

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

Appendix 4

Summary of Individual Focus Groups

November 2004

ACKNOWLEDGEMENT

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- **The four Health and Social Services Councils** - *for their contribution to the commissioning and development of the survey and guidance on focus group selection.*
- **The Regional Strategy Area Sub-Groups**–*for their help with the selection of the focus groups;*
- **The organisations who assisted with the hosting of the focus groups** – *for providing meeting rooms and hospitality for participants, namely:*
 - **Steer;**
 - **South Armagh Women’s Family Health Initiative;**
 - **Cedar Foundation;**
 - **Northern Health Action Zone;**
 - **Western Health Action Zone;**
 - **Senior Citizen’s Consortium Sperrin & Lakeland;**
 - **Banbridge Carers Group;**
 - **Coalition on Sexual Orientation;**
 - **Engage With Age;**
 - **Newry and Mourne Health and Social Services Trust;**
 - **Royal National Institute for the Deaf;**
 - **Ballynafeigh Community Development; and,**
 - **Northern HSS Board Ethnic Minority Steering Group.**
- **All the members of the general public** – *for sharing their time with us and for their openness during the discussions.*

We would stress that the opinions expressed in our summary below are strictly the views of those we consulted, not RES.

October 2004

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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 the main Report and Appendix 1).

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 Services 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 Services 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. The Full details of the focus groups hosted are shown in Table 1 overleaf.

Table 1: Details of Focus Groups Hosted					
Group No	Profile	Contact Organisation	Date	Venue	Attendees
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	Gortallowry 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
TOTAL Attendees					112

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 – MENTAL HEALTH SERVICE USERS AND CARERS

FIRST PRIMARY CARE SERVICE – COMMUNITY PSYCHIATRIC SERVICES

- **Access** – too long to get an appointment. Not enough Community Psychiatric Nurses (CPNs). Allocation of CPNs regarded as a “lottery”. Appointments not long enough, 10 –15 minutes, especially given vulnerability of clients.
- **Quality** – poor information on mental health services generally. Poor accommodation and service in psychiatric hospitals. Little or no support after leaving hospital. 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 for greater reliance on alternatives to drugs, such as, cognitive behavioural therapy (CBT). Efforts by GP not supported by Community Psychiatric Services.
- **Attitudes of staff** – some positive support from GPs and CPNs. Many examples of people feeling patronised.
- **Better / lesser service** – poor psychiatric provision for children living west of the Bann. People with private medical insurance are seen faster – all services.
- **Improvements** – professionals to change attitudes. Involve service users. Change public attitudes to mental health. Upgrade psychiatric hospitals. More counselling, especially Cognitive Behavioural Therapy CBT.

SECOND PRIMARY CARE SERVICE – GPs

- **Access** – problems for some getting registered.
- **Quality and Attitudes of staff** – some positive experiences. Examples of insensitive and patronising attitude of some other GPs. GPs to improve knowledge of mental health issues and local support services.
- **Better / lesser service** – people who do not have a mental health condition get better service.
- **Improvements** – prompt appointments with GPs. Twenty four hour psychiatric crisis support service. Have specialists in mental health issues. Less reliance on medication more on talking. Change public attitudes.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – routine access good. Too long to wait to see a specialist. Insufficient car parking.
- **Quality and Attitudes of staff** – routine emergency provision satisfactory. Need separate accommodation for self-harmers. Positive attitude by nurses. Condescending attitude by some Consultants. Overloaded system. Poor hospital hygiene.
- **Better / lesser service** – private patients and assertive people get better service.
- **Improvements** – change attitude of professional staff regarding mental health. More staff at A&E. Separate area for self-harmers. More time to explain things. Improve general hygiene.

PUBLIC HEALTH

- **Health promotion** – mixed reaction to TV advertisements.

GENERAL ISSUES

- **Most important issues** – ageing population, arthritis, drug misuse, lack of capital, stigma regarding mental health conditions, medical model of mental health, collective action, current reviews.
- **Own money** – private operation, alternative therapies and counselling.
- **Complaints** – mental health service users too frightened or disempowered to complain. Need an effective Mental Health Commission.

