



# Voice of Older People

## Post Engagement Report

September 2014

 Health and Social  
Care Board

Western Local Commissioning Group

## Chair's Foreword

I am delighted, on behalf of the Western Local Commissioning Group, to welcome this report on the outcome of the Voice of Older People engagement exercise. My thanks go to the five local community networks who facilitated this engagement and the 1,050 older people who gave so generously of their time and their views.



Our Local Commissioning Group (LCG) set out to ensure that people aged over 65 years who use our service are listened to and that they are involved in informing future service delivery in a meaningful way. The Voice of Older People project, through a collaborative and partnership approach, enabled us to find out what older people think of their primary care, secondary care and community care. It also gave older people an opportunity to voice their opinions on *Transforming Your Care*.

As an LCG, we are committed to addressing the challenges and issues which older people face when accessing health and social care services in the West. By commissioning the community networks to undertake this project we were able to hear from older residents including people who are isolated or hard to reach. It is reassuring to learn that generally speaking many older people are satisfied and happy with their services. However we also welcome their constructive feedback on how services might be improved.

This report highlights areas where we as local commissioners can make a difference. Transport, parking, carers' support and waiting times are just some of the issues arising. In terms of future planning, our intention is to consider these findings and recommendations when developing the Commissioning Plan for 2015/16 for the Western area.

A focus of this exercise has been to identify service improvements which support the delivery of the recommendations of *Transforming Your Care* which represent a radical change to how and where health services are delivered in communities. By exploring health and social care issues in partnership with older people we can ensure they have their say on how we commission services which allow their homes to remain the hub of their care and facilitate them living independently at home. It also provides us with information about their social needs and how we plan and design future health and social care services which prevent isolation within their communities

I wish to commend the staff of the Local Commissioning Group and the local community networks for their open and innovative approach in undertaking this task. Our older people have a wealth of experience to share and I am pleased that this engagement gave them the voice to do just that.

**Dr Ciaran Mullan**

**General Practitioner and Western Local Commissioning Group Chair**

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## Background

The Western Local Commissioning Group (LCG) recognises the importance of the role of service users, carers and the public in influencing the planning, commissioning and delivery of health and social care services in ways that are accessible and meaningful to them. Involving service users and the wider public acknowledges that patient knowledge and expertise contribute to increased patient morale and increased levels of service satisfaction.

In accordance with the statutory duty outlined under the Health & Social Services Reform (Northern Ireland) Act 2009, the Western LCG committed to work with a range of community networks in engaging with older people in the Western area on its behalf. The purpose of this engagement was to work with constituent community and voluntary groups to provide older people the opportunity to talk about their experiences of using primary care, secondary care and community care. It also captured their views on *Transforming Your Care* (TYC) to ascertain their expectations of future services. The aim of the Voice of Older People project was to gain insight into:-

- Older people's experiences of health and social care services in the Western area
- How accessible these services are to them
- What they feel needs to be changed about specific services
- What they want from the services they avail of
- Their suggestions as to how services can improve
- Their views on health and social care reform specifically *Transforming Your Care*

The community networks collated the information gathered during the engagement process submitting reports of their findings and recommendations to the LCG Commissioning Lead by late March 2014. A "champion" representative from each area presented the findings of the initiative to the Local Commissioning Group at its public meeting in May 2014. A copy of the "Voice of Older People" Questionnaire used to collect the views of older people is included in Appendix One.

The LCG undertook to convene feedback sessions in each of the five council areas in the Autumn of 2014 to inform and discuss with participants the findings and outcomes of the engagement process. This undertaking to feed back to participants was a crucial element in gaining the networks' agreement to accept the commission as it showed the Health and Social Care Board's commitment to ensuring that the views and opinions of older people would shape future service planning. With this in mind the LCG will take into account these findings and outcomes when commissioning Older People's Services during the development of the Western Local Commissioning Plan for 2015/16.

## Engagement Process

The local community networks were commissioned to engage with 1,000 older people in the Western area via a combination of face-to-face conversations and focus groups with older people. Each network was contracted to engage with 200 older people in their respective areas. The brief developed for the networks included guidance on relevant standard open and closed questions which formed the basis of semi-structured interviews with participants in each of the five council areas.

From February to March 2014, the community networks carried out semi-structured interviews with older people aged 65+ using the standard questions provided in the brief. Questionnaires were also completed on a one-to-one basis. Definitions of primary care, secondary care, community care and *Transforming Your Care* were provided to assist with responding to the questionnaire.

Community network staff engaged with older people in the places they routinely visit to ascertain their views on the services they receive and use. These include luncheon clubs, community centres, Healthy Living Centres, Community Theatres, art groups, drop in clubs, exercise classes, singing groups, smoking cessation groups and Diabetes and Podiatry clinics in Healthy Living Centres. They also sought older people's views on how services could be improved and how this could inform future planning.

The views of older people who are harder to reach, for example, who do not attend community activities/centres or do not access local voluntary and community group activities, were sought by using the networks' contacts and membership details.

Collectively the five local networks consulted with 1,050 older people ranging from 65 to 90 years of age.

## **Fermanagh District Council area led by Fermanagh Rural Community Network**

### **Findings**

In total 203 people aged over 65 years completed the questionnaire of which 18% were male and 82% were female.

Fermanagh Rural Community Network (FRCN) used contacts established through their member groups. Face-to-face interviews with 55 older people were facilitated through the Maximising Access in Rural Areas (MARA) project.

