14. YOUNG PEOPLE

FOCUS GROUP:	YOUNG PEOPLE (MALE AND FEMALE) AGED BETWEEN 12 AND 17
VENUE:	BALLYNAFEIGH COMMUNITY CENTRE, ORMEAU ROAD, BELFAST
DATE:	18th MAY 2004
NUMBER OF PARTICIPANTS:	10

Profile of Participants			
		Number	**%**
Sex	Male	4	40
	Female	6	60
Age	Under 18	9	90
	18-24	-	-
	25-44	-	-
	45-64	-	-
	65-74	-	-
	75+	-	-
	No Answer	1	10
Disability	Yes	-	-
	No	10	100
	No Answer	-	-
Dependent Children	Yes	-	-
	No	10	100
	No Answer	-	-
Other Caring Responsibilities	Yes	-	-
	No	10	100
	No Answer	-	-

14.1 PRIMARY CARE SERVICES

The group chose to discuss:

- *GPs; and,*
- *Chemists.*

The feedback was as follows.

14.1.1 FIRST PRIMARY CARE SERVICE – GPS

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

Different experiences and perceptions regarding ease of access…

- There were different experiences of how easy or not it was to get an appointment and different perceptions of whether a specific length of time meant it was easy or difficult.
- Most described it as *"easy"* or *"easy enough"* to get an appointment with their GP. In their experience, it was possible to get an appointment the same day or the next day, as one person put it, *"it is usually alright* [meaning they could generally get an appointment on the same day] *…but sometimes you have to wait until the next day"*.
- A few people indicated that it seemed to depend on one's level of need, *"it depends on how bad you are", "it depends on the injury"*. They implied that the sicker one was the more likely they were to be seen sooner.
- A few people commented that it takes *"about a week"* to get an appointment. For one person this was *"okay"*. However, for others they perceived this as being *"hard to get an appointment"*.
- One person indicated, *"around Christmas time it* [the surgery] *was usually busy* [and that]*... apart from Christmas it's okay"*.

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

Good quality…

- All of those consulted felt that they received a good quality service from their GP. They offered a variety of reasons for this.
  - *"…takes time to explain what he thinks* [about your condition]*"*.
  - *"…not rushing you"*.

- *"…does not joke about",* takes the patient seriously.
- *"…asking you what's wrong".*
- *"…ask you so many questions".*
- GPs are *"quick"* to find out what is wrong with someone.
- *"…giving you options over your prescriptions",* checking which medication would be most suitable for them".
- *"…come to the house"* if the patient needs a home visit.
- *"…tells you to come back"* if the patient has not fully recovered after a specified period.
- *"…refer you on"* if the patient needs specialist attention.

c)	*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.*

Mainly good attitude…

- Most people in the group described their GPs' attitude in favourable terms, *"friendly", "concerned", "…attitude is good, even if they are in a bad mood they try to be happy", "…they are polite to you".*

Some exceptions…

- A few indicated that at times their GP could be what they perceived as *"cheeky".* They said it depended *"on the mood"* the GP was in.

Talking to parents / guardians…

- Most indicated that at times the GP would talk to the young person's parent / guardian about the young person's health. All of the group members seemed to be content with this arrangement.

d)	*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.*

Mainly the same…

- Most of the group felt that everyone gets the same type of service from their GP.

Very sick people…

- A few of those consulted felt that *"some people are more sick than others"* and that these sicker people get a better service. However, they felt that *"this is only right".*

Someone who knows the receptionist…

- One of those consulted speculated that if someone knew a GP's receptionist that he/she might get a better service, for example, get appointments easier.

Older people…

- A few of the participants thought that older people got a better service from their GP than younger people, *"…think they get a better service… they could die… they get more stuff than us* [from the GP] *…young people are fitter* [and do not need the GP as much]*"*.

Babies…

- One person thought that babies got a better service from a GP than young people.

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

Those consulted made the following suggestions to improve the service at GP surgeries:

- Have more staff, nurses and GPs, appointments will be faster, less time spent in the waiting room.
- Have more *"young and handsome doctors"*.
- Have toilets that patients can use and have enough of them.
- Make the surgery bigger, at present, the waiting areas can become very overcrowded quickly. The implication was that it becomes quite stressful waiting there for any length of time.
- Have a dedicated area where children can play. One person said that at present there are generally *"too many children in the waiting area… all screaming!"*
- Have more receptionists and more phone lines so that it is easier for people to make an appointment, especially at peak times of the day and year.
- Introduce a more pleasant smell in the waiting room. One person said that he/she thought GPs' surgeries smelled unpleasant, *"it smells old"*.
- Some thought that, on occasions, for example, in relation to sexual health issues, they should be able to visit their GP without their parents even, though they were under 16 years of age.