4. PRIMARY CARE SERVICES – RURAL FAMILIES

FIRST PRIMARY CARE SERVICE – GPS

- **Access and Quality** - generally poor. Too long to get appointments. Poor out-of-hours service.
- **Attitudes of staff** – GPs generally good, albeit rushed. Receptionist seen as a barrier.
- **Better / lesser service** – articulate, knowledgeable people and people who “*go private*” thought to get better service and faster access. Concern that elderly people could receive a lesser service unless they have an advocate.
- **Improvements** – more GPs. More and properly managed open surgeries. More female GPs. Better out of hours service. Better ambulance service in rural areas.

SECOND PRIMARY CARE SERVICE – ALLIED PROFESSIONS TO HEALTH¹

- **Access** – poor access to physiotherapy, speech therapy (and Community Psychiatric Services (CPS)).
- **Quality and Attitudes of staff** – physiotherapy and occupational therapy perceived as uncaring. Speech therapy perceived as using outmoded techniques and being patronising. Perceived lack of multi-disciplinary working.
- **Better / lesser service** – some thought everyone received the same service. Others felt that those who shout louder get a better service. Collective action was thought to achieve better service.
- **Improvements** – more therapists. More patient-centred. Re-introduce caring attitude. Improve inter-disciplinary communication and working. One-stop shop option for patients with multiple needs. More CPS in rural areas. More community mental health day care services. More CPS for young people (16 – 18 year olds) with mental health problems.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – considered to be poor. Dependent on GP. Poor car parking. Poor ambulance service.
- **Quality and Attitudes of staff** – nurses perceived as generally helpful, especially in childrens’ wards. Nurses thought to be preoccupied with bureaucracy and attainment of qualifications. Consultants - examples of consultants losing control of their temper.
- **Better / lesser service** – patients who pay privately or who are knowledgeable about service provision thought to get a better service. Concern that elderly people could receive lesser service if no advocate. Perception that people from disadvantaged areas are treated differently.
- **Improvements** – improve the bedside manner of Consultants. Give patients more time with Consultants. Restore the matron on the ward, perceived to provide a more personal service. Mixed views on whether or not to reduce the number of private patients allowed.

PUBLIC HEALTH

- **Health promotion** – thought to be largely ineffective. Perceived that people change when they are ready. Felt more attention should be given to alcohol abuse.

GENERAL ISSUES

- **Most important issues** – obesity, diabetes and inactive lifestyles. Underage drinking, drug abuse, smoking, cancer and heart disease also discussed, as well as services for elderly and disabled people, litigation, suicide, aids, bullying in schools and parents pressurising children to achieve.
- **Own money** – hip replacement.
- **Complaints** – complaint handling was variable.

¹ Also includes comments on Community Psychiatric Services.
Research and Evaluation Services (RES)

5. PRIMARY CARE SERVICES – PEOPLE LIVING IN DISADVANTAGED NEIGHBOURHOOD

FIRST PRIMARY CARE SERVICE – GPs

- **Access** – difficult to get appointments. Poor out-of-hours service.
- **Quality and Attitudes of Staff** – patients feel rushed. GPs felt to be under considerable pressure.
- **Better / lesser service** – perceived to receive better service if you know someone.
- **Improvements** – faster appointments. Take people on time for their appointments. More nurses to carry out routine procedures. More home visits.

SECOND PRIMARY CARE SERVICE – HEALTH VISITORS

- **Access** – good.
- **Quality** – generally good. Need to visit first time mothers more often. Too quick to think that child has a problem.
- **Attitudes of staff** – generally good, though some found them patronising others too theoretical.
- **Better / lesser service** – everyone gets the same service.
- **Improvements** – enable mothers to speak about concerns about their own health / situation for example, depression. Visit more frequently. Have an open day at the baby clinic. Provide more support for lone parents.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – concern over closure of hospital in mid-Ulster. Early appointments in Belfast create difficulties, especially for those without transport.
- **Quality and Attitudes of Staff** – nurses are overstretched. Uncaring attitude of some Consultants. Lack of proper beds. Staff shifts too long – a hazard to patient health. Loss of caring approach.
- **Better / lesser service** – better service if you know someone. Faster service if arrive in an ambulance.
- **Improvements** – more medical staff. Less administration. Shorten the waiting lists. More hospitals.