Engagement with established groups and harder to reach individuals, in a number of locations, ensured that the views of 203 older people from across the county were reflected. The following is a summary of the key points recorded at the facilitated discussions and from face-to-face interviews; included also are some relevant personal comments:

### **Service Improvement**

Participants in Fermanagh felt that:

- Money needs to be invested and spent more wisely;
- There needs to be easier access to help and advice on health issues;
- Patients have to wait for long periods of time for an appointment at some GP surgeries;
- Some individuals have experienced difficulty in trying to contact their local health centre by phone. Some individuals reported that they have had to try up to fifteen times to get through to a health centre receptionist;
- Automated appointment services in GPs and hospitals are confusing and human contact is needed;
- Services that are located outside the county border would be better suited to being delivered at the new hospital allowing for easier access and availability;
- Appointments at hospitals in Belfast or at Altnagelvin Hospital are often not convenient and do not correspond with public and community transport timetables;
- It is acknowledged that travel will sometimes be required for specialist treatment, however, appointments arranged should take into account public and community transport timetables and avoid peak commuter traffic;
- Questions were asked as to why appointments are received for patients to attend hospitals outside of Fermanagh when the South West Acute Hospital has the same clinic and can deliver the same services;
- Lack of communication between health departments leading to confusion for patients;

- High demand for home help services that have already experienced cuts and are understaffed and under resourced;
- The use of local services and delivery organisations such as Lakeland Community Care, ARC Healthy Living Centre and OAK Healthy Living Centre are a major asset to older people. They provide a local contact centre that people can use based in local areas where they get to know the staff;
- Limited service for meals on wheels and important that food needs to be cooked fresh daily;
- Older people are rated as second class citizens and feel that they are being shipped out of the county to be dealt with by other hospitals and doctors that are not local;
- There is a need for defibrillators in venues that are easily accessed by the local community given the geographic distance from ambulance station for many of the county residents.

### **Services which could be Provided in the Home or in a local Health Centre**

- Services like Physiotherapy and Chiropody could be delivered in the local community eg health centres, local pharmacies or community centres. The Chiropody Service available in Newtownbutler Community Centre was provided as a good of example of how this works well;
- Specialists from the local hospital could attend local health centres; this would reduce travel distance and time for patients;
- Diabetic and eye clinics should also be held in local health centres to save travel time and waiting;
- Minor injuries, stitches and sprains could be dealt with at local health centres instead of emergency departments.

### **Emergency Department/Minor Injuries Unit**

People in Fermanagh reported attended Emergency Departments for the following reasons:

- Injuries
- Accidents
- Chest pain
- Stomach pain
- Severe bleeding
- Stroke
- Loss of consciousness
- Broken bones – ankle, finger
- Falls

## Comments made by Older People

*“The last time I was in the A&E in Enniskillen it was because I fell at a gate and suffered a broken ankle”.*

*“At the beginning of the year I fell at home. I waited half an hour on an ambulance and received excellent care and treatment; only for my mobile phone I would have been dead”.*

## Long Term Conditions

People in Fermanagh noted the following long term conditions:

- Diabetes
- COPD
- Huntington’s disease
- Arthritis
- Heart
- Angina
- Blood Pressure
- Vertigo
- Cancer
- Alzheimer’s
- Vision & sight problems
- Wagner’s syndrome

In terms of managing long term conditions people made the following comments:

- *“I have a general medical check every six months and I attend the diabetic clinic once a year.”*
- *“I currently suffer from Wagner’s syndrome; this affects my whole system and is managed by medication from my own GP.”*
- *“For treatment for arthritis I have to attend Altnagelvin four times a year. I also attend the local health centre for regular blood tests. I get treatment from my local health centre when I need it ie tablets and cream.”*
- *“My wife cares for me at home and home helps come to us in the morning and at night.”*
- *“I suffer from bowel cancer and a nurse attends me once a week.”*
- *“I suffer from a heart complaint and this is managed by attending cardiology clinic every year, taking medication and regular appointments to assess my blood pressure with my GP.”*
- *“I have been provided with a Diabetes Pump which is enabling me to*

*manage my condition very successfully.”*

- *“To improve health and fitness and keep my blood pressure and cholesterol low, I attend classes for older people in Enniskillen.”*

### **Community Pharmacies/Local Chemists**

Older people in Fermanagh reported that they use community pharmacies for the following reasons:

- To collect prescriptions
- To get creams and sprays for minor ailments
- For blood pressure checks
- For general advice on medication and health
- For cold and flu remedies
- To seek medical advice on smoking and blood pressure

### **Carers Support**

Older people in Fermanagh put forward the following points in relation to support for carers:

*“There has to be a proper assessment of the needs of the patient and their carer and amount of support required.”*

*“More access to respite. There needs to be more carers available to take over and give the main carer some time for themselves.”*

*“Carers and patients need to have days out. More money should be put into local clubs and day centres as these improve their quality of life.”*

*“There needs to be more carers available at night time so the carer can get more sleep.”*

*“I care for my sister and I could do with a helper coming in a few times a week”.*

Information on health and social care services needs to be communicated in a language and format which is easily understood. Very few older people have a clear understanding of the different organisations involved in delivering services.

Information on health and social care services needs to be communicated regularly to avoid the circulation of messages that are incorrect.

A feeling exists that everything is geared towards cutting services.

*“It would be great to have someone help with cooking or to stay a few hours so I could leave the house.”*

*“Need to check that older people understand what they are being told by a doctor or other health service provider. Patients should be allowed to request that their carer is also given information.”*

*“Equipment needs to be more readily available for carers eg wheelchairs, scooters and hoists. These simple things make a carer’s job much easier.”*

*“Carers require up to date information on support, advice and benefits they may be entitled to.”*

*“The health service needs to put carers in touch with local support organisations for example the Alzheimer’s Society.”*

*“The help and support of a good social worker is crucial to point patients and carers to support services and get them valuable equipment.”*

*“I think that the individual that is terminally ill does not get the care that they deserve.”*

## **Transforming Your Care (TYC)**

*Transforming Your Care* is not a subject that there is a great level of awareness about within the community.

### **Other Communication Issues**

- Communication through human contact with health and social care service providers is very important for older people.
- Many older people in County Fermanagh do not have access to the internet.
- Carers for older people ask that providers of services check that the older person has understood what they are being advised.

### **Other Service Provision Issues**

- Older people are largely appreciative of the services they receive and are understanding of the pressures which staff delivering health and social care services are often working under.
- Older people need time to build up trust and relationships with service providers and very often require someone to make contact with them directly to encourage them to avail of services.
- Older people ask that consideration is given to using a range of locations, with which the older person is comfortable, to deliver health and social care services

within local communities. The delivery of advice sessions at older people's clubs, eg the Falls Prevention Programme and the local pharmacists' Manage Your Medication, were given as good examples.

