Chair’s Foreword

I am delighted, on behalf of the Western Local Commissioning Group (LCG), to welcome this report on the outcome of the Western Voices: Gauging the Views of Adults on Health Care Provision in the West. My thanks go to the five local community networks who facilitated this engagement and the 1,105 Adults in the West who gave so generously of their time and their views.

Our Local Commissioning Group set out to ensure that people aged 25-64 years who use our services were listened to and that they were involved in informing future service delivery in a meaningful way. The Western Voices: Gauging the Views of Adults on Health Care Provision in the West project, through a collaborative and partnership approach, enabled us to find out what adults in the 25-64 age groups think of their primary care, secondary care and community care services. It also gave people an opportunity to voice their opinions on Transforming Your Care.

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

Western Voices: Gauging the Views of Adults on Health Care Provision in the West is the third in a series of structured programmes of engagement commissioned by the LCG. Previous programmes included “Engaging Rural Communities in the West” in April 2014 and “Voice of Older People” in September 2014.

This report highlights areas where we as local commissioners can make a difference. In terms of future planning, our intention is to consider the findings and recommendations from this report when developing the Commissioning Plan for 2016/17 for the Western area.
By exploring health and social care issues in partnership with adults we can ensure they have their say on how we commission services. It also provides us with information about their social needs and will enable us to plan and design future health and social care services which prevent isolation within their communities.

In view of significant changes announced by the Minister for Health in November 2015, the Western LCG will endeavour to ensure that the outcomes of this engagement exercise will be considered as part of the commissioning agenda for the West as we go forward.

I wish to commend the staff of the LCG and the Local Community Networks for their open and innovative approach in undertaking this task.

Our adult population have a wealth of experience to share and I am pleased that this engagement exercise gave them the voice to do just that.

Dr Ciaran Mullan
General Practitioner and
Chair of the Western Local Commissioning Group
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Executive Summary

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
In 2015, the Western Local Commissioning Group (LCG) commissioned 5 Community Networks to engage with 1,000 adults (aged 25-64) in the Western area as part of a consultation process to gauge their views on health and social care services.

Entitled ‘Western Voices: Gauging the Views of Adults on Health Care Provision in the West’, the engagement process also set out to capture the views of people aged 25-64 who do not attend community activities/centres or do not access local Voluntary and Community groups, and who are harder to reach.

The five Community Networks involved were:

- Fermanagh Rural Community Network
- Omagh Forum for Rural Associations
- North Antrim Community Network
- North West Community Network
- Rural Area Partnership in Derry

The aim of Western Voices: Gauging the Views of Adults on Health Care Provision in the West was to gain insight into:

- The types of services mainly used by participants.
- Perceived important services in the community.
- How independence and choice for users and carers could be promoted.
- How positive mental health and well-being could be promoted.
- Priorities for health and social care services as viewed by participants.

During the engagement process certain issues were raised in relation to accessing services which were common to all Network geographical locations.

Participants suggested a number of different approaches to improve the health services of their communities.

Areas identified which were perceived to be in need of improvement included:

- Mental Health
- General Practice
- Hospital Services / A&E
- Out-of-Hours Services
- Linkages with Voluntary and Community Sector Organisations
- Carers and Older People
The main steps going forward are outlined below:

- Western LCG to assess the feedback from the report and identify what is currently being done.
- The learning and outcomes from this engagement process will be shared with key health and social care partners including the Western Health & Social Care Trust (WHSCT), Western GP Practice Managers’ Forum and the Project Board at Altnagelvin Hospital. It will also be shared with the Health and Social Care Board (HSCB) regionally and with the Regional Personal and Public Involvement (PPI) Lead.
- Network newsletters to be shared with the GP Practice managers as a learning tool for GP trainees.
- Western LCG to develop an action plan and provide feedback to the local Community Networks.
- Community Networks to disseminate outcomes of Western LCG feedback to participants.
- Western LCG to explore the possibility of developing an engagement exercise involving young people.
- Western LCG to consider the findings and recommendations from this report when developing the Commissioning Plan for 2016/17 for the Western area.
Background

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
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 people aged between 25-64 in the Western area. The purpose of this engagement was to work with constituent community and voluntary groups to provide adults in the West with the opportunity to talk about their experience 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. Further information on TYC can be found at the following link http://www.transformingyourcare.hscni.net/

Western Voices: Gauging the Views of Adults on Health Care Provision in the West was part of a planned approach to Personal and Public Involvement (PPI) by the Western LCG. It is the third in a series of structured programmes of engagement over recent years.