14.1.2 SECOND PRIMARY CARE SERVICE – CHEMISTS

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

Easy…

- All of those consulted felt that chemists were easy to access.
- One person thought that access was also easy for elderly or disabled people.
- One person thought that *"there should be more of them* [chemists]*"* but could not say why.

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

Fairly good…

- Most of the participants thought that the quality of service was fairly good.
- One person said that the premises were clean. Another said that if you needed something minor, for example, paper stitches, *"they give them to you straightaway"*.
- Others commented on what they regarded as good communication between their GP and the local Chemist, *"you can phone the doctor and get pills* [repeat prescriptions] *and they* [the GP] *ring* [your prescription through to] *the Chemist"*.
- Others thought that the health-related gadgets were helpful. "[At the chemist] *…you can weigh yourself and check your pulse"*.
- Commenting on the wide range of health and well-being items stocked, one person said, *"…when you need stuff it's there"*.

h)	*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*

Varied opinion about staff attitudes…

- Some of the young people consulted felt that the attitude of the staff in their local chemist was *"…dead on… very good"*.
- Another said that typically the staff attitude was *"…alright …not the worst"*.

- One person said, *"they are polite… if they're not busy! …they shout at you if they are busy"*. Another said, *"sometimes they bring their grumpy mood to work"*.

- A few people thought that the staff were *"rude… sometimes they ignore you…just basically rude"*. Another added, *"they don't take you seriously"*. They perceived that they were treated this way because they were young people and not adults.

- They regarded it as an inconvenience if the staff would not dispense them certain drugs (for example, diazepam) if they were underage, even it was understood that the medication was for an adult. They felt as if they were not trusted.

i)	*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*

Mixed views on whether any group gets a better / lesser service…

- Most of those consulted felt that everyone got the same level of service from their chemist.

- A few felt that adults got a better service. As one person put it, *"adults get more respect"*.

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

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

- Improve access by being open 24 hours a day or at least longer opening hours.
- Have more staff, normally have two or three, should be more at peak times.
- Make all chemists wheelchair friendly.
- Staff to have more respect for young people.
- Have more health and well being *"facilities"* / gadgets, for example, a means to get blood pressure checked, cholesterol, weight etc.

14.2 SECONDARY CARE SERVICES (HOSPITALS)

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

Mixed views on ease of access…

- Some thought that getting to a hospital was generally easy, *"you just wait for an ambulance"*.

- Some felt that if you had a car there was generally no issue. However, one person said that he/she had *"got lost going to the Ulster Hospital"*. He/she felt it was not at all easy to find.

- Another person added that car parking can be an issue at Belfast City Hospital, *"…when you go, the car park is always full…[you] have to park far away".*

- Some other people indicated that people also take taxis to hospital. They did not perceive that the cost of this was an issue.

- One person felt that getting to a hospital would be *"hard if you didn't have a car".*

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

Mixed views…

- Some thought that the quality of the service was high. The following remarks were made in support of this view:

  – *"fast* [attention]*";*
  – *"lovely nurses"*; and,
  – *"they* [the medical staff] *ask you a lot of questions"* to make sure that they understand what is actually wrong with the patient.

- Others thought that the service was poor.

  – One person had spent a long time waiting in Accident & Emergency, *"…7 hours to fix a sliced finger!"* They considered that this length of time was completely unacceptable.

  – Some said that they disliked the lack of information that patients were given when attending Accident & Emergency, *"they don't explain why you have to wait when you're a patient, you just have to wait to see the doctor"* i.e. wait until the doctor can get round to seeing the patient.

  – A few thought that the food was especially bad. As one person put it, *"the food* [as an in-patient] *is horrible… it doesn't look the nicest".* Another said, *"they* [catering staff in hospitals] *can't cook!"* One person referred to what he/she had eaten in hospital as *"rubber toast".*Another person commented that, *"The food… there should be more choices"* on the menu.

  – Some thought that the poor service was linked with insufficient staffing levels. One person said, *"they don't have enough staff in hospitals".* Another agreed but felt it was important to acknowledge, *"hospitals* [i.e. the staff that work there] *are doing the best they can… they need more staff… trying to go around everyone".*

m) How would you rate the attitude of health service staff based in hospitals – e.g. Consultants, nurses, theatre staff, receptionists, porters etc? How patient-friendly do you think they are?

Generally good…

- Most of those consulted felt that, in general staff attitudes were good, *"most of the staff are polite… just one cheeky nurse"*.
- Another person described the staff attitudes *as "good… just nice… if you asked them for something* [for example, a drink of water] *…they get it for you"*.
- Another described the staff attitude as *"friendly"*.
- A few felt that at times staff attitudes were negative but they attributed this to long working hours. As one person explained, "*sometimes they can't be bothered… they have been there since last* [the previous] *night… grumpy because they are overworked"*.
- Another added, *"if* [hospitals had]… *more staff then they wouldn't need to work such long hours"*.

n) 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.

Nepotism…

- One person believed that a patient who was a friend of a member of hospital staff would get better service.