- Carers need assistance and support to enable them to continue their caring role long term.
- Families are increasingly under pressure to maintain jobs and household and are thus not able to devote time to care for older people.

## **Limavady Borough Council area led by North Antrim Community Network (NACN)**

### **Findings**

In total 196 over 65 year olds completed the questionnaire of which:

33% were male

67% were female

68% were aged 65-75 years

32% were aged 75+ years

Long term condition: 70% (yes) 30% (no)

### **Service Improvement**

In relation to barriers that prevent older people from accessing and using services NACN reported the following:

- Doctor telling you to come back in a week and all the appointments are fully booked.
- Travel expenses to go to hospital for dialysis.
- People with drug problems getting priority over genuine cases in the emergency department.
- Waiting times could be improved.
- Waiting lists too long for appointments.
- Social car scheme needs to be reinstated for doctor appointments.
- GP not interested in people over 65 years.
- Would like to see my own doctor but this normally takes a few weeks.
- Health Centre phone is constantly engaged.
- Travel to their GP and hospital was an issue.
- Many of the interviewees when they eventually got an appointment found it difficult to tie this up with travel arrangements. Many older people relied on family to provide transport.
- It was suggested by several communities that community transport schemes should be providing a service that would enable older people to get to their GP.

### **Services which could be provided in the home or in a local Health Centre**

Older people felt that the following services could be provided either at home or in local health centres:

- Minor complaints
- On Warfarin, managed at local clinic, service excellent
- Out of hours appointments
- X-ray facilities
- More phone lines
- Hearing tests
- Changing of catheter
- Aftercare when coming out of hospital
- Interviewees suggested increasing the time allocated for appointments as they felt rushed at their appointments and not given enough time to discuss their health problem and recommended treatment.

### **Emergency Department/Minor Injuries Unit**

People in the Limavady area reported attending emergency departments for the following reasons:

- For fall and sprains
- Broken arm
- Strain
- Stroke
- Sciatica
- Out of hours doctors
- X-ray
- Chest pains
- Dislocated shoulder
- Interviewees made the point on several occasions when visiting emergency departments that the waiting time was far too long.

- *“I arrived at Altnagelvin Emergency Department to wait from 7.00 pm to 3.00 am to get onto a ward, attending with severe pain from gall stones. The wait was made even worse by the number of people waiting that were very drunk and disruptive.”*

### **Long Term Conditions**

In terms of managing long term conditions people made the following comments:

*“I am on dialysis three days per week and drive myself to hospital and back.”*

*“I am Coeliac and attend clinics in Altnagelvin and I am pleased with the attention I get.”*

*“Daily medication taken at home.”*

*“Attend GP weekly.”*

With regard to long term conditions the general feeling was that services were fairly good except for some occasions when some people had to go to Altnagelvin Hospital which was difficult if they had to travel by bus.

### **Community Pharmacy/Local Chemist**

Older people in the Limivady /Dungiven areas reported that they use community pharmacies for the following reasons:

- Blood pressure checks
- To pick up prescriptions and repeat prescriptions
- Over the counter medicines
- Advice on minor ailments
- Prescription normally delivered to the house by chemist delivery man
- The local pharmacist was used mainly for getting prescriptions however additional services, such as explaining medication, were reported. Travel for picking up the prescription was an issue. There was a universal opinion that pharmacies were very good and that other basic services could be provided there. The majority of people would not ask the pharmacist for health advice or would not contact the pharmacist if they were feeling unwell.
- *“I use the pharmacy for repeat prescription and he explains prescribed new tablets. He is very easy to talk with and explains things that the doctor doesn’t.”*

## **Carers Support**

Older people in the Limavady/Dungiven areas put forward the following points in relation to support for carers:

- Short breaks/ respite – days out for the carer.
- Home help grants.
- All day/night carer should be paid for by government.
- Wife and daughter provide adequate care.
- We both look after each other.
- Just get a family member to provide support.
- Advice at clinics specifically for carer.
- People felt carers needed more respect for what they do by providing more respite, short breaks, days out and activities for carers.

## **Derry City Council Area Led by North West Community Network (NWCN)**

### **Findings**

In total 206 over 65 year olds completed the questionnaire of which 25 % were male and 75 % were female

A total of 206 surveys were completed and returned from ten organisations and a number of individuals located across the Derry City Council area; 51 were male and 155 were female. The biggest constituency was female from the Waterside area of the city. All age ranges were represented (which were banded into five-year spans for the purpose of analysis). Most of the questionnaires were collected in person with the remainder being brought directly to NWCN. Questionnaires were numbered, logged and the data for six questions as well as general information was compiled.

### **Service Improvement:**

Older people who took part pointed out the following in relation to service improvements:

- Transport to services is a big problem and has associated costs.
- Parking especially at hospital is an issue and it is costly.
- Waiting times are inadequate at both GP surgeries and hospital, especially in relation to Emergency Departments and test results.
- Discomfort at having to tell receptionist all your business before you get an appointment came across strongly.
- Not enough Podiatry appointments in a year; again there are associated costs if you have to go private.
- Online systems do not work for older people - telephone system can also be quite confusing.
- More staff are needed in health centres and hospital.
- It was also noted that many people are satisfied and happy with the services they receive.
- People do not like the fact that they are only offered appointments in two days' time or two weeks' time with nothing available in between.

## **Services which could be provided in the home or in a local Health Centre**

NWCN reported that:

- Most people would like to see services such as minor injuries, stitches and X-rays in their local health centre.
- Most people would like to see services such as Podiatry, hearing check-ups (to include hearing aids) and eye check-ups in their own home.
- Most people suggest that Out of Hours should be open for longer and be more accessible.
- Most people would like to see their local health centres open at the weekends and for longer in the evenings to accommodate provision for people in employment.
- Easilift was quoted quite often as being a much valued service for getting to appointments.