The initial PPI programme commenced in April 2014 with “Engaging Rural Communities in the West”. The objective of this consultation was to take forward three important rural themes highlighted by the local Community Networks, namely:

- Rural issues of poverty, isolation, transport and access to services.
- Mental Health Services, promoting positive mental health.
- Community planning, access and influencing key agencies (joint cohesive partnership and working across sectors).

From this consultation, the Western LCG identified a number of key actions which were considered through its commissioning objectives and plans for 2015/16.

Following on from this, the Western LCG commissioned the local Community Networks to undertake the second PPI programme and 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.
From this, the Western LCG identified a number of key actions which were considered through its commissioning objectives and plans for 2015/16.

This current report is the latest in the series of Western LCG’s engagement exercises.

The aim of the Western Voices: Gauging the Views of Adults on Health Care Provision in the West was to gain insight into:

- The types of services mainly used by participants.
- Perceived important services in the community.
- How independence and choice for users and carers could be promoted.
- How positive mental health and well-being could be promoted.
- Priorities for health and social care services as viewed by participants.

The engagement process also set out to capture the views of people aged 25-64 who do not attend community activities/centres or do not access local Voluntary and Community groups and who are harder to reach.

The Western LCG agreed to feed back to participants as this 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 people aged 25-64 would shape future service planning.

The Community Networks collated the information gathered during the engagement process and submitted reports of their findings and recommendations to the Western LCG Commissioning Lead in November 2015.

A representative from the Community Networks presented the findings of the initiative to the Local Commissioning Group at its public meeting in February 2016.

As agreed, the Western LCG arranged a feedback session for the Community Networks in February 2016 to inform and discuss with participants the outcomes and findings of the engagement process which they participated in and contributed to. Any decisions made with respect to the recommendations were communicated at that stage. In terms of future planning the Western LCG undertook to take into consideration these outcomes and recommendations.

Given the changes announced by the Minister for Health (November 2015) in relation to the abolition of the Health and Social Care Board, the Western LCG will endeavour to ensure that the key messages and suggested improvements to health care services will be conveyed to the appropriate commissioning body as the changes take effect. The Minister’s full speech can be accessed at www.dhsspsni.gov.uk/statement041115.
Engagement Process

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
The local Community Networks were commissioned to engage with 1,000 people aged 25-64 in the Western area via a combination of face-to-face conversations and focus groups. Each Network was contracted to engage with 200 people aged 25-64 in their respective legacy council 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 legacy council areas.

From June 2015 to October 2015, the Community Networks carried out semi-structured interviews with adults in the West 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 and are included in Appendix 1.

As the new Community Planning responsibilities undertaken by the new District Councils had not yet come into full effect at the time of this engagement process, the Western LCG based this exercise on the areas covered by the geography of the legacy District Council areas.

A copy of the “Western Voices: Gauging the Views of Adults on Health Care Provision in the West” Questionnaire used to collect the views of adults in the West is included in Appendix 2. Individual Community Network reports are included in Appendix 3. The timeline for the engagement process is included in Appendix 4. The combined Community Networks presentation to LCG is included in Appendix 5.

Community Network staff engaged with adults in the places that they routinely visited to ascertain their views on the services they receive and use. These included:

- Community Centres
- Healthy Living Centres
- Fitness Clubs
- LGBT Community Representatives
- Leisure Centres
- Sewing Group
- Gateway Club
- Cricket Club
- Community and Voluntary Sector Groups
- Men’s Action Network
- Women’s Groups
- Farmers Groups
The views of adults 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 1,150 adults in the West ranging from 25 to 64 years of age.

Breakdown of Community Network Consultations

<table>
<thead>
<tr>
<th>Local Community Networks</th>
<th>Completed Consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fermanagh Rural Community Network</td>
<td>223</td>
</tr>
<tr>
<td>North Antrim Community Network</td>
<td>210</td>
</tr>
<tr>
<td>Omagh Forum for Rural Associations</td>
<td>216</td>
</tr>
<tr>
<td>North West Community Network</td>
<td>236</td>
</tr>
<tr>
<td>Rural Area Partnership in Derry</td>
<td>220</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,105</strong></td>
</tr>
</tbody>
</table>
Community Network Consultation Findings

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
Arising from the engagement consultation process the following issues were raised which were common to all Network geographical locations.