Accents and understanding…

- Some felt that patients who were attended by a member of staff whose accent was difficult to understand would receive a lesser service because they would not pick up all of what was said to them. One person perceived that some Philippino nurses were difficult to understand.

Racism…

- Some people thought that some patients might receive a lesser service because of their own prejudice / racist views. Those consulted said that some patients might object to being under the care of say a Chinese or black doctor. It was implied that if such medical staff were best placed to provide the relevant medical care and the patient refused to accept them then a less experienced member of staff might need to step in. Consequently, the patient would receive a lesser service.

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

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

- Have bigger hospitals so that more patients can be treated more quickly.
- Have more staff and have experienced staff, "*students… don't know what they're doing*".
- Have better food. With a wider range of healthy options, for example, vegetarian. If it is meant to be hot, make sure it arrives with the patient hot!
- More paramedics and ambulances for transport into and from hospital.
- Teach staff to be more polite.
- Change the smell of hospitals to something more pleasant as it is currently perceived to be very clinical and unpleasant.
- Shorter shifts for staff so that they are not overworked.
- More proper beds and less use of trolleys as beds.

14.3 PUBLIC HEALTH

p)	*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?*

Stop Binge Drinking / Give Up Smoking TV Adverts…

- Almost all said they thought that such adverts were not effective, *"they won't do anything for anyone who is already addicted"*. There was an implication by some of the young people in the group that they considered themselves to be *"already addicted"*. Others were more overt, *"it* [such advertising] *is too late for our age group… we are already addicted"*.

- One person pointed out the mixed messages given out by the media, *"…there are more ads about getting drunk than giving it up"*.

- One person believed that it was *"pointless"* putting health warnings on cigarette packets. They were trying to imply that someone would not be aware of the health hazards until they had bought the product and that *"it won't stop you smoking it* [the box of cigarettes] *if you have just bought it"*. However, they could not explain why, having read the health warning on one packet, they would then go and buy another.

- Some felt that such adverts were thought provoking but ineffectual, *"…makes you think… but doesn't change what you do… no-one pays any attention to them… it's* [smoking is] *just a habit"*.

- They felt it would be more powerful to have adverts that showed the effects of smoking on those near and dear to them. For example, one person suggested that it would be more convincing at a personal level if there was an advert that showed someone grieving for a loved one (partner or child) who had died of smoking-related cancer.

- Another person commented that he/she had found the TV advert on passive smoking very powerful. This advert showed the effect of passive smoking on babies and young children.

- A few commented that the recent TV advert on smoking that showed the build up of contaminants in a person's vessels simply made them feel sick. It had little to no effect on their actual smoking behaviour.

- In a nutshell, alcohol misuse and smoking appear to be the product of peer pressure / need to belong. As one person put it, *"it's hard not to do it* [drink and smoke] *when people around you are doing it"*.

14.4 GENERAL ISSUES

q)	*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?*

Two services…

- Orthodontists – one person felt that there should be more orthodontists as those which currently exist are difficult to access as they are far away and appointments are very far apart.

- Rubbish – one person felt that the increasing level of general rubbish on the streets etc. would, if not addressed, lead to a hygiene problem that could affect the health of the general population.

r)	*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. not including through a private medical insurance scheme)? Why did you choose to pay for this health or social care service?*

- No-one in the group was aware of any services that had been paid for privately.

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

No experience of formal procedures…

- No-one in the group had experience of using formal procedures to complain.

- One person described how one of his/her parents had complained verbally to the staff on duty after having been kept waiting 6 hours in Casualty. He/she received a verbal apology and were satisfied with this.

- Another person described how a male relation had gone into hospital for an operation. According to the person at the group, there were no radiators in the room the relative had allocated after the operation. The relative felt very cold and uncomfortable and when he complained verbally to the staff on duty he was told that there was nothing the staff could do to warm up the room. The patient discharged himself and went home.

15. PEOPLE FROM ETHNIC MINORITIES

FOCUS GROUP: PEOPLE FROM ETHNIC MINORITIES

VENUE: BALLYMENA INTER-ETHNIC FORUM
BALLYMENA

DATE 20th MAY 2004

NUMBER OF PARTICIPANTS: 6

Profile of Participants			
		Number	**%**
Sex	Male	1	17%
	Female	5	83%
Age	Under 18	-	-
	18-24	-	-
	25-44	3	50%
	45-64	2	33%
	75+	1	17%
	No Answer	-	-
Disability	Yes	-	-
	No	6	100
	No Answer	-	-
Dependent Children	Yes	3	50
	No	3	50
	No Answer	-	-
Other Caring Responsibilities	Yes	2	33
	No	4	67
	No Answer	-	-

15.1 PRIMARY CARE SERVICES

The group chose to discuss:

- *GPs*; and,
- *Health Visitors.*

The feedback was as follows.