## **Emergency Departments/Minor Injuries Unit**

Older people noted that they attended the Emergency Department or Minor Injuries Unit for the following reasons:

- People would only attend the Emergency Department for major emergencies.
- Several people noted long waiting times of between 6-10 hours on average.
- Frequently people mentioned drunken people in the Emergency Department and suggestions were made that they should be housed in a separate area.
- People found the Emergency Department very noisy and at times intimidating.
- Several suggestions were made for a separate Emergency Department for children.
- Several suggestions were also made for extended opening hours for the Out of Hours Centre and health centres with treatment for minor injuries.

## **Long Term Conditions**

In terms of managing long term conditions, people made the following comments:-

- Majority of people with a long term condition sought help with managing it ranging from their GP, nurses, hospital clinics, medication and life style changes.
- The majority of people have never heard of or been offered training in the Stanford Self-Management Programme or the Desmond Programme.

## **Community Pharmacies/Local Chemists**

Older people reported that they use community pharmacies for the following reasons:

- Majority of people surveyed use the Pharmacy on a regular basis, the most common reason was for repeat and prescribed medicines.
- A lot of people stated that they used the Pharmacy for advice and found it useful in general.
- It was clearly noted that the delivery service is a much needed service for older people; many describe it as an excellent service.

## **Carers Support**

- The majority of carers felt that they receive no support at all.
- The majority of carers felt that there is not enough information out there on what help is available.
- The majority of carers felt that their personal health is never taken into account.
- People would like to see more respite and short breaks for carers and days out for the cared for person.
- People would like to know more about the financial aspects of direct payments and cash grants.
- People felt that paid home helps do not have enough time with their clients anymore, as some only get 15 minutes.
- Carers had not heard of Carers Assessments and had never been offered the same.

## **Omagh District Council area led by Omagh Forum for Rural Associations**

### **Findings**

In total 248 over 65 year olds completed the questionnaire of which 24% were male and 76% were female.

### **Service Improvement**

- Older people in Omagh noted that waiting times to see a GP can be up to 3 weeks which was not good enough.
- Getting appointments in Omagh Health Centre is difficult.
- It is hard to get through to a receptionist and by the time you get through all the appointments are booked up.
- The Health Centre number is an expensive number coupled with a very complicated answer phone system.
- Trying to get through to request repeat prescriptions was not easy as you have to wait for all telephone options to become available.
- Staff at the reception desk do not seem to have time to help with repeat prescriptions.
- *“Staff can just make you feel that you are a certain age and you feel that you have been put on the scrap heap. I’m old, and I still deserve the same service.”*
- There is a need to be more customer-friendly and helpful to vulnerable people.
- There is not enough time or resources committed to older people’s care by the Health Centre.
- It was suggested that treatment rooms could operate an appointment system to reduce delays and long waiting times.
- There is a 48 hour wait for repeat medications. Why so long?
- Inadequate parking at Omagh Health Centre particularly for elderly patients.
- Disabled parking problems in that low pavements are sometimes blocked by parked cars.
- Effective policing of disabled parking needed at all health care sites for illegal parking.
- It is easier to get appointments in Carrickmore Health Centre.
- Proposed new health centre in Omagh will be difficult to access due to its location.

- Older people in Omagh wanted to know if there is a facility for men's health issues in Omagh and if not maybe this could be considered.
- It was highlighted that rural elderly people are disadvantaged and isolated. Transport to Fintona, Omagh and Carrickmore health centres can be problematic as notice must be given to Easilift community transport.
- Difficult to get appointment with own doctor.
- No late surgery for workers.
- House visits are problematic with long waits for doctors to call.
- Concerned about closure of community stores in Omagh for supplies.
- Community would like an update on the proposal for a super health centre in Fintona.
- SWAH not easily accessible with no receptionist at desk. Due to single rooms the stay can be lonely for patients.

Cardiac ward in Omagh - great/excellent service. Day procedure unit in Omagh is very good.

### **Services which could be provided in the home or in a local Health Centre**

Omagh Forum for Rural Associations (OFRA) noted that the following services could be provided at home or in the local Health Centre:

- Podiatry Services
- Diabetic clinic
- People feel self-service blood pressure machine not ideal.
- Bladder scans
- Physiotherapy

In relation to patient appointments the following comments were made:

- *“Why do patients have to travel a long distance to end up seeing a junior doctor in hospital instead of consultant? Would it not be possible to see your own doctor and he could then video link with Consultant? It could save time and make consultation more personal. Could more consultants not come to Omagh for clinics instead of patients having to travel to Derry for 9.00 am eg orthopaedic service in Derry? More appointments at own health centre or Tyrone County Hospital (TCH) might help uptake and less missed appointments.”*

- *“Mental health services seem to be inadequate locally as people are not aware of what services there are. Directory of services for older people issued in 2005 maybe that could be updated and issued.”*

### **Emergency Departments**

- Falls, bad cuts, chest pain, bleeding, broken bones are amongst the reasons why people in Omagh attend Emergency Departments.
- *“Following a fall I attended Minor Injuries Unit in Omagh for a cut above eye. The treatment I received was very professional and the care was excellent. Great to have this service locally.”*
- *“Bad experience at Emergency Department at the South West Acute Hospital – I had a 3 hour wait on a trolley, then I was moved to a side cubicle at 4pm and finally admitted to ward at 12am.”*
- *“Dislocated knee cap – no cover from Minor Injuries Unit Omagh – ended up in plaster from the hip down.”*
- People are confused between what can be treated in Minor injuries unit, TCH and Emergency Departments.
- Went to TCH with split lip, then transferred to SWAH – then transferred to Altnagevlin as no one qualified to do this in SWAH. .
- *“There is a lack of joined up triage between TCH & SWAH referrals. People are disadvantaged in rural areas.”*

### **Long Term Conditions**

- People feel that Health & Well-being sessions need to be rolled out across the district with an incentive to attend. A more definite link between health centres and leisure or community centres is needed to promote the health benefits of exercise and incentivise attendance by elderly people.
- *“I receive medication for diabetes quarterly and attend GP for annual review. I see GP and practice nurse for long term conditions.”*
- *“Arthritis in spine and had to wait 6 months for appointment with consultant plus waited from Jan to April for physiotherapy.”*
- Essential tremor long term condition – annual appointment at SWAH – is there a way this patient could be seen in TCH to save travel to SWAH for a 5 minute consultation. Or is video link an option through Health Centre or at TCH?
- Patients with long terms conditions in Gortin Health Centre are given 12 month supply of medication. Why does this not happen in other centres? MS patient sees consultant once a month – offered physiotherapy whenever needed – excellent service.
- Are waiting lists being privatised and organised by private company?