Participants identified areas for improvement and put forward suggestions as to how improvements could be made. Individual Community Network reports are included in Appendix 3.

**Mental Health**

Mental Health issues/services were amongst the most commonly commented upon, collectively by the local Community Networks.

Participants noted issues around the stigma which surrounds mental illness and the need to reduce this.

They also highlighted the prevalence of mental illness in the 20-30 year old male population and the need to target young males in an effort to educate and support this section of the population.

There was the perception that GPs were not vigilant enough in picking up that patients need referral to mental health services, e.g. counselling etc. rather than giving out anti-depressants etc.

It was also suggested that mental health services are not adequately funded. Participants were aware that people were losing their lives due to limited funding and noted that more resources need to be allocated to improving mental health in the community.

A need for better services for people in distressed states was also voiced. The perceived relevance of this is that when patients are admitted there are no facilities for recreation for patients, no provision for female patients, no age or severity separation, cramped facilities, too many people, and older people placed in same facilities as young people. It was also noted that there was a lack of privacy facilities for visitors.

Participants also highlighted the inadequacy of follow-up care once individuals were diagnosed with their illness; they felt that there was not enough help given. They noted that more follow-up care should be provided by nurses and doctors and that more advice and help for the families and friends of patients should also be available.

“It was felt that mental health patients need to be seen promptly and that people with acute issues need to have immediate local access to services and not be passed off from one professional to another professional.”

“There are few places people can go to seek help when their mental health begins to deteriorate. This includes dementia.”
Participants suggested a number of different approaches to improve the mental health of their communities. These included:

- More awareness of mental health issues through awareness raising and promotion.
- More widely available funding to prevent and treat mental health issues—“Resource locally based groups that deliver local services across rural areas properly—not on a piecemeal grant aid/short-term funding basis.”
- Public Health Agency (PHA) / Health and Social Care Trusts (Trusts) / Health and Social Care Board (HSCB) should work together more—put out one funding stream for mental health and well-being.
- More training and awareness to reduce the stigma of mental illness especially amongst males.
- Promotion of health & well-being in communities through churches, voluntary services and sports clubs.
- More awareness courses such as Safe Talk delivered in the community.
- Make mental health awareness part of the curriculum in primary and secondary schools.
- More drop-in centres with free counselling sessions/meetings for those who need this service to gain support informally.
- Better follow up services are needed for those who have a history of mental illness or suicidal ideologies/attempts.
- Dedicated Mental Health Nurse available in General Practice (GP) surgeries and in particular, in A&E Departments who can communicate effectively with patients who have mental health issues.
- More support for those with disabled children, including children with mental health illness as well as children with physical disabilities.
- A 24 hr services available to people who feel that they are a risk to themselves and a confidential telephone line.
- Facilities and programmes like the Healthy Living Centres should be better supported, financed and recognised for their expertise and groundwork. Prevention projects and recovery support programmes play a vital part in maintaining a normal functional lifestyle.
- More support and funding for local community/voluntary/regional initiatives e.g. Aware Defeat Depression who can provide these services and outreach clinics. Community focused groups need to be supported by volunteer-led programmes.
Local football clubs can be proactive in promoting positive mental health but could do with more resources.

Easier access to counselling/psychotherapy sessions and reduce waiting times.

Improve inpatient recreational and living facilities in psychiatric care units.

Improve visitor facilities in psychiatric care units.

A clear line of communication and collaboration between GP, Community Mental Health Nurses and Psychiatrists.

There should be a “medically” led steering group or governing body to feed into third sector groups providing health services.

“Increased support for the ‘Good Morning’ and befriending services; promote the positives of having good mental health and wellbeing; don’t think negatively all the time when mental health issues are being discussed. There should be more research into the links (if any) poor mental health has with poverty, low levels of education and low income.”
General Practice

Participants expressed the need for later opening times for General Practice surgeries for people who work nine to five jobs and people who work outside of their local areas.

Waiting times for GP appointments were also cited as an area of concern for those who were consulted. Easier access to emergency appointments was also suggested.

The time which GPs extend to their patients for appointments was also concerning for participants as they noted that not enough time was allocated.

Participants indicated that GPs did not have enough awareness of the various community/voluntary services available in the community that GPs could signpost patients to.