PUBLIC HEALTH

- **Health promotion** – thought to have an effect in the long-term rather than the short-term. Some people not convinced that anything makes a difference to health, some illnesses thought to be so random.

GENERAL ISSUES

- **Most important issues** – concern about: possible hospital closures; modern diet and lifestyle; over-hygienic environment in which we live and possible effect on immune system; health service being overstretched; future funding and increases in certain diseases, such as cancer.
- **Own money** – operation and cleaning services.
- **Complaints** – generally don't complain and not happy with how complaints are handled. In some cases, those who have experienced traumatic events were too emotionally overloaded to consider complaining.

6. PRIMARY CARE SERVICES – PEOPLE WITH PHYSICAL AND SENSORY DISABILITIES

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – mixed views on access. Some felt it was difficult, others felt access was good.
- **Quality and Attitudes of staff** – repeat prescriptions. Many felt GP attitude was positive. Some people felt dismissed. Need for receptionists to be more patient-friendly.
- **Better / lesser service** – perceived to get better service if you know someone in the health service or someone influential (for example, politician) or you hold an influential position in society.
- **Improvements** – more GP practices. Upgrade surgery facilities. More phone numbers. More touch tone systems, but with humans as well. Improve receptionists' attitude towards patients.

SECOND PRIMARY CARE SERVICE – SOCIAL WORKERS

- **Access** – access very difficult for some. Others found social workers reasonably accessible. Poor cover when social worker on leave. Only some have time to listen to clients.
- **Quality and Attitudes of staff** – some were good at helping clients find their way around 'the system' to access benefits and services. However, many others appeared to need more training in this regard. Need for greater awareness of the importance of emotional support. Desire for continuity. Lack of integration with other key workers. Change of attitude needed, more empathy.
- **Better / lesser service** – better service if you "badger them". Lesser service if client appears to be coping.
- **Improvements** – involve service users. More awareness of need for and value of emotional support. Training. Specialist knowledge.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – good at times. Waiting times at Accident and Emergency too long.
- **Quality** – generally good.
- **Attitudes of staff** – a few consultants' attitudes perceived as positive. In the main, Consultants' attitudes perceived as patronising, superior, treating their patients as though they were invisible. Nurses perceived to be overstretched. The stress was thought to be affecting attitudes to patients.
- **Better / lesser service** – perceived to get better service depending on whom you know, if you have been in hospital a long time, if you have a clear diagnosis, if you have a referral from a Consultant rather than a GP.
- **Improvements** – make Consultants more patient-friendly.

PUBLIC HEALTH

- **Health promotion** – family health history possibly a stronger factor in influencing lifestyles. However, health promotion messages also thought to help. More needed on health promotion for people with disabilities.

GENERAL ISSUES

- **Most important issues** – obesity and related illness. Drug misuse. Alcohol abuse.
- **Own money** – own money used to pay privately for the birth of a baby; purchase of aids / appliances; cleaning services from a home help.
- **Complaints** – some found it satisfactory. For others, letters were cumbersome. Some felt that getting an issue resolved was more down to luck.

7. PRIMARY CARE SERVICES - TRAVELLERS

FIRST PRIMARY CARE SERVICE – GPs

- **Access** – mixed views on access. Routine access regarded as poor. Emergency access regarded as good.
- **Quality** – service quality perceived as good.
- **Attitudes of staff** – GPs regarded as having a positive and helpful attitude.
- **Better / lesser service** – perceived that everyone gets the same service.
- **Improvements** – have more GPs available – cut down on waiting time for appointments.

SECOND PRIMARY CARE SERVICE – DENTISTS

- **Access** – again, mixed views on access. Routine access regarded as poor. Emergency access regarded as good.
- **Quality** – service perceived as good. Question mark over differences in dental charges in different locations.
- **Attitudes of staff** – attitude of dentists generally thought of as good.
- **Better / lesser service** – perceived that everyone gets the same service.
- **Improvements** – all services should be free to those on Income Support

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – access deemed to be good for now. Fears about threatened closure of Omagh hospital.
- **Quality** – mainly good, but long waiting times at Accident and Emergency and perception that staff are overworked.
- **Attitudes of staff** – generally attitudes were good. However, some examples of behaviour that was perceived as prejudiced.
- **Better / lesser service** – perceived that, with a few exceptions, everyone gets the same service.
- **Improvements** – have more nurses and doctors. Train staff so that they do not have a prejudiced attitude against travellers. “*Fix up*” whatever hospitals already exist and keep them up to date rather than spending money on new ones (i.e. a reference to the threatened closure of Omagh Hospital). Make provision for children to stay overnight in Omagh hospital. Have a maternity ward in Omagh Hospital.