15.1.1 FIRST PRIMARY CARE SERVICE – GPS

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

For some access is easy…

- A few people reported that they found accessing their GP service easy and straightforward, "*I have had no problems getting an appointment". They* indicated that they could get an appointment the same day or the next day, or when they felt they needed it.

Problems for some getting registered…

- Others commented on the experience of some people from ethnic minorities with whom they were familiar. They indicated that some have great difficulty registering with a GP. There were a variety of reasons offered for this:
  - The individuals involved *"don't know how to go about it".*
  - *"The information on how to register is not available in their language".*
  - Some seem to have experienced prejudice when they have tried to register. We were given to understand that some people from ethnic minorities have been told by some GP practices that their *"quotas were full"* and they could not take on more patients. Those consulted alleged that the quotas were not full. One person said, *"I know Irish people who went to the same surgery and got registered!"* The same person indicated, *"I know lots of people* [from ethnic minorities] *who have been trying to register* [with a GP] *for two years!"*
  - We were told that some people from ethnic minorities have resorted to going to the Central Services Agency (CSA) to request that they be allocated a GP. However, the CSA was criticised for not making people from ethnic minorities more proactively aware of this process and the support available.

Seeing patients without a medical card…

- One person alleged that he/she was aware of some GPs who have consultations with patients (who are from ethnic minorities) but who do not have medical cards.

When asked why the patients allegedly did not have a medical card, the person making this allegation said, *"the doctor refused to give it to them"*. He/she thought it was bizarre that a GP could (allegedly) see a patient without a medical card and yet the same patient could not receive dental treatment without a medical card. He/she also gave us to understand that many people from ethnic minorities were in this position, this same person also contended this was not an exceptional practice, *"a lot of people* [from ethnic minorities] *don't have medical cards"*.

- Those consulted regarded these as very serious issues since, within the Northern Ireland health care system, the GP acts as the gateway to all other health and social services. As one person put it, *"you do not know what the role of the GP is in Northern Ireland* [i.e. how influential / crucial it is] *until you need something* [health care service]*"*.

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

Mixed views on quality of service…

- Some of those consulted felt that the quality of service from GPs in Northern Ireland was generally good. One person described it as *"among the top"* in the Western world.

- Inevitably, when compared with some other places, some of those consulted felt there would always be room for improvement in certain respects. As one person said *"there is always certain aspects of the service that are better serviced in other countries"*.

- One of those consulted indicated that when he/she first registered with a GP in Northern Ireland, the GP allegedly was only interested in carrying out the registration process. The person concerned said that he/she was very surprised at not being given a check-up or asked for any medical history. He/she felt that the process was superficial.

Circumcision…

- One person in the group contended that the quality of service for some people from ethnic minorities was poor in that there was no priority given to the religious practices of Jews and Muslims. He/she explained that a child would have to wait for maybe up to three years to have a circumcision performed. In Northern Ireland there is perceived to be no medical need for circumcision and hence no urgency is attached to it. However, in Jewish and Muslim traditions, circumcision is supposed to be performed within seven days of the child's birth. The delay was described as *"a big problem for the Jewish and Muslim community"*.

Lack of direct access to specialists…

- One person in the group felt that the current arrangements were of poor quality because they did not permit a patient to access a specialist directly. It seemed that

all specialists were accessed via the GP. He/she contrasted this with the health care system in Portugal where patients can access specialists directly.

- This person also felt that, without the option to access a specialist directly, GPs in Northern Ireland had too much autonomy and that patients' health could depend on a GPs view on whether to refer them on or not. As they put it, *"GPs have all the power in their hands".* He/she gave an example of how his/her partner had been experiencing a long-standing medical problem for which the GP in Northern Ireland had been continually prescribing ear drops. The patient was not referred on despite the fact that the condition was not improving. Finally, this person's partner attended a specialist in Portugal who allegedly identified the root cause of the condition and *"the problem was solved!"*

- We were given to understand that in Italy a patient could access a specialist directly on their NHS. As one person explained, *"It may take time to get an appointment but you* [the patient and not the GP] *do the work"* i.e. access to a specialist was, to some extent, in your own hands.

Poor quality of service for those needing interpreting services…

- This lack of access to interpreting services was raised as a general point in relation to <u>all health</u> and social services.

- Specifically in relation to GPs, we were given to understand that there is a statutory duty on GPs to provide interpreter services as required but the vast majority do not. Only one member of the group was aware of a GP practice locally that availed of interpreting services. Those consulted speculated that few GPs availed of an interpreting service because of the *"cost factor and the time involved".*

- Another person commented, *"the emphasis currently is on the patient to get the interpreter".* He/she felt strongly that this should not be the case and that the GP should arrange this service on behalf of the patient.