## Community Pharmacies/Local Chemists

Older people reported that they use community pharmacies for the following reasons:

- Prescriptions/repeat prescriptions
- Advice on managing medication as generic medicines & cheaper brands can cause confusion.
- Smoking cessation service
- Pharmacist delivers medicines to home which is a very good service.
- *“I find it speedier to visit the local pharmacy for medicines for minor ailments as opposed to lengthy waiting times at health centre.”*

## Carers Support

- *“I care for my husband who suffers from Alzheimer’s and I am reasonably content with the level of care I receive. However I would appreciate if there was provision for occasional evening sit-in care ie from 7.00-10.00 pm to allow me to attend some recreational events. More night care needed.”*
- OFRA reported that people find it difficult to access respite care. *“Direct payments mean you become employer; they do what you want them to do eg cleaning windows. However it is your responsibility for employees and you may need insurance? Respite care is insufficient and there is no consistency so you cannot plan anything as you don’t know what you will get.”*
- OFRA noted that there was a lack of help for carers even to give them time to go to the shop. People feel it is unfair that carers support is taken away at pension age. Caring allowance should not be taxable. Short breaks/respite need to be arranged at regular times.
- MS sufferer feels service from doctor and neurologist is good.
- Frequent contact from social worker needed to let elderly know what assistance is available but concerned that equipment services are relocating to Derry.
- Only one local residential home takes in people with dementia – is this adequate?
- Does grading of homes in Northern Ireland take place and, if so, who does it and can the results be viewed?
- Alzheimer’s Society offer good services.

## Caring and Domiciliary care

- Happy with care but do not get long enough as carers are under pressure. The funding to help with carers is very useful, ie direct payment and attendance allowance. People in general are not aware of direct payments. Domiciliary care is not adequately funded and it is hard to get carers.

- Transferring older people back home, or to another hospital at night or weekends, is not acceptable as it is very disorientating and detrimental to their health and well-being.

## **Strabane District Council Area led by Rural Area Partnership in Derry**

### **Findings**

In total 200 over 65 year olds completed the questionnaire of which 15% were male and 85% were female.

### **Service Improvement**

Service users pointed out areas in need of improvement:

- Travel/accessibility issues especially in a rural area for appointments in Belfast from Strabane.
- Transport is a major issue for the majority of older people. Various issues exist around Easilift community transport providing transport for those within the town boundary and for people going outside their district eg going to Altnagelvin from Strabane District Council area is not permitted.
- Older people feel their opinions are not valued.
- Too long a wait for hospital appointments.
- Issue with hospital appointments, combined with issues with times and rural transport.
- Appointment times at GP surgeries. Patients have a long time to wait for an appointment and are frustrated over the lack of personal contact when contacting GPs and hospitals to make appointments.
- Lack of consistency with hospital appointments. One elderly lady attends Ophthalmology Clinic in Omagh every three months. However, the consultant and the optometrist are available on different days, thus the lady needs to go to Omagh twice in the one week.
- Phone system is difficult to navigate to make appointments.
- Carer's time in the home is very restricted.

### **Services which could be provided in the home or in a local Health Centre**

- Ophthalmology
- Appointments with consultants should be held in local health centres, with results where possible at actual appointment
- Blood tests should be carried out by the district nurse in own home
- Mental health assessment
- Pain management clinic

## **Emergency Department/ minor Injuries Unit**

- Accidents
- In need of treatment outside of normal GP hours
- Older people worry about attending the Emergency Department as they perceive people who are intoxicated get preferential treatment; the majority of older people do not use the Emergency Department for this reason. People felt that there should be a separate waiting area and treatment area for those under the influence of alcohol or drugs.
- Everyone felt that it was unfair that those who were under the influence of drug/alcohol should be seen quicker than children or the elderly.

## **Long Term Conditions**

- Asthma
- Diabetes
- Glaucoma
- Hypertension
- COPD
- Coronary

In terms of managing long term conditions service users reported the following:-

- *“I have to attend Omagh Hospital for 6 month check-up – it would be great if this was available at local health centre.”*
- Local GP manages diabetic condition ‘far better’ than travelling to Altnagelvin.
- I have a diabetic condition requiring four injections daily.
- I attend hospital every three months for regular Alzheimer’s assessment.
- People generally reported that their conditions are well maintained with regular reviews, either hospital or GP and for repeat medication.

## **Community Pharmacy**

- To get treatment for minor ailments
- Flu vaccine

- Older people were not aware of the different services provided by the chemist. The majority of patients only use the chemist to collect their prescriptions and repeat prescriptions.

### **Carers Support**

Older people highlighted areas listed below that could help support people who are carers:

- Sitting service to provide respite for carers.
- Longer time needed for carers to provide personal care for patients.
- Providing help with showering more than once a week.
- In rurally isolated areas, carers are not allowed enough time to move between patients' homes. This is a major issue when weather is poor and carers cannot reach patients at home.
- Nothing is provided for patients who require night care and attendance allowance is insufficient to pay someone.
- Carers can often be inflexible eg provide breakfast at 9.30 am and put older people to bed at 7.00 pm.
- There should be better supervision of carers.

## **LCG Feedback: Common Themes from all Areas**

On 14<sup>th</sup> May 2014 the five community networks, with their “champion” user representatives, attended the Western Local Commissioning Group Meeting. Margaret McLaughlin from Dennett Interchange, on behalf of all five networks, gave a presentation on feedback from the findings from their engagement with older people in each of the five council areas (see Appendix Two).