PUBLIC HEALTH

- **Health promotion** – TV adverts on stopping smoking largely thought to be ineffective. Health promotion leaflets also thought to be pointless. Felt that choices were down to the individual.

GENERAL ISSUES

- **Most important issues** – more nurses and doctors in hospitals. Underage drinking and drug misuse. Long waiting times to see specialists. The threat of the closure of Omagh Hospital. The use of medical and nursing staff from foreign countries. The quality of hospital food.
- **Own money** – paid for hip operation and the services of a cleaner privately.
- **Complaints** – would not complain. No confidence that the system would support them.

8. PRIMARY CARE SERVICES – OLDER PEOPLE IN A RURAL AREA

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – difficult, especially at the weekends and out-of-hours.
- **Quality and Attitudes of Staff** – quality generally good but poor out-of-hours service. Poor access to patient records. Mixed views on GP attitudes. Some positive. Others felt diagnosis too slow. Some GPs sarcastic, dismissive, not attentive or patronising.
- **Better / lesser service** – assertive people get a better service.
- **Improvements** – central system for patient records. Survey patient satisfaction with GPs. More home visits to house bound people.

SECOND PRIMARY CARE SERVICE – HOME HELPS

- **Access** – very difficult.
- **Quality** – poor. Unrealistic time allowances. Not enough home helps. Poor remuneration. Not enough cover staff. Service not managed effectively. Poor internal communication. Inadequate training. Differences in what home helps allowed to do. Insurance claims.
- **Attitudes of staff** – some brilliant, others uncaring, just a job.
- **Better / lesser service** – better service – depends on the home help.
- **Improvements** – more focus on caring attitude. Allow home helps to do more routine tasks. Provide or partner with other support services. Monitor client satisfaction. Have a probationary period. More hours per client. Allow travel time. Provide travel allowance. Provide training to match clients' needs.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – depends on one's GP.
- **Quality** – generally thought to be poor. Concern about ambulance services.
- **Attitudes of staff** – nurses – good attitude. Consultants – very poor attitude. Other staff – poor attitude.
- **Better / lesser service** – younger, more assertive people thought to get better service. Older people perceive that the health service regards them as "*being in the way*". Felt that ageism active in hospitals.
- **Improvements** – let the public know what the new configuration of hospitals is to be. Improve hospital hygiene. Reduce paper work for nurses.

PUBLIC HEALTH

- **Health promotion** – campaigns thought to have an effect on some. Perceived that the stop smoking campaign would encourage young people not to start.

GENERAL ISSUES

- **Most important issues** – charges for health care. Poor attitude towards older people. Immune system of this generation. Increase in the prevalence of allergies. Modern methods of food production.
- **Own money** – paid for chiropody. Paid for operation. Paid for heart checks.
- **Complaints** – most people don't bother – lot of hassle.

9. PRIMARY CARE SERVICES - CARERS

FIRST PRIMARY CARE SERVICE – DAY CENTRES

- **Access** – getting a place easy for some. Difficult to find place for person with significant behavioural problems. More cover needed during holidays. Concern about travel times. Steps a barrier for some. Lack of wheelchair access.
- **Quality** – transport service perceived as unreliable. Backup service and day time service needed. Drivers need to ensure responsible adult at home before dropping passenger off. Drivers need training in use of equipment. Investigate policy of people being asked to leave day centre when they become 65.
- **Attitudes of staff** – mixed. Quality of stimulation deemed good by some and inadequate by others. Nursing staff generally good attitude but some issues trivialised.
- **Better / lesser service** – lesser service if client is not into computers or crafts. Less service available if person has significant behavioural problems.
- **Improvements** – more one-to-one care. More reliable transport. Shorter journey times for clients. Backup transport. Check that responsible adult at home before dropping client off.