- In these circumstances, the quality of medical care a person might receive could differ very materially depending on whether or not he/she was competent in English. One person who had provided interpreting services for people from ethnic minorities attending a GP said until some people were supported by an interpreting service a consultation with the GP was meaningless, *"I have seen it from the other side… some people go and* [without interpreting services] *they do not understand one word that was said".*

- The group described how many people from ethnic minorities, who are not offered interpreting services, use a relative or friend to interpret. One person in the group indicated that he/she knew a client who *"uses their daughter who is five* [years old]*".* All felt that using relatives and children was inappropriate.

- They indicated that hospitals could arrange an interpreter for a patient provided that the patient has a letter from his/her GP saying that he/she requires an interpreter. Consequently, they felt that barrier-free access to a GP in the first

place was doubly crucial. However, most stated that, in their experience, few GPs actually include this requirement in a letter of referral to a hospital. They perceived that GPs thought of this as bothersome and time-consuming, *"extra administration"*.

c)	*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 experiences of receptionists…

- One person in the group indicated that he/she had had a *"really positive experience with receptionists… they called me back if someone was busy… staff have really gone out of their way* [to provide me with the information I asked for]*"*. Most people in the group consulted experienced something quite different.

Receptionists, some friendly but lack awareness…

- One person, referring to GP's receptionists said, *"I think they are friendly enough but they don't have the awareness"* i.e. of the difficulties experienced by people from ethnic minorities whose first language is not English. He/she proceeded to explain that someone from an ethnic minority, whom he/she was trying to help access a GP, had missed a GP's appointment because he/she had not been able to tell whether the receptionist was saying *"Tuesday"* or *"Thursday"* when they gave him/her an appointment date. The person had arrived on Thursday. When they challenged the receptionist about this misunderstanding the receptionist allegedly replied, *"I just assumed they understood"*. He/she felt that this assumption was unreasonable given that, to them, the person's English was evidently so weak. Later when they explained to the GP why the first appointment had been missed it was felt that the GP's response too was totally inappropriate and dismissive. Allegedly the GP in question stated:

  - *"well, sure you can come with her* [the patient] *next time"* implying that the person gave up his/her own time to act as interpreter for the patient and the receptionist staff did not need to make alterations to their working practices; and,

  - *"sure you're here now",* implying what is the problem, why make a fuss?

Receptionists unhelpful to some…

- One person felt that receptionists were unwilling to help patients with any enquiry beyond the date and time of an appointment. One person explained that he/she had been waiting on notification of his/her first scan and had not received any information. He/she asked the receptionist to advise him/her of the date for the first scan. Allegedly the receptionist said, *"we don't do that… if you have had no letter through then just wait… we are only here to do appointments"*. He/she contended that even if the receptionist had been unable to provide the information

he/she could have provided information on where else to go, who else to ask and not just leave the patient with no information.

Perception that some receptionists are prejudiced…

- One person perceived that some GPs receptionists were prejudiced against people from ethnic minorities. He/she believed that receptionists used their position to prevent the people against whom they were prejudiced from accessing the GP. One person described how she interpreted for a lady who had to go in and out of hospital for a series of procedures and who had to be checked by her GP between times. Allegedly the patient had tried to get an appointment with her GP, *"she couldn't get an appointment"*. Allegedly the receptionist had told her that there were no appointments available. According to the person in our focus group, this patient was able to get an appointment when a different receptionist came on duty. The new receptionist allegedly stated that it was *"impossible"* that there had been no appointments available previously. The person in the focus group was convinced that it was prejudice that prevented the patient getting their appointment originally.

- There was a general view that receptionists needed race awareness training to help eliminate prejudice. Commenting on prejudice in general, one person said, *"prejudice… ingrained in all of us… unconscious prejudice… unfortunately it does affect your job… it shouldn't… but we are not completely objective human beings"*.

- Another person pointed out that, *"everyone has attitudes… client and provider… both are important… I would like to see something happen in our society where good conduct is recognised and praised… we are all human beings… and we all like to be praised". He/she* wondered how praise and recognition could be used to:

  – encourage those exemplifying good practice to do even more; and,
  – foster the uptake of good practice by those currently not exemplifying it.

  Others wondered if there was or could be some type of quality standard used to rate the quality of service offered at GPs practices. If so, could some dimension of this relate to the quality of service available to people from ethnic minorities?

d) 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.

Older people…

- One person in the group felt that older people get a good service from their GP, provided they can attend the surgery. However, he/she felt that if older people were unable to attend the surgery that GPs no longer called at homes simply to see how they were doing. He/she considered that older people need an advocate and could receive a lesser service if they do not have an advocate. As he/she put it, *"it*

takes someone to act on their behalf [i.e. on behalf of the older person]*",* speak up about the person's needs.