Representatives from the networks included the following people:

<b>Name</b>	<b>Organisation (Council Area)</b>	<b>Designation</b>
Margaret McLaughlin	Dennett Interchange	Presentation Lead
Angela Hamilton	Strabane	Champion
Colin Devine	North West Community Network (Derry)	Area Lead
Laurence Doherty	Derry	Champion
Barry Boyle	Fermanagh Rural Network (Fermanagh)	Area Lead
Martha Balfour	Fermanagh	Champion
Breige Conway	North Antrim Community Network (Limavady)	Area Lead
Addis Blair	Limavady	Champion
Aidan Bunting	Omagh Forum for Rural Associations (Omagh)	Area Lead
Sally McCarney	Omagh	Champion

### **Key points from the community networks’ presentation included:**

- The benefit of a partnership and collaborative approach
- Transport issues
- Alignment of GP and hospital appointments with transport schedules
- The provision of services such as Physiotherapy and Minor Injuries Treatment at local health centres
- Waiting times in Emergency Departments
- Separate waiting areas for children, older people and vulnerable people
- More support for carers

Issues common to all geographic locations were transport to attend hospital appointments and the timing of hospital appointments for those who have to travel. It was suggested in several communities that the community transport scheme should provide a service to enable elderly people to access their GP. Other concerns related to access to GP appointments and waiting times for appointments. Older people found it difficult to use the automated GP appointments system and would prefer contact with individuals. It was further suggested that the time allocated for appointments should be increased as older people felt they were not being provided with sufficient time to discuss their health problems and recommended treatments.

At Emergency Departments it was felt that preferential treatment is given to individuals presenting with drug and alcohol intake. The majority of those questioned did not feel comfortable using Emergency Departments due to the long waiting times and the fact that they did not feel safe waiting due to the number of users attending who were under the influence of alcohol and/or drugs. Older people felt there should be a separate waiting and treatment area for this client group.

Treatments and services identified as being more appropriately delivered in local health centres, instead of hospital based services, included minor injuries, diabetic eye clinics, mobility aids, incontinence products, pain management clinic and x-ray services.

The majority of people who responded to the survey suggested that out of hours services should be open for longer and be more accessible to accommodate minor accidents therefore reducing attendance at Emergency Departments. Older people would also like to see their local health centres open at weekends and until later in the evenings. It was felt that there was no provision made for people in employment.

Whilst older people are largely appreciative of the services they receive and are understanding of the pressures staff are under when delivering those services, they need time to build up trust and relationships with service providers and often require someone to make contact with them directly to encourage them to avail of services.

A further point was made regarding the transfer of older people to another hospital or home following discharge. It is not acceptable to transfer people at night or weekends as it is disorientating and detrimental to the health and wellbeing of an older person.

Older people asked that consideration is given to using a range of locations to deliver health and social care services within local communities where they feel comfortable. Examples included the delivery of advice sessions in Older People's Clubs such as the Falls Prevention Programme and Managing your Medication by local pharmacists.

Further issues highlighted related to the support required for carers to enable them to continue their caring role long term. These included the need for greater access to

respite care; an increase in the number of carers available at night; an increase in the length of time for each slot so that carers have more time to provide personal care. There is a clear need for better communication links with support organisations and a lack of information on the support available for carers.

One of the main issues highlighted related to rural isolation as a result of a carer not being able to access a patient's home during periods of inclement weather.

Following an analysis of the responses to the survey, it was noted that the next step in the process was to provide feedback to each of the user groups and participants following the presentation to the LCG. The older people involved in the engagement process are keen to receive feedback regarding the key issues and to identify actions to alleviate those issues.

During discussion it was noted that approximately 1,053 older people from across the urban and rural areas of the Western area had been involved in the survey which had exceeded the expected target and that the engagement process was completed on time and to budget.

### **Local Commissioning Group Response**

It was recognised that whilst the LCG had commissioned this work, there are a range of agencies, including the community and voluntary sector, which also have a role in addressing the issues highlighted. It is important going forward that there is a greater joined up approach.

Furthermore, there is a need for better communication with older people regarding the services available, the format and distribution of leaflets detailing health and social care services and the benefits of using new technology, with associated training for older people.

In regards to the anxiety experienced by older people when attending Emergency Departments, due to the presence of service users who are under the influence of alcohol and/or drugs, the findings clearly highlight the distress this causes for other health service users.

Paul Cavanagh, Commissioning Lead expressed his gratitude to all those involved in the engagement consultation exercise and in particular to the community networks' support organisations and the "champion" representatives. This presentation will be shared with key health and social care partners including the Western HSC Trust, Western GP Practice Managers' Forum and the Project Board currently tasked with reviewing the Emergency Department at Altnagelvin Hospital.

Paul Cavanagh reported on discussions which are currently underway within Altnagelvin Hospital regarding the separation of patient groups within Emergency Departments. The LCG had approved funding for two additional Alcohol Liaison

Nurses to provide support in Emergency Departments at Altnagelvin Hospital and South West Acute Hospital for managing individuals presenting with alcohol issues.

Discussions are ongoing with a range of transport organisations to assist in addressing transport issues in rural geographies.

In reference to the provision of support to carers the LCG had recently approved investment in the provision of short breaks for carers, however, there is recognition that further work is required to support carers.

Feedback sessions in each of the five council areas will be convened in Autumn 2014 when the LCG would report on the action taken to address the issues raised in the report.

In the interim period LCG consider the following areas:

- Transport issues
- Alignment of GP and hospital appointments with transport schedules
- The delivery of services such as Physiotherapy and Minor Injuries Treatment in local health centres
- Waiting times in Emergency Departments
- Separate waiting areas for children, older people and vulnerable people
- More support for carers

At the feedback session the LCG will report back on actions completed and outline a timeline for those actions not completed, some of which may require the support of other organisations.

### **Lessons Learned from the Voice of Older People Engagement Process**

This engagement exercise has proved a productive partnership experience. Fundamental to this project fulfilling its objectives were:

- A clearly communicated brief with specific targets and set milestones;
- Building trusting relationships with the right partners and people involved;
- Effective planning;
- Clear communication;
- Inclusion and face-to-face communication with older people ;
- Partnership working.