SECOND PRIMARY CARE SERVICE – HOME HELPS

- **Access** – mixed views, some found it easy to be assigned a home help, others did not.
- **Quality** – poor, range of tasks and time allocated too limited.
- **Attitudes of staff** – generally good, but tasks undertaken too restricted.
- **Better / lesser service** – perception that there were fewer services available for children. Carers feel they receive a lesser service. Feel unsupported.
- **Improvements** – more services for children.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – perceived to be slow.
- **Quality and Attitudes of staff** – mixed views. Some positive remarks about quality. Criticism over use of trolleys as beds, insufficient staff at the weekend, lack of sign language skills, lack of transport for patients
- **Better / lesser service** – better service if a private patient. Risk of lesser service if confused / vulnerable person. Lesser service if do not have access to own transport. Lesser service if staff cannot communicate in patient's language.
- **Improvements** – more Consultants. Sign language. More proper beds. Better attention and care for elderly people during meal times. Improve hygiene.

PUBLIC HEALTH

- **Health promotion** – adverts thought to have little effect – negative, disjointed and questionable whether doing anything more than raising general awareness.

GENERAL ISSUES

- **Most important issues** – people living longer. DNA research. Need for more hospital staff. Poor diet and lack of exercise. Obesity. Alcohol and drug misuse.
- **Own money** – paid for adaptations to the home.
- **Complaints** – did not use complaints procedure, involved or threatened to involve key influencers / politicians.

10. PRIMARY CARE SERVICES – PEOPLE OF DIFFERENT SEXUAL ORIENTATION

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – variable. Seems to depend on the GP practice.
- **Quality** – depends on the individual GP. Homophobic attitudes. Patient feels rushed. Over reliance on drugs rather than examine underlying causes. Alleged “outing” of gay people by some GPs.
- **Attitudes of staff** – receptionists need to improve attitude.
- **Better / lesser service** – perceive lesser service for gay / lesbian – homophobic attitudes. More articulate, confident people perceived to get better service.
- **Improvements** – GPs to consider gay friendly counselling for patients. More patient centred attitude by receptionist. Gay-friendly surgeries. Gay awareness training. Alternative therapies.

SECOND PRIMARY CARE SERVICE – SOCIAL WORKERS

- **Access** – no issues.
- **Quality and Attitudes of staff** – widespread homophobic attitudes.
- **Better / lesser service** – adoption issue. Also, More articulate, confident people perceived to get better service.
- **Improvements** – gay awareness training. Employ more gay people in social work. Change public attitudes towards gay people.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – waiting lists too long. Genito-urinary medicine (GUM) clinics difficult to access.
- **Quality** – needs improved. Waiting time in A&E too long.
- **Attitudes of staff** – GUM clinic staff perceived as unhelpful. Hospital staff in general perceived as overloaded. Speculation that the future of the health service in general is affecting staff morale and consequently patient care. Homophobic attitudes.
- **Better / lesser service** – perception that straight, white, middle-aged men received better deal. Issue regarding the formal recognition of a relationship between a same sex couple and consequently, access to information.
- **Improvements** – gay awareness training. Better awareness amongst hospital staff of the implications of Section 75. Raise awareness of the complaints procedure. Make environment more welcoming for gay people.

PUBLIC HEALTH

- **Health promotion** – campaigns reinforced healthy lifestyle choices for some. Changing attitudes is a long term process. Changing behaviour is the key. Suggestion for advertising campaign regarding sexual health.

GENERAL ISSUES

- **Most important issues** – Blood Transfusion Service. Sexual Health Strategy. Domestic Violence Strategy. Access to In-Vitro Fertilisation (IVF). Individual and institutional homophobia. Need to target and support gay community.
- **Own money** – own money spent on gay friendly counselling.
- **Complaints** – little point in complaining, system perceived as largely homophobic.

11. PRIMARY CARE SERVICES – OLDER PEOPLE IN AN URBAN AREA

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – generally difficult. Few house calls. Receptionist - too much discretion. Insufficient car parking. Stairs difficult for some.
- **Quality** – mainly negative views of the quality. Many different reasons offered for this.
- **Attitudes of staff** – attitude good – a few. Some others felt their illness / pain was trivialised.
- **Better / lesser service** – if one “*knew someone*” would get a better service. Those phoning for appointment seem to get lesser service. Too much attributed to an elderly person’s age.
- **Improvements** – more open surgery, more nurses, more regular checks of medication, same day for repeat prescriptions, see patient who has not consented (special circumstances).