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

Given all of the above, those consulted implied that the following should be done to improve the service at GPs:

- Provide interpreting services as required.
- GP practices to arrange interpreting services not the patient.
- Improve communication between medical record office, GPs and the hospitals so that patients on waiting lists do not get lost in the system.
- Provide race awareness training for all staff at GP surgeries, especially receptionists.
- Provide the information on how to get registered with a GP and the services of the CSA in as many languages as necessary. Proactively disseminate this information through the appropriate channels.
- Investigate the alleged practice of GPs seeing patients without medical cards and ensure that all those entitled to a medical card are given one.
- Investigate the alleged practice of GPs refusing to have patients from ethnic minorities on their panels and take appropriate action.
- Consider whether circumcision of Jewish and Muslim babies can be done in seven days in accordance with their religious tradition.
- Consider how recognition and praise of good practice can be used to promote adoption of good practice.
- Improve the sharing of information between different professionals caring for the same client. One person gave the example of an elderly person being cared for by several health professionals, for example, occupational therapist, social worker, physiotherapist, health visitor. He/she felt that *"the same information is given ten times"*. As well as being tedious for the patient, he/she felt that it gave the impression of an uncoordinated service, *"the right hand doesn't know what the left hand is doing"*.

15.1.2 SECOND PRIMARY CARE SERVICE – HEALTH VISITORS

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

Quite good…

- Those consulted felt that access to a health visit was good. Health visitors are allocated to mothers automatically following the birth of a child. In addition, some community / voluntary groups work with the local Health Trust to ensure that mothers from ethnic minority communities, in their local area, are well supported, for example, the Chinese Welfare Association works with health visitors in Belfast in this way.

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

Differing views on the standard of quality…

- Some of those consulted felt that the standard was *"very high"*. As one person said, *"they* [my health visitor] *went out of their way to encourage me to breast feed my child* [told me how to do it and to persevere with it] ... *if it was not for them I wouldn't have breast fed my child… they called me… went beyond the call of duty… if I phoned and left a message, they always called me back… the follow-up was brilliant!"*

- Another mother in the group had a different point of view, *"fine, until you mention your background". She* explained that in her tradition it was customary to wrap a baby up fairly tightly when putting the baby to sleep, this was believed to comfort the baby. However, the health visitor who was attending this mother allegedly disapproved of this practice and said*, "here we don't do that"*. To the mother it seemed as if the health visitor had *"no idea about other traditions"* and seemed, to her, unwilling to explore other possible methods of childcare. The mother described herself as *"feeling intimidated"* by the health visitor's apparent disapproval.

- The same person indicated that her own mother, who did not speak English, was staying with her shortly after the baby was born and was in the kitchen preparing food for the baby when the health visitor arrived one day. We were given to understand that the health visitor went into the kitchen trying to determine what was going to be fed to the child. The mother felt watched. After the health visitor had gone, she said to her daughter*, "did she* [the health visitor] *think I was going to poison the child?"*

Letters in English…

- Those consulted thought it was bizarre that although an interpreter might be used during a consultation, letters / notifications from the health visitor were still sent out in English.

h) 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.

Varied attitudes…

- Some people felt that the attitudes of health visitors varied, *"some good ones, some very good ones and some very bad ones"*.

- One person alleged that, during a visit, one health visitor had been *"treating the family in a very rude way… putting the* [baby's] *bottle on the floor… not washing their hands… shouting"*. Apparently, the health visitor was *"shouting"* in an

effort to be understood. The health visitor had to be told that she could and should ask for an interpreter. However, those consulted felt that more should be done by the Health Trust to make health visitors aware of this service, *"most don't know"*.

Need to learn to interact not react…

- One person believed that since health visitors are interfacing so closely with people they needed to learn not to necessarily react with disapproval to something new. As one person put it, *"They should be trained to interact, not react… extremely important"*.

i)	*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 to all…

- Most felt that the health visiting service was available equally to all. The systematic way in which each child is reviewed underlined the general feeling of fairness.

j)	*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:

- Health visitors to be made aware of the need for interpreters and the processes of engaging them.
- Health visitors to be trained to better interact and not react to new approaches to childcare.
- Health visitors to be given cultural awareness training to help them understand and value different approaches to child care amongst different religions and traditions and appreciate that we now live in a multi-cultural society.

15.2 SECONDARY CARE SERVICES (HOSPITALS)

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

Variety of reasons for access being rated as poor…

- One person described Accident & Emergency at Antrim Hospital as a *"particularly difficult situation… doesn't have… enough capacity"*. He/she later added, *"the level of staffing when they get hit at the weekend is totally inadequate"*.

- Another commented on the lack of car parking at Belfast City Hospital and the Royal Victoria Hospital, *"you have to pay… in an emergency with a sick child what do you do?"*

- One person considered that, in general, there were not enough ambulances and that often *"you have to organise your own* [transport]*"*.

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

The group considered the subjects of access and quality together. They made the following points.

Poor access to hospital records…

- One person recounted a story of when his/her mother-in-law had been in and out of Antrim hospital a number of times in quick succession. He/she was appalled at the inability of the hospital to access their mother-in-law's medical records, within the same hospital that she had visited so frequently in the recent past. As he/she put it, *"even within their own hospital her records were not accessible when she went in for the second time"*. He/she later added that it seemed to them that Antrim Hospital was suffering from a *"tremendous administration failure"*.