This experience has demonstrated that health issues are most effectively tackled where genuine partnership working and good communication exist across all organisations from the local to the regional. The commissioning of the community

networks on the Voice of Older People project is an indicator of the value placed on continuing collaboration with the networks in the Western area.

As a next step in this process the LCG has committed to convening feedback sessions in each of the five council areas in the Autumn of 2014.

## Appendix One

### Voice of Older People Questionnaire

#### Information About You

<b>Name:</b>	<b>Age: (If Known )</b>
<b>Address: (If Known)</b>	<b>Gender: Male /Female</b>
<b>Post Code:</b>	<b>Location:</b>

**There is no obligation for participants to provide us with information for this engagement process; however your views are important to us and will be considered in planning of future services.**

**Thank you for your support with this work.**

## Questions

### Improving Services

1. The Health and Social Care Board is always trying to improve Health and Social Care Services.

**How do you think the Health and Social Care Services that *you currently use* could be made better? Please explain**

### ***Prompts (If required)***

- Are there any barriers that you feel prevent you from accessing the services you use.

2. The Health and Social Care Board is always trying to improve Health and Social Care Services

**What services that you normally get in the hospital do you think could be delivered in your local health centre or at home? Please explain**

***Prompts (If required)***

- What services if any do you get in hospital at the moment?

## Emergency Departments

3. The information the Health and Social Care Board have suggests that older people do not use emergency departments unless the really need to.

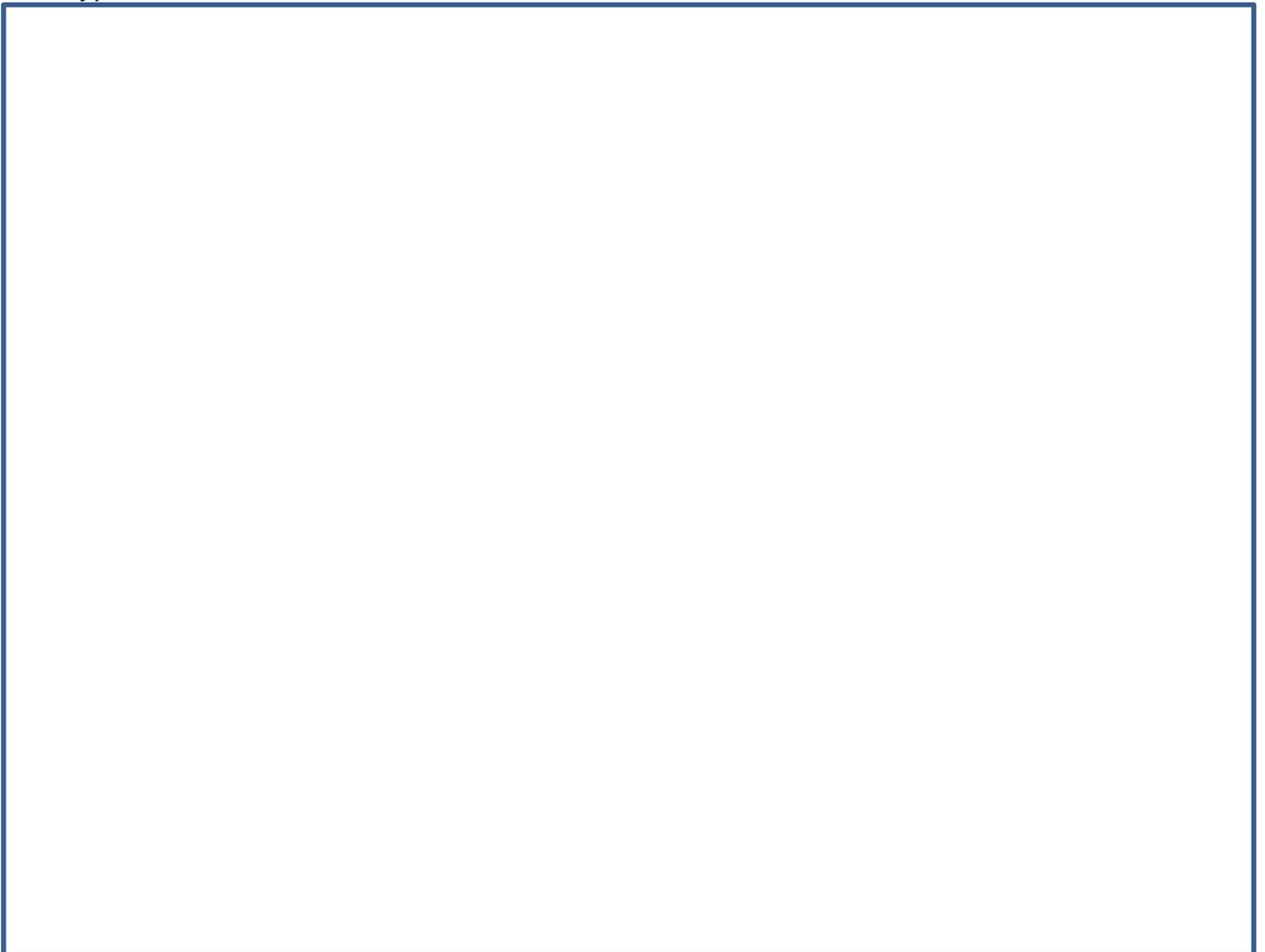
There are two Emergency Departments (often referred to as Accident and Emergency or Casualty) in the Western area, Altnagelvin Hospital and the South West Acute Hospital and a Minor Injuries Unit in Omagh.

**For what reason would you be likely to visit an emergency department or Minor Injuries Unit in Omagh? Tell us about the last time you visited an emergency department or Minor Injuries Unit**

- Persistent severe pain
- Severe bleeding that cannot be stopped
- Sprains and strains
- Minor cuts
- Acute confused state and fits that are not stopping
- Loss of consciousness
- Mental health emergencies

## Health Improvement / Long Term Conditions

4. A Long term condition is a condition that cannot, at present be cured, but can be controlled by medication and/or therapy for example diabetes, asthma or hypertension.