Comments from participants alluded to the need for customer training for GP reception staff. They also noted that the delivery of medical results by administration staff was intrusive. The length of time it took to answer the phone and reception staff prioritising people’s issues/conditions over the phone was also commented upon.

Participants suggested a number of improvements in relation to GP services these included:

- Shorter waiting times for GP appointments.
- Extended GP opening hours.
- GP surgeries offering additional services such as minor surgery procedures.
- Availability of making GP appointments online with indication of which doctors were available.
- GPs offering more time for patient appointments.
- GPs making linkages with the local community and voluntary sector and being more aware of the various services which they provide and the availability of signposting patients to them.
- Set up an equivalent to NHS 24 online, in Northern Ireland for advice that may decrease the demand on GP and Hospital Services. [http://www.nhs24.com/selfhelpguide/](http://www.nhs24.com/selfhelpguide/)
- Bringing back prescription charges to lessen wasted medicines and use money for new drugs and extra staff.
- Service provision needs to be upgraded in outlying areas. People have to travel to see their GP and there may be no adequate bus route.
Use SWAH for more specialist services – Why do we have to travel to Altnagelvin – time and distance from Fermanagh – cost of travel and someone taking time off work.

Radiotherapy service is important for cancer patients as they need the support of their family and friends during treatment and travelling is very exhausting on the family and the patient.

Emergency Department should be accident and emergency only. Too many people are using this service for minor ailments.

Hospital Services

The length of waiting times for appointments with hospital services was voiced by participants in the consultation.

Travelling to “Derry, Craigavon, and Belfast” for hospital appointments was also an issue for people especially when the “South West Acute Hospital (SWAH) was on the doorstep.” It was felt that “a much improved ambulance service is needed to transport patients; people should not have to pay for taxis.”

It was acknowledged that recruitment of international staff caused language barriers for patients.

Participants suggested a number of improvements in relation to Hospital Services. These included:

- More time for convalescence after operation.
- Shorter waiting times at Emergency Department (ED).
- Anyone who fails to attend 2 appointments should be taken off the waiting list.
- Charge for non-attendance of appointments, and wasting time.
- More funding to consultants to provide more clinics within the hospital setting rather than running private clinics.
- The need for Alzheimer’s and Autism Spectrum Disorder (ASD) patients to be seen quickly in health centres or A&E departments as they get agitated easily.
- Having maternity services in the Tyrone area instead of travelling long distances.
- Maintain clinics and services that currently exist in Omagh.
- Participants noted that there should be a return to management of wards by a ward matron.
- ‘They also noted that outsourcing of catering and cleaning in hospitals is disastrous.’
Out-of-Hours

Participants suggested some improvements in relation to the Out-of-Hours GP Service. These included:

- Review the structure of the Out-of-Hours Service, length of time for a doctor/nurse to call you back can be too long potentially adding significant stress in difficult situations.

- Need for a second Out of Hours Service Centre in the cityside of Derry/Londonderry. Difficulties around access to and affordability of transport to current provision.
Participants indicated that linkages with Voluntary and Community Sector organisations could be improved. They felt that this sector could be better supported financially for the services that they deliver locally in the community.

They also felt that, “Preventative programmes, such as healthy living projects in the community, need more financial support not withdrawal of funding as they reach more people before they get to the stage of needing doctors and other health professionals.”

Participants suggested a number of improvements in relation to linkages with Voluntary and Community Sector. These included:

- Consulting with local community groups to ascertain local needs.
- Proactively promoting health and well-being in a joined up approach across all government departments.
- Linking services with Community Planning as it develops.
- Health and Social Care Services working collaboratively with community organisations to get information ‘out there’ to empower individuals to make informed choices for themselves.

Social services have a stigma attached to them; they need to become more flexible and not so statutory. There is a need for Social Services to work together with community and voluntary groups listening and learning from other organisations on what works.

There are some excellent examples of local groups promoting well-being in a supportive and engaging way the local council has also promoted well-being linking to GPs. This type of approach is the way forward with strong focused partnerships in creative ways of tackling health and health inequalities.
Population age is rising and I feel conditions in the middle-age should be treated as soon as possible in order to ensure the older population are as fit and independent as possible.

More investment to increase number of Home Helps available. This would help alleviate the number of vulnerable and older people being hospitalised or cared for in nursing homes and ward settings, releasing money which could potentially be spent on GP, hospital and preventative services.