- Another person also indicated that in his/her country of origin the main features of a person's medical history are stored on a magnetic card that can be accessed if the person is admitted to hospital etc. He/she felt that such a system would be very beneficial in Northern Ireland.

- This same person had also worked in the clinical records section of Lisburn Hospital. He/she indicated that with two staff on duty (on shifts) covering twenty-four hours a day they were able to provide, a very efficient service to the hospital staff. He/she believed that a paper-based system could be efficient if it was staffed and operated properly. He/she also perceived that it was difficult to find people in this country who were willing to work unsocial hours.

Poor communication with entity that updates medical cards…

- One person in the group felt that there should be better communication between the GP and the hospital in relation to changes of address. We were given to understand that when a patient advises their GP of a change of address, the GP updates their records but, if that person is on a waiting list for say an operation in hospital, the hospital is not advised and hence their records are not updated at the same time. In practice, this means that any correspondence about a forthcoming slot for an operation will go to the patient's old address and, unless their mail is forwarded, they could miss out on important notifications etc. One person in the group said that his/her child was *"lost in the system"* in this way. The child was *"taken off the waiting list"* and had go back to the start of the process of getting back on the waiting list, and effectively lost two years of waiting time.

Hospital lacks unity of function…

- One person, commenting on how Antrim Hospital appeared to operate said, *"Antrim Hospital was formed from an amalgamation of two different hospitals* [approximately 15 years ago?]…[even today]…*not quite a unity of function amongst staff".*

Different services at different locations…

- One of those consulted felt that there should be equal provision of all services at all hospital locations. This particular person was unclear as to why, for example, a paediatric service was available in one hospital and not another.

General hygiene needs to improve…

- One person held the view that *"general cleanliness…[was] not quite up to standard… in the public areas and the wards".*

Mixed wards…

- Another person believed that there should be a review of the policy of mixed wards. In his/her experience, *"[it was] very disturbing to some… especially the elderly"* One person described a situation where he/she had come across a *"very distressed elderly woman… only woman in a ward of men"*. According to the participant, this lady felt degraded asking for a bedpan and using it in close proximity to so many men. He/she contended that for this lady's generation and the values with which they had been brought up, this was a very stressful situation.

High staff turnover…

- One person commented on the high turnover of nurses and doctors in hospitals generally. He/she felt that this posed two real challenges:

  - For patients – who ask the new staff for information and such staff cannot answer the patients' questions because they are not familiar enough with the hospital and how processes work;

  - For community / voluntary groups trying to provide information on supporting services, significant effort is invested informing staff about support services, for example, interpreters, only to have to start again in about six months time with a new batch of staff.

Availability of interpreting services…

- We were told that in one hospital there are adverts on the hospital radio, in different languages, explaining how patients can access interpreters. Those consulted thought it would be helpful to replicate this service in other hospitals.

m)	*How would you rate the attitude of health service staff based in hospitals – e.g. Consultants, nurses, theatre staff, receptionists, porters etc? How patient-friendly do you think they are?*

Need for cultural awareness…

- Nurses' attitudes were thought to be *"generally okay… but they still need cultural awareness"*.

- In contrast, some of those consulted perceived that it was *"hard to get through"* to doctors.

- Attitudes of the general public / patients appears to be an issue. One person indicated that he/she was aware of situations where a patient refused to be treated by a doctor from an ethnic minority background. Allegedly, patients have been known to say such things as, *"I don't want him…* [an Indian doctor] *…I can't understand a word he says"*. The group acknowledged that there may be situations where someone's accent is difficult to discern, however, they felt that *"the doctor should check that the patient understands"*. The group also felt that a patient might also refuse to be seen by a doctor from an ethnic minority background because of prejudice. The group were unclear what the hospital's policy was / should be on this type of situation.

n)	*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.*

Ethnic minorities perceived to receive lesser service….

- One women described how, when she was in hospital after having given birth, she had felt bullied and harassed by the *"head sister"* on the ward. She considered that this person's actions were racially motivated. Allegedly, this member of staff pulled back the curtains around her bed while she was trying to breast feed her child. When she tried to object, the staff member allegedly said, *"they* [the curtains] *have to open at this time"*. This individual could see that the curtains were not pulled back around the other beds on the ward. In addition, when later she tried to explain that she needed help that her child was not sleeping, the staff member said, *"I don't believe you"* and asked the other staff on the ward to keep a record of the times that the baby was and was not sleeping. It was clear from the evidence that the baby had not been sleeping enough.