### ***Prompts (If required)***

- Do you attend your GP or Specialist Practice Nurse on a regular basis?
- Do you attend a hospital clinic for your condition?
- Have you been trained to self-manage your condition in a programme such as the Stanford Self-Management Programme or the Desmond Program?
- Have you been offered health and wellbeing services such as fitness sessions or help with your diet?

## Community Pharmacy

5. Community Pharmacies or local chemists are an important part of Health services in your local community.



### ***Prompts (If required)***

- Prescribed medicines
- Information and advice on medicines
- Repeat prescriptions
- Specialist smoking cessation services
- Over the counter medicines
- Managing medicines
- Minor ailments
- General health advice

## Supporting Carers

6. It is recognised that older people often care for others whether that is a spouse, a relative or child/grandchild with caring needs.

**If you are caring for someone else, what support would help you?**



### ***Prompts (If required)***

- Short breaks/ Respite
- More information about services in your area
- Days out for you or for the cared for person
- Carers assessment
- Host carer support
- Direct Payments
- Cash grants

## **Appendix Two**

### **Definitions of Care**

#### **Primary Care**

Includes family and community health services and major components of social care which are delivered outside of the hospital setting and which an individual can access on his/her own behalf.

#### **Secondary Care**

Specialist care typically provided in a hospital setting or following referral from a primary community health professional.

#### **Community Care**

The network of social and health care designed to help maintain people in the community.

#### **Transforming Your Care**

*Transforming Your Care* – A Review of Health and Social Care in Northern Ireland, published in December 2011, outlines the need for change so that we can meet everyone's needs in the future. The report says that people are living longer and that demand for health and social care services will increase in future. The report has a series of recommendations for how services can be delivered differently in future which will make best use of the resources available and ensure we can deliver safe, high quality, sustainable services now and into the future.

Since the report was published health and social care organisations have developed draft proposals and plans for how TYC would happen in terms of service changes. These were set out in the *Vision to Action* consultation document. A consultation process on these draft plans was undertaken over a 14 week period from 9 October 2012 to 15 January 2013. Available at <http://www.transformingyourcare.hscni.net/>

## Appendix Three

### Voice of Older People Feedback Presentation



# Voice of Older People Report

14<sup>th</sup> May 2014

Margaret McLaughlin  
Dennett Interchange on behalf of the Western Area  
Community Development Support Organisations



## Dennett Interchange

- ▶ Partnership & Collaboration
- ▶ Grassroots & Regional Organisations
- ▶ North Antrim Community Network
- ▶ RAPID
- ▶ Omagh Forum for Rural Associations
- ▶ North West Community Network
- ▶ Fermanagh Community Network

# Voice of Older People

## Project timeline

Broker Network involvement	17 <sup>th</sup> December 2013
Brief Circulated	17 <sup>th</sup> January 2014
Engagement Plan Submitted	24 <sup>th</sup> January 2014
Contracts Signed & Agreed	27 <sup>th</sup> January 2014
Engagement Process	27 <sup>th</sup> January 2014 - 31 <sup>st</sup> March 2014
Reports Submitted	31 <sup>st</sup> March 2014
Report Presented to LCG	May 2014
Feedback Sessions in 5 Council Areas	October 2014



## Voice of Older People – How do you think the Health & Social Care Services that you currently use could be made better ?

- ▶ Transport
- ▶ Parking
- ▶ Hospital & GP appointments
- ▶ Automated appointment services in GPs and hospitals are confusion
- ▶ Appointments in Altnagelvin & Belfast at inconvenient times – e.g.early am
- ▶ Benefit of the services delivered by the Community & Voluntary
- ▶ Social Car scheme needs to be reinstated for GP appointments
- ▶ Need for defibrillators in local health centres
- ▶ Many people were satisfied and happy with services

Voice of Older People – What services do you think could be delivered in your local Health Centre?

- Physiotherapy
- Chiropody
- Consultants/Specialists
- Minor injuries
- Ophthalmology
- Mobility aids/incontinence products
- Pain clinic
- X-ray



Why did you attend Emergency Dept/Minor injuries unit?

- Chest pain
- Severe bleeding
- Stroke
- Loss of consciousness
- Fall
- Broken bone
- Major emergencies



## Experience in Accident & Emergency

- Long waiting times
- Number of people waiting who were drunk
- Noisy & intimidating
- Perception that people who are drunk get quicker treatment
- The need for separate A&E for children & people under the influence of alcohol/drugs
- Suggestion of extending Out of hours service to accommodate minor accidents and reduce attendance at A & E

How is your long term condition managed & what services do you receive?

- Regular GP/hospital reviews
- On repeat medication
- Carer support in own home
- District nurse

## Local Chemist/community pharmacy

- › Collect repeat prescriptions
  - › Advise with minor ailments
  - › Get photographs taken
  - › Cosmetic products
  - › Advice on smoking reduction
  - › Blood pressure checks
  - › Flu vaccine
  - › Over the counter medicines
- 

## What support would help carers?

- › More access to respite
  - › More carers available at night time
  - › Lack of information on support available for carers
  - › Better communication links with support organisations
  - › Longer time needed for carers to provide personal care
  - › Rural isolation during poor weather conditions means carer cannot access patients home
- 

## Next steps

- ▶ Feedback to user groups & participants
- ▶ Discuss Key issues
- ▶ Identify actions to alleviate the issues identified



This document can be made available upon request in alternative formats including: Braille, large print, computer disk, audio tape or in another language for anyone not fluent in English.

Further information on the Western Local Commissioning Group contact:

In writing to: Western LCG  
Gransha Park House  
15 Gransha Park  
Clooney Road  
Londonderry  
BT47 6FN

By email: [western.lcg@hscni.net](mailto:western.lcg@hscni.net)

By telephone: 028 7186 0086

Via the HSCB  
Website: [www.hscboard.hscni.net](http://www.hscboard.hscni.net)