do you think professional staff are? e.g. medical staff, dentists, receptionists, counter staff in pharmacies – whichever applies in relation to that service etc.*

Generally, these topics were considered together.

*Some felt that the general quality of service was poor in the following areas:*

- Some believed that there was not enough hospital staff, especially at the weekends. There was a strong perception across many of the groups that hospital services were overloaded.

- Several felt that general hygiene in hospitals had deteriorated since contract cleaning had been introduced. There were quite a few calls to “bring back the matron”.
- Several felt that there should be proper beds for patients and not trolleys.
- Some also felt that the shifts staff were asked to work were too long and, in some cases, presented risks to patient health.
- Some suspected that speculation about the future configuration of the health services in general was affecting staff morale and, consequently, patient care.
- A few commented on what they perceived as poor systems for the handling of patient records, even within the same hospital!
- A few criticised the differences in the range of services available at each location. They felt that a basic range of services should be provided at all hospitals.
- Again, a few commented on the unsuitability of mixed wards, especially for elderly people.
- Young people perceived that the food in hospitals was “lousy”.
- Older people perceived that there was not enough co-ordination between the hospital and primary care services, i.e. to arrange a package of care in advance of a patient being discharged.
- People from ethnic minorities perceived that some of what did or did not take place in hospitals was racially-motivated / prejudiced.
- Mental health service users and carers believed that there should be separate accommodation in Accident & Emergency for self-harmers. In their opinion, bundling such people in with other emergencies only adds to the stress.
- People of different sexual orientation felt that the general level of homophobic attitudes across the health service, including hospitals, affected the quality of service.
- People with hearing impairments felt that more needed to be done to improve deaf awareness and signing abilities across hospital staff. Even with this, they felt that training alone would not change attitudes. They believed that policy and training needed to be put into action.
- People with hearing impairments and people from ethnic minorities considered that there should be more use made of interpreting services and that the onus should be on the provider to arrange these.

- Some carers also felt that hospitals should and currently do not seem to provide access to someone competent in various sign languages, for example, makaton.

*Nurses...*

- Nurses were generally perceived to provide a good service. Nurses in children's wards and coronary care were mentioned specifically as having a positive attitude towards their patients.
- Nurses were generally regarded as overstretched and some felt that the stress rubbed off on their attitude to their patients, i.e. some felt that nurses did not have enough time to impart information to their patients.
- Some perceived nurses had become too focused on paperwork and had lost the focus on patient care.

*Consultants...*

- It seemed that the work of some Consultants was highly regarded. However, many of the examples given were of, what people perceived as, negative attitudes of Consultants.
- Those consulted alleged that in some instances Consultants lost their temper, were rude and patronised patients.

*Older people...*

- Some older people felt as if hospitals regarded them as being in the way. They felt that hospitals and health services in general had become less caring towards the elderly.

*Do you think that there are any circumstances where people receive a less or more favourable service than others? e.g. because they are old, young etc, males or female etc, affluent or disadvantaged, disabled or non-disabled etc.*

*Same Service...*

- Travellers were the only group who perceived that everyone receives the same service from hospitals.

*Better Service...*

- Many felt that the following types of people were more likely to get a better service:
  - patients who pay privately;
  - people who are knowledgeable about the service;
  - people who are confident and articulate;
  - people who are influential / hold a position in society or who know someone who is influential (for example, within the health service or a politician);
  - people who arrive at hospital in an ambulance, as opposed to private or public transport; and,
  - patients on trolleys, not beds.
  
- Some groups had different ideas about the types of people whom they considered were more likely to receive a better service. For example:
  - straight, white, middle-aged men, because of the homophobic attitudes within the hospital service (people of a different sexual orientation);
  - people who have been in hospital for a long time (people with physical / sensory disabilities);
  - people who have a clear diagnosis (people with physical / sensory disabilities);
  - people who have had a referral from a Consultant rather than a GP (people with physical / sensory disabilities); and,
  - people from the hearing community get a better service (people with hearing impairments).

*Lesser Service...*

- Many felt that the following types of people were at risk of receiving a lesser service:
  - older people in general, because of perceived ageism;
  - elderly or vulnerable people who had no-one to speak for them; and,
  - people from a disadvantaged area.
  
- Again, some groups had different ideas about the types of people whom they considered were more likely to receive a lesser service. For example:
  - people who chose not to be seen by the specialist because they were from a foreign county, young people and ethnic minorities; and,
  - people who do not have access to someone who can speak their language (carers, people with hearing impairments and people from ethnic minorities).

*In your opinion, what is the single most important thing that should be done to improve the service? (NOTE: This list is not prioritised)*

Those consulted made the following suggestions to improve the service at hospitals:

*Hospital Hygiene...*

- Restore the matron on the ward, it was perceived that this would improve hospital hygiene and provide a more personal service.

*General Hospital Infrastructure...*

- provide more hospitals;
- “Fix up” whatever hospitals already exist and keep them up to date rather than spending money on new ones;
- let the public know what the new configuration of hospitals is to be;
- have more proper beds, less use of trolleys as beds;
- make provision for children to stay overnight in local hospitals where this is not currently permitted;
- have a maternity ward in each local hospital;
- more and better use of technology to enable people with disabilities to access services and areas within hospitals;
- make environment more welcoming for gay people; and,
- improve car parking.

*General Issues...*

- Have better hospital food. With a wider range of healthy options, for example, vegetarian. If the food is meant to be hot, make sure it arrives with the patient hot!
- Change the smell of hospitals to something more pleasant, as it is currently perceived to be very clinical and unpleasant.

*General Staffing Issues...*

- have more nurses and doctors;
- reduce staff turnover;
- have shorter shifts for staff, so that they are not overworked;
- give staff more time to explain things; and,
- have more experienced staff, “students... don’t know what they’re doing”.

*Accident & Emergency...*

- more staff at A&E, especially at the weekends;
- have a separate area for self-harmers at Accident & Emergency; and,

- have a different system for dealing with routine matters, for example, an X-ray at Accident & Emergency.

*Ambulances...*

- provide more ambulances to take patients to and from hospital; and,
- ambulance crews should be very familiar with the local roads.

*Improve efficiency and effectiveness...*

- shorten the waiting lists;
- give patients more time with Consultants;
- mixed views on whether or not to reduce the number of private patients allowed; and,
- reduce paper work for nurses.

*Change staff attitudes...*

- improve the bedside manner of Consultants;
- provide cultural awareness and anti-racism training for all staff;
- change attitude of professional staff regarding mental health;
- provide gay awareness training for hospital staff;
- raise awareness amongst hospital staff of the implications of Section 75;
- return the attitude of care at nursing and Consultant level; and,
- better attention and care for elderly and vulnerable people, especially at meal times.

*General processes and procedures...*

- raise awareness amongst hospital users of the complaints procedure;
- better management of patient records;
- involve Equality Officer in complaints procedure;
- mainstream health link workers; and,
- allow someone to visit a patient at home before they are admitted for an operation to explain what will happen.

*Skills and training...*

- ensure that key workers have Level II signing skills;
- ensure that interpreters know hospital jargon;
- better co-ordination of and access to interpreters;
- hospitals to book interpreters; and,
- provide more deaf awareness training (including refresher training).

## 5 PUBLIC HEALTH

a) *As a result of health promotion messages you may have seen in the media or information leaflets, have you changed your lifestyle in any way? If so, what was this? Was it a temporary change or a permanent one? What aspect of the message convinced you to change?*

When referring to health promotion campaigns, people commented almost exclusively on what they had seen on TV.

*Some felt that health promotion campaigns were largely ineffective...*

- Some of those consulted perceived that people simply change when they are ready and this change cannot be linked with a campaign. Stopping smoking was quoted as one example in this regard.
- The young people consulted indicated that the recent TV adverts on stopping binge drinking and giving up smoking had no effect on them. Young people gave the impression they were “*already addicted*”. Peer pressure, not health promotion campaigns, appears to be a major influence on their behaviour.
- A few felt that the health promotion campaigns had little effect. They questioned whether the campaigns were doing anything more than simply raising general awareness or provoking thought.
- Some of those consulted felt that legislation (for example, banning smoking in public places) had / would have a greater effect on behaviour than health promotion.
- Some older people were sceptical about the validity of some of the information in health promotion campaigns, for example, the need to eat five portions of fruit. They considered that previous generations did not do this and they believed that they were healthy.
- Again, some older people were not convinced that anything (including health promotion) makes a real difference to health. They perceived that some illnesses were so random (for example, cancer), that even someone who seems to look after their health can be affected.

*Some perceived that health promotion campaigns did have some effect...*

- People of different sexual orientation felt that the campaigns had reinforced healthy lifestyle choices for some.
- Some older people thought that the campaigns had had some effect. Specifically, they perceived that the stop smoking campaign would encourage young people not to start. (The feedback from young people suggests that this is not so!)
- Some others felt that family health history was possibly a stronger factor (than health promotion) in influencing lifestyle choices. However, they also believed that health promotion messages helped.
- Some considered that changing attitudes is a long term process and that, consequently, health promotion was a long-term rather than a short-term process.

*General reaction...*

- People reacted quite differently to the same material. It was difficult to see how a balance could be struck in terms of the visual impact of certain campaigns and the desired effect. For example, what one person perceives as 'graphic' (i.e. and would encourage them to change their behaviour) another could find 'frightening' or 'offensive' and, as a result, would switch off and ignore the message.

*Improvement Suggestions...*

- have more positive rather than negative health messages;
- focus effort on schools, mainly primary;
- use cartoons to get key messages across to children;
- minimise use of leaflets, these were thought to be wasteful;
- run an advertising campaign regarding sexual health;
- work in partnership with others to promote key messages, for example, "Just Say – Head's Away";
- more needed on health promotion for people with disabilities;
- use signing on TV advertisements;
- use visual information on leaflets (to help people with hearing impairments understand the information);
- closer working partnership between organisations representing service users (for example, disabilities) and with Health Promotion Agency to proof proposed campaigns;
- more proactive dissemination of information via roadshows; and,
- give more attention to reducing alcohol abuse (i.e. not smoking).

## 6 GENERAL ISSUES

b) *What do you feel is the most important problem facing health and social services in Northern Ireland today and why? And can you make one suggestion as to how this problem should be tackled or resolved?*

There were four topics that attracted considerable discussion across all of the groups. These were:

- drug misuse;
- underage drinking;
- alcohol abuse in general; and,
- obesity / poor diet / lack of exercise.

The following topics were raised by a few of the groups:

- the ageing population / people living longer;
- the need for more hospital staff;
- the increase in the prevalence of certain diseases, for example, cancer, diabetes; and,
- services for elderly and disabled people and the (perceived) poor attitude of health services towards older people.

Many other issues were identified by individuals within groups including:

### *Departmental Issues...*

- Blood Transfusion Service perceived to be discriminatory against gay people;
- Sexual Health Strategy, the gay / lesbian dimension was perceived to be inadequately funded;
- Domestic Violence Strategy, perceived to have not given due consideration to gay / lesbian issues;
- access to In-Vitro Fertilisation for gay / lesbian people was also varied; and,
- perceived individual and institutional homophobia.

### *Hospital Issues...*

- concern about possible hospital closures and future ease of access;
- concern that health service being over-stretched;
- long waiting times to see specialists;
- the use of medical and nursing staff from foreign countries;
- concern of future funding of health services and lack of capital funding;
- possible charges for health care in the future;
- the need for more ambulances; and,

- the quality of hospital food.

*Primary Care Services' Issues...*

- need for more orthodontists.

*Societal Issues...*

- bullying in schools;
- parents pressurising children to achieve;
- attacks on old people in their homes;
- increase in level of suicide;
- stigma regarding mental health conditions and the medical model of mental health; and,
- litigation affecting what health service providers are prepared to offer.

*Public Health Issues...*

- smoking;
- immune system of this generation. Over immunised as well as perceptions of the over-hygienic environment in which we live and possible effect on immune system;
- increase in the prevalence of allergies;
- modern methods of food production, use of chemicals in food production;
- high levels of general rubbish thought to constitute future health risk; and,
- possible health effects of mobile phone masts, level of pollutants in the atmosphere, noise level from increased air traffic, increase in road accidents, and increased use of sun beds.

*Concerns about the increase in the prevalence of certain diseases...*

- heart disease;
- arthritis; and,
- Aids.

*c) Excluding prescription charges, have you paid for any health or social care related service directly from your own money in the last 12 months (i.e. and not include through a private medical insurance scheme)? Why did you choose to pay for this health or social care service?*

There were two topics that came up across several of the groups. These were:

- paying privately for operations / procedures (especially hip replacements); and,
- paying privately for cleaning services because someone has a disability and / or has just come out of hospital and is unable to clean for themselves.

In addition, those consulted also indicated that they had spent their own money on:

- chiropody;
- heart checks;
- alternative therapies;
- counselling (general);
- gay friendly counselling;
- the birth of a baby;
- purchase of aids / appliances; and,
- adaptations to the home.

Some of those consulted had already taken out private health insurance. A few others indicated that they were investigating this.

*d) How effective do you think Health and Social Services is in resolving complaints?*

- The young people we consulted had no experience of using formal complaints procedures. They appeared to have had mixed experiences of complaining verbally.
- A few of the adults consulted indicated that they were satisfied with the way complaints were handled.
- However, the majority of people seemed to indicate that they would not bother making a complaint and they thought others probably would not bother as this would mean “*a lot of hassle*”. There were several reasons offered for this:
  - some indicated that they did not know what the procedure for making a complaint was;
  - others, including people without a disability, indicated that the processes (typically by letter) were too cumbersome. This was a key issue for people

with hearing impairments who felt that complaints should be allowed to be dealt with in sign language and not just in writing;

- Some people, including travellers and people of different sexual orientation, had little confidence that the system would support them in their complaint. They felt the system was prejudiced against them;
  - In some cases, the emotional trauma of some situations was so great that even when a complaint was justified people did not always pursue it;
  - Some others felt that complaining was pointless if the error had already caused permanent damage, for example, to a person's health. They felt that complaining would achieve nothing.
  - Mental health service users and carers perceived that their client group was generally too frightened or disempowered to complain. They believed that an effective Mental Health Commission was needed.
- A small number of people indicated that they would not consider using the complaints procedures if something was really important to them or the person(s) they represented. They indicated that they would simply involve or threaten to involve key influencers or politicians.
  - One person felt that getting a complaint resolved was more down to luck than anything else.