Unwillingness to accept second generation as Northern Ireland citizens…

- One person told us how he/she became very frustrated with the attitude of one member of hospital staff who seemed unable to accept him/her as a citizen of

Northern Ireland. He/she said that when asked for personal details he/she indicated having been born in Northern Ireland. He/she subsequently felt frustrated when this member of staff kept prefacing questions to them, over and over again on different occasions with the words, *"well, in your country….".* The person had to keep replying, *"I am not from Hong Kong! …it* [my details] *says born in Northern Ireland… Belfast".*

o)	*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:

- There should be better co-ordination between hospitals and other primary care services as regards the need for interpreters.
- Better management of clinical records within and between hospitals.
- Examine whether staff turnover can be reduced.
- Improve car parking.
- Provide more capacity at Accident & Emergency.
- Provide cultural awareness and anti-racist training / information to hospital staff and the general public.
- Clarify what the hospitals policy is if a patient refuses to be cared for by a staff member who is from an ethnic minority.
- The hospital / Trust's equality officer should be made aware of all complaints and should be involved appropriately in their resolution.
- Provide information about accessing interpreters via hospital radio.
- Mainstream the concept of health link workers. At present, there seems to be a great emphasis on the community and voluntary sector to link people with health services. However, we were given to understand that community / voluntary budgets are already over-stretched.

15.3 PUBLIC HEALTH

p)	*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?*

Leaflets perceived as wasteful…

- Most felt that leaflet drops were generally ineffective. As one person put it, *"we get so much paper through the door… even if it is important, it goes in the bin".*

Too many negative messages…

- One person considered that the tone of health messages could have a significant effect on uptake. He/she considered that in Northern Ireland the general tone of

health messages was negative. Referring to the "Slow Down Boys" TV adverts and the recent advert on stopping smoking he/she said, *"Northern Ireland always shows the most tragic situation… all very grim"*. He/she pointed out that in his/her country, adverts try to change behaviour by sending out positive messages, for example, by pointing out *"how the world is a better place if…",* for example, people put their rubbish away etc.

- Another person said that in his/her country the health promotion authorities use cartoons to reach children. He/she believed that this was a more effective medium for this age group.

- Reinforcing the notion that negative messages do not necessarily work, one person referring to the stop smoking advert said, *"it didn't change anything… I already know what it* [smoking] *does"*.

- One person felt that, in relation to health promotion, *"the greatest amount of money should be spent in primary schools, then secondary schools… because the children will learn"*.

- There was general agreement that many people have changed their attitude to smoking over the past few decades. People who smoke and come to visit will not generally smoke in another person's house. Those consulted felt that this was positive but that it had taken time to change attitudes.

15.4 GENERAL ISSUES

q) 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?

Variety of issues…

- Alcohol and drug misuse, especially by young people – according to one person, the key to addressing this is to "*find some way of making it not cool"* to drink or take drugs. Some members of the group compared the drinking culture in Northern Ireland to the drinking culture in their own country. As one person commented, *"here* [in Northern Ireland], *the concept of drinking is to get drunk… not social… children brought up in that tradition"*. He/she commented on how, in his/her local area, *"twelve year olds,*[were] *drunk! At 12 o'clock in the morning!"*

- Obesity and lack of exercise.

r) 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?

Private health insurance…

- Some members of the group indicated that they had taken out private medical insurance because of the length of the waiting lists for key procedures. They were concerned that, if they needed such procedures, they *"could be waiting an inordinately long time"*.

- One person indicated that he/she was investigating *"going private"* to have a denture made for an elderly relative. To date, the process had taken months and the elderly relative was now on a waiting list for the next stage of the procedure. With the number of staff in School of Dentistry being reduced in the forthcoming summer months, he/she was concerned about possible further delays. Emphasising the impact of possible further delays, he/she said that the option of going private was *"… about the quality of life they* [the elderly relative] *can have in* [their] *last few years"*.

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

Issues addressed verbally…

- One person described how he/she had reason to complain about an issue in hospital and was pleased that it *"was dealt with very, very quickly and efficiently"*.

Need knowledge of the procedure…

- Some felt that people did not complain because they did not know the procedure. They felt that more should be done to make people aware of the procedures.

- Another person pointed out that the complaint forms were only available in English. He/she felt that they should be available in other languages.

Trauma…

- Others believed that a person may have just cause for complaint but because they, as a carer, or they, as a patient, have to invest so much energy in dealing with the medical condition on hand, there is often no energy left to even consider making a complaint.

16 GENERAL FINDINGS

The intention of this consultation was to identify key issues so that these could be brought to the attention of all responsible for the delivery of Health and Social Services and, ultimately, bring about meaningful change.

Several of the groups consulted expressed frustration at having been consulted before on similar issues without any change that they were aware of taking place.

For this consultation to be meaningful, it is important that the results are published and that the family of Health and Social Services in Northern Ireland acts upon information and responses provided in the Public Attitude Survey. It will be equally important to go back to each of the focus groups to both share the final report and information on action that is planned or already being taken forward to address issues raised.