SECOND PRIMARY CARE SERVICE – HOME HELPS

- **Access** – very difficult.
- **Quality** – poor. Major concern, lack of systematic, confidential quality assurance systems. Time allocations unrealistic. Range of duties too limited. Insurance claims harmed the service. Effect of unhygienic conditions on mental health. Care package before hospital discharge.
- **Attitudes of staff** – depends on individuals but generally deemed to be poor. Thought to be only interested in money not in caring.
- **Better / lesser service** – major concern about service to vulnerable people. Major dilemma for people who have complaints but may be afraid to make them.
- **Improvements** – introduce proactive quality assurance system. Ensure confidentiality. Address the insurance issue. Partner with other agencies. More realistic time allocations.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – poor access to specialist services. Waiting too long in Accident & Emergency. Concern about possible hospital closures.
- **Quality** – not enough proper beds. Nursing staff lost caring focus and overloaded. Perceived lack of co-ordination with primary care services.
- **Attitudes of staff** – perceived that attitude to hygiene had dropped dramatically. Seemed to be less caring to the elderly.
- **Better / lesser service** – perception that “*troublemakers*” are treated first. Those who know the services and have the confidence to ask are likely to get a better service.
- **Improvements** – return the attitude of care. Proper beds. More nursing staff. Different system for dealing with routine matters at Accident and Emergency.

PUBLIC HEALTH

- **Health promotion** – sceptical about dietary advice. Legislation banning smoking believed to have greater effect on behaviour than health promotion.

GENERAL ISSUES

- **Most important issues** – possible health effects of mobile phone masts, use of chemicals in food production, level of pollutants in the atmosphere, noise level from increased air traffic, increase in road accidents, use of sun beds.
- **Own money** – private operations for hip replacements. Services of home help.
- **Complaints** – lack of information on how to complain. Pointless if error has caused permanent damage.

12. PRIMARY CARE SERVICES – PEOPLE WITH A LEARNING DISABILITY

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – appointment easy to get. Waiting too long in the surgery until seen. Easier to get an appointment with some doctors than with others.
- **Quality** – generally very good. Nurses could do some routine procedures.
- **Attitudes of staff** – GP perceived as having a positive attitude. Receptionist perceived as not taking prospective patient seriously when they request an appointment.
- **Better / lesser service** – perceived that everyone gets the same service. Some members of the group let children go ahead of them for their appointment.
- **Improvements** – GPs to stick to the appointment time they give to patients. Do not keep their patients waiting so long. More reception staff and better reorganisation of reception staff. Have more nursing staff for routine procedures.

SECOND PRIMARY CARE SERVICE – DAY CENTRES

- **Access** – perceived as fairly easy.
- **Quality** – perceived as very good. Development of friendships at the day centre appears to be much more important than the types of activities offered. Being given responsibility seems to be important for the self-esteem of some.
- **Attitudes of staff** – perceived as “*very nice*”.
- **Better / lesser service** – no comparison possible.
- **Improvements** – no comment.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – waiting times to see a specialist too long.
- **Quality and Attitudes of staff** – good attitude of staff. Need more transport for patients being discharged. Problems with post-operative infection.
- **Better / lesser service** – people on trolleys get a lesser service. Should have a bed. Local hospital perceived to provide a more personal service. A key service (setting fractures) thought to be missing from the local hospital. Local people thereby thought to be getting a lesser service.
- **Improvements** – provide more space for beds. Have more beds not trolleys. Get someone to visit a prospective patients house and explain what will happen ahead of an operation. Have more ambulances to take people home after they have been discharged. Provide transport for families to enable visiting.

PUBLIC HEALTH

- **Health promotion** – Stop Smoking TV advert, thought provoking but not enough to make someone give up. Seat belt TV advert, perceived as a bit too frightening.

GENERAL ISSUES

- **Most important issues** – underage drinking, Drug misuse. Attacks on old people in their homes. More ambulances.

13. PRIMARY CARE SERVICES – PEOPLE WITH HEARING IMPAIRMENTS

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – variable. Requests made by speaking / hearing people on the phone seem to get priority over those faxed through by deaf people. Stressful experience waiting for one's appointment. All surgeries need visual display units to assist.
- **Quality** – most GPs cannot use sign language. Many deaf people do not trust interpreters when it comes to personal health issues. Concerns about using children as interpreters. GPs sometimes hassled if asked to write things down. Deaf community falls back on sharing information about health issues within itself. Need uniform level of supporting technology in all locations (for example, video phone, visual display unit for appointments etc).
- **Attitudes of staff** – depends on GP. Receptionists' attitudes need to improve. Need deaf awareness training.
- **Better / lesser service** – general feeling of being very marginalized, "bottom of the barrel". See improvements being done to accommodate other types of disability, for example, wheelchair users. Perceive that cost of interpreting is relatively small and yet difficult to access.
- **Improvements** – deaf awareness training for GPs and receptionists. Surgeries to book the interpreter when a deaf person has made an appointment to see the GP. Surgery staff should know how to use a mini-com. Have a dedicated room in each surgery for a videophone. Wider range of health information on videos / DVDs with signing included. Written health information to include lots of supporting visual information. Encourage GPs to learn sign language.

SECOND PRIMARY CARE SERVICE – SOCIAL WORKERS

- **Access** – difficulty getting hold of social workers who work part-time.
- **Quality** – social workers perceived to have inadequate signing skills. Need Level II. Vocabulary needs to be kept up-to-date.
- **Attitudes of staff** – seemed that social workers were unable to see the deficits in the service from the hearing impaired person's point of view. Some seemed unwilling to accept facts from a deaf person. Appeared patronising.
- **Better / lesser service** – hearing community gets a better service. Fostering or adoption, fewer options available. More articulate, confident people perceived to get better service.
- **Improvements** – level II signing for social workers - should be the priority ahead of general social work training. Social workers - need to treat deaf adults as adults not children. Have uniform set of criteria as regards eligibility for free equipment across NI.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access and Quality** – need for more deaf awareness training. Training needs refreshed regularly. Hospitals should book interpreters. Need for interpreters to understand hospital jargon. Need for uniform approach to provision of interpreters across the health boards. Marie Curie model regarded as best practice. Room for better use of technology.
- **Attitudes of staff and Better / lesser service** – deaf awareness training alone does not change attitudes. Generally, hospital doctors perceived to have more positive attitude than nurses. However, reports of patronising attitudes by hospital doctors. Examples of poor attitudes of some other hospital staff.
- **Improvements** – level II signing. Interpreters to know hospital jargon. Hospitals book interpreters. More deaf awareness training (including refresher training). Make access to secure areas deaf-friendly. More and better supporting technology.

PUBLIC HEALTH

- **Health promotion** – need for signing on TV advertisements. Need for visual information on leaflets. Closer working partnership with Health Promotion Agency to proof proposed campaigns. More proactive dissemination of information via roadshows.
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GENERAL ISSUES

- **Most important issues** – underage drinking, obesity.
- **Own money** – some had paid for cleaning services after coming out of hospital.
- **Complaints** – allow complaints to be dealt with in sign language.

14. PRIMARY CARE SERVICES – YOUNG PEOPLE

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – mainly easy. Usually more difficult at Christmas time.
- **Quality** – quality of service perceived as good / very good.
- **Attitudes of staff** – mainly attitude of GP perceived as good. Young people generally content that at times the GP speaks to their parent / guardian.
- **Better / lesser service** – mainly everyone perceived to get the same service though a few people thought that older people and babies got a more favourable service.
- **Improvements** – more staff – GPs, nurses and receptionists. Toilets at GP surgeries. Dedicated play area for young children. More pleasant smell in waiting room. Consider allowing under 16's to visit the GP on their own, for example, to discuss sexual health.

SECOND PRIMARY CARE SERVICE – CHEMISTS

- **Access** – easy to access.
- **Quality** – fairly good service.
- **Attitudes of staff** – varied feedback. Some felt staff attitudes were acceptable. Others thought that some staff were disrespectful to young people.
- **Better / lesser service** – mainly thought that everyone gets the same level of service. Some thought that adults get a better service – get more respect and attention from chemists.
- **Improvements** – longer opening hours. More staff at peak times. Make premises wheel chair friendly. Staff to have more respect for young people. Have more health and well-being facilities / gadgets.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – mixed views. Some thought access was easy. Others had got lost trying to find a hospital. Car parking difficult at some locations. Difficult if one did not have a car.
- **Quality** – a few thought that quality was good. But waiting times at Accident & Emergency too long. Little information given to patient. Insufficient and overworked staff. Lousy food.
- **Attitudes of staff** – generally perceived to be good.
- **Better / lesser service** – speculation that friends / relatives of hospital staff would get better treatment. Issues relating to health care given by a member of staff from a foreign country.
- **Improvements** – bigger hospitals. More experienced staff, not students. Better food. More paramedics and ambulances. Teach staff to be more polite. Change the smell in hospitals. Shorter shifts / hours for staff. More proper beds – not trolleys.

PUBLIC HEALTH

- **Health promotion** – recent TV adverts on stopping binge drinking and giving up smoking thought to have no effect. Young people gave the impression they were “*already addicted*”. Peer pressure appears to be a major influence on their behaviour.

GENERAL ISSUES

- **Most important issues** – need for more orthodontists. High levels of general rubbish thought to constitute future health risk.
- **Own money** – no-one had spent their own money on health and social care services.
- **Complaints** – no experience of using formal procedures. Mixed experiences of complaining verbally.

15. PRIMARY CARE SERVICES – PEOPLE FROM ETHNIC MINORITIES

FIRST PRIMARY CARE SERVICE – GPS

- **Access** – easy for some. For others, major barriers to getting registered. Allegation that some patients from ethnic minorities are refused and others seen without a medical card.
- **Quality** – some felt quality was very good. Key issues for others, for example, access to circumcision. Lack of direct access to specialists. Need more widespread use of interpreters.
- **Attitudes of staff** – some positive attitudes of receptionists. Need cultural awareness and anti-racism training. Need recognition of good practice to encourage other GP practices.
- **Better / lesser service** – older people at risk of lesser service unless they have an advocate.
- **Improvements** – interpreting services. More integrated information sharing across health professionals. Cultural awareness and anti-racism training needed. Highlight information on the Central Service Agency. Investigate access issues above.

SECOND PRIMARY CARE SERVICE – HEALTH VISITORS

- **Access** – good.
- **Quality** – good but not culturally aware. Sense disapproval and suspicion of other approaches to childcare. Interpreting services needed. Information / notifications in native language.
- **Attitudes of staff** – varied. Some very good. Failure by some to use interpreters when needed. Need cultural awareness training.
- **Better / lesser service** – same service available to all.
- **Improvements** – use interpreters as needed. Cultural awareness training.

SECONDARY CARE SERVICES (HOSPITALS)

- **Access** – poor at Accident & Emergency. Understaffed. Insufficient car parking. Need more ambulances.
- **Quality** – very poor systems for handling medical records. Need better co-ordination between hospitals and GPs as regards updates to medical cards. Perceived lack of unity of function with local hospital. Different services at different locations. Poor general hygiene. Mixed wards not appropriate for some. High staff turnover. Need for interpreting services.
- **Attitudes of staff** – need for cultural awareness / anti-racism training for staff and the public!
- **Better / lesser service** – people from ethnic minorities perceived to get lesser service – prejudice, unwillingness to accept them as Northern Ireland citizens.
- **Improvements** – better co-ordination of and access to interpreters. Better management of clinical records. Reduce staff turnover. Improve car parking. More staff at Accident & Emergency. Cultural awareness and anti-racism training. Hospital policy. Involve equality officer in complaints process. Mainstream health link workers.

PUBLIC HEALTH

- **Health promotion** – leaflets wasteful. Have more positive not negative health messages. Use cartoons to target children. Focus effort on schools, mainly primary.

GENERAL ISSUES

- **Most important issues** – alcohol and drug misuse. Obesity and lack of exercise.
- **Own money** – some taken out private health insurance, others investigating.
- **Complaints** – issues addressed verbally. Need knowledge of procedure. The trauma of some situations is so great that even when complaint is justified sometimes people do not pursue it.