Carers and Older People

With the ageing population rising, participants were concerned about services that carers and older people receive. These evolved mainly around the need for more support for carers and older people. Participants were of the opinion that carers take the pressure off statutory services and that “many are stressed beyond sanity.” People were concerned that caring services are already stretched to capacity.

Participants suggested a number of improvements in relation to carers and older people. These included:

- More respite provision for families and carers.
- More home help facilities and longer times available to those people who need help at home.
- A sitting service is needed for people living in rural areas.
- Someone to call in with older people for a short period to talk to them and see if they need any provision, etc.
- Review services for carers and older people, “look at alternatives not bigger cheaper tenders, but locally based services that pay carers a living wage and provide better care to those at home.”
- More people being cared for at home will reduce the burden on the NHS both for funding and care home facilities.

- Increased benefits and re-examine criteria as regards eligibility to receive the Carers allowance.
- Meals on Wheels service and luncheon clubs should be maintained and be better supported.
It was highlighted that people living in rural areas often feel isolated. There was concern that out-of-hours and A&E services located 20 miles away was too far away for people. It was noted that local pharmacy services were good but that sometimes the wait in the pharmacy for prescriptions was too long.

Participants suggested some improvements in relation to isolation. These included:

- "More care for the elderly in isolated areas, home visits from specialists such as pedicures, counselling, physiotherapy, etc."
The general public takes the health service for granted. I do believe that we should be made aware of the cost of services and treatments that we receive e.g. medication, blood tests, X-rays, etc.

I do believe the Health Service is adequately funded, just very poorly managed. Resources are not used properly. There needs to be a huge change in the ethos among the clients who use the service and the staff who deliver it. Too many bureaucratic levels of management. Staff are being over trained out of their jobs and no longer doing traditional roles that are key to service provision. There needs to be an overhaul of Human Resources (HR), abuse of sick leave etc.

Health Structures

There was concern within local communities that the current health structures are not able to cope with current demand and future needs.

- It was felt that to cut back on investment in preventative health care was a false economy as this can lead to more expensive problems in the future

Participants suggested a number of improvements in relation to health structures. These included:

- Remove duplication of management within healthcare Trusts / PHA / HSCB – all managing different funding, use money saved for more locally based services.
- Educate people on their own responsibility of managing “good health”
- Creative thinking and approaches may be needed for some areas and whilst ongoing provision of services is critical so too is looking for best practice from other parts of the world who may have had the opportunity to deliver healthcare in different ways. Preventative strategies should be long-term and not 3 - 5 year limited.
- Cultural and community change can be difficult to measure. A focus on public health approaches should be adopted.
- Revisit how day clinics are run and staffed.
Be more transparent: make people aware locally. Look at the whole individual and work together with other disciplines, not taking a separate problem, but come together on a patient-to-patient basis to look at what is best for that patient.

Participants were in collective agreement that there needs to be more education, information and awareness of health service provision.

Participants suggested a number of improvements in relation to education and awareness. These included:

- Consult more with the local people in the local areas. For example, community leaders, community groups, senior citizens groups, childcare groups and chemists as all of these groupings have good knowledge with respect to local social care needs.

- Provide accessible, clear and up to date information on all available health and social care services. This is important for people in this age group as they are often not aware of what is available for themselves or other family members for whom they have a caring responsibility.

- Better information to users, and carers of benefit payments, available and to inform the most vulnerable service users.

Education and awareness on key health issues needs to be integrated into schools and university settings. Primary schools do well but this seems to tail off at secondary levels. This should be incentivised and animated to engage audiences.
Pharmacies

Participants were of the opinion that pharmacies were very good and if there were other basic services that could be provided via this outlet that this could be a creative way of improving local services.

The local pharmacist was used mainly for collecting prescriptions; however, there was reference to some additional services that could be provided.

Participants suggested a number of improvements in relation to Pharmacies. These included:

- Pharmacy service for minor injuries.
- Better use of the pharmacy facility, especially in rural villages.
- Pharmacy services to be available 24/7 – across the city. Expand pharmacy services- a community- based pharmacy in cityside and one in waterside.
Autism Spectrum Disorder

Comments in relation to support for people with Autism Spectrum Disorder (ASD) or people caring for family members with ASD were mainly related to hospital services and mostly unique to the Omagh legacy council area.

Generally the need for better awareness of ASD across the board was raised. Within Psychiatric services for ASD patients, participants cited that there was a “Need for better services for people in distressed states.”

Participants suggested a number of improvements in relation to ASD. These included:

- Government departments need to work together better in Education and Health to support children with ASD.
- More support for teenagers with ASD post the age of 18 - Attention Deficit Hyperactivity Disorder (ADHD) support stops at age 18 and there is nowhere for these teenagers to go.
- Social skills group support to cover all ages and abilities of young people with ASD.
- More support for parents regarding sexual awareness education for young people with ASD.
- Fit-for-life classes were deemed very important and suggested for ASD patients.
• Other areas highlighted for improvement included greater support for individuals with Dementia / Alzheimer’s and their carers and the greater use of Tyrone County and South West Acute Hospitals (SWAH) to provide a better range of services locally.

Thank you for the service and support I and my family have received over the years.

I am aware the National Health Service is under strain. However I believe it is the best option and I am generally happy with the service I have received.

The breast cancer treatment my wife got was second to none. Diagnosed on 28th December, operation 16th January. Care delivered with a safe and understanding touch but totally professional.

Commend this survey activity, though keen to see how results/findings are to be applied/utilised.

I recently had to attend a day procedure clinic at my local hospital in Enniskillen. I wish to state that the service I received was excellent; the staff were so kind and helpful and made my procedure as easy as possible. I also attended Altnagelvin Hospital and the same comments apply.
Western LCG Response to Engagement Consultation

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
Western LCG has assessed the feedback from the Community Networks reports and has provided a response and suggested actions in this section.

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<thead>
<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
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</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>Participants noted issues around the stigma which surrounds Mental Illness and the need to reduce this. They also highlighted the prevalence of mental illness in the 20-30 year old male population and the need to target young males in an effort to educate and support this section of the population.</td>
<td>The Health and Social Care Board (HSCB) will continue to work with other organisations to reduce the stigma which surrounds Mental Health and to target available resources at areas of most need.</td>
</tr>
<tr>
<td>A need for better services for people in distressed states was also voiced. The relevance of this being that when patients are admitted there is the perception that there are no facilities for recreation for patients, no provision for female patients, no age or severity separation, cramped facilities too many people, older people placed in same facilities as young people. There were also no privacy facilities for visitors.</td>
<td>The Health and Social Care Board (HSCB) will raise these issues with the Western Health and Social Care Trust (WHSCT).</td>
</tr>
<tr>
<td>“There are few places people can go to seek help when their mental health begins to deteriorate. This includes dementia.”</td>
<td>Patients should attend their GP as the first point of contact for mental health issues. The GP is best placed to manage the patient or refer to appropriate services.</td>
</tr>
<tr>
<td>Make Mental Health awareness part of the curriculum in primary and secondary schools.</td>
<td>The Health and Social Care Board (HSCB) will discuss with the Public Health Agency (PHA).</td>
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# General Practice

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<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
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<tbody>
<tr>
<td><strong>Participants expressed the need for later opening times for General Practice surgeries, for people who work 9-5 jobs and people who work outside of their local areas. Waiting times for GP appointments were also an area of concern for those who were consulted. Easier access to emergency appointments was also suggested.</strong></td>
<td>• <strong>GPs are required to provide a level of cover between 8.30am and 6pm. This may be through appointments or telephone advice, but a level of cover should be provided by each practice between these hours.</strong></td>
</tr>
<tr>
<td><strong>Comments from participants alluded to the need for customer training for GP reception staff. They also noted that the delivery of medical results by administration staff was intrusive. The length of time it took to answer the phone and reception staff prioritising people’s issues/conditions over the phone was also commented upon.</strong></td>
<td>• <strong>Emergency appointments should be available to patients.</strong></td>
</tr>
<tr>
<td><strong>Patients should be reassured that all blood results are checked by a GP in the first instance. GPs are not always available to discuss results directly with patients and will use other members of their team as appropriate e.g. if tests results are ok they may give approval for reception staff to relay this information. If tests results are not ok GPs would deal with patient communication in an appropriate manner. This could be by telephone from the GP or practice nurse, or appointment with GP or practice nurse.</strong></td>
<td>• <strong>GPs will make a decision based on clinical judgement as to whether or not an emergency appointment is required. LCG has invested in GP capacity through Integrated Care to provide additional capacity to free up GPs to see patients. GPs decide based on existing service provision how best to deploy this additional resource.</strong></td>
</tr>
</tbody>
</table>
## General Practice

**Engagement Consultation:**

<table>
<thead>
<tr>
<th>Issues Highlighted by Local Community Networks</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Need to have a more accessible, open and immediate system for GP service users – currently long waiting times even for the phone to be answered.” “Clerical staff should not be deciding on user’s conditions and whether their issues are urgent.”</td>
</tr>
<tr>
<td>“Bring back prescription charges to lessen wasted medicines and use money for new drugs and extra staff.”</td>
</tr>
<tr>
<td>“Service provision needs to be upgraded in the outlying areas. People have to travel to see their GP and there may be no bus route.”</td>
</tr>
</tbody>
</table>

**Commissioning Response: Actions**

<table>
<thead>
<tr>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>With all these issues patients have a mechanism to communicate any concerns they have directly with the Practice Manager who will aim to resolve in the first instance. If a complaint is raised by a patient then the practice is required to respond formally to that complaint. Patients also have the option (if not content with the response from the practice) of complaining through the HSCB and ultimately to the Ombudsman who can represent the patient.</td>
</tr>
<tr>
<td>Free prescription charges were brought in by the Health Minister. The HSCB works with pharmacists and GPs to raise awareness of waste with patients.</td>
</tr>
<tr>
<td>The Board should link with Community Transport providers to improve access in rural areas. The Board is involved in efforts to develop integrated transport across NI.</td>
</tr>
</tbody>
</table>
## Engagement Consultation: Issues Highlighted by Local Community Networks

### Hospital Services

<table>
<thead>
<tr>
<th>Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Travelling to “Derry, Craigavon, and Belfast” for hospital appointments was also an issue for people especially when the “South West Acute Hospital (SWAH) was on the doorstep.” It was felt that “a much improved ambulance service is needed to transport patients; people should not have to pay taxis.”</strong></td>
<td><strong>Trusts aim to bring services as close to the patient as possible but with specialist secondary care services it is also important to manage that scarce resource appropriately and it is not therefore possible to have all these services in local hospitals. This often means patients need to travel more for these services. Northern Ireland Ambulance Service (NIAS) provides transport where a patient is immobile or unable to use public transport for medical reasons. Patients may also be able to access the Hospital Travel Costs Scheme if they are on certain benefits or low income. The Board should link with Community Transport providers to improve access in rural areas. The Board is involved in efforts to develop integrated transport across NI.</strong></td>
</tr>
<tr>
<td><strong>Use SWAH for more specialist services – “Why do we have to travel to Altnagelvin – time and distance from Fermanagh – cost of travel and someone taking time off work.”</strong></td>
<td><strong>As stated above, it is not always possible to have specialist hospital services delivered in all local hospitals. The HSCB is working with the Western Trust to make best use of the SWAH and increase the range of volume of services available to the local population within available resources.</strong></td>
</tr>
<tr>
<td><strong>It was acknowledged that recruitment of international staff caused language barriers for patients.</strong></td>
<td><strong>The Trust has embarked on international recruitment to help address the ongoing difficulties it experiences in attracting doctors and nurses to work in the hospitals. The Trust will always recruit doctors and nurses with the appropriate skills to carry out their job. This includes the ability to communicate effectively with patients.</strong></td>
</tr>
<tr>
<td><strong>The need for Alzheimer’s and ASD patients to be seen quickly in health centres or A&amp;E departments as they get agitated easily.”</strong></td>
<td><strong>HSCB will discuss with Trust and Primary Care if measures could be put in place to support Alzheimer’s and ASD patients attending ED and health centres.</strong></td>
</tr>
</tbody>
</table>
### Hospital Services

<table>
<thead>
<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
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</thead>
<tbody>
<tr>
<td><strong>In Altnagelvin surgical ward there needs to be more focus on raising the level of care to patients unable to help themselves e.g. feeding, rehydration etc. Also hygiene standards need to be raised.</strong></td>
<td>The Trust has very stringent controls to ensure hygiene standards are maintained and risk of infection minimised. The Trust will use AHP staff in the hospital to help patients unable to help themselves but resources are limited. The Trust uses step-down beds and community rehabilitation services to assist patients with their recovery outside the Acute hospital setting.</td>
</tr>
</tbody>
</table>
### Out of Hours Services (OOH)

<table>
<thead>
<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the structure of the Out of Hours Service, length of time for a doctor/nurse to call you back can be too long potentially adding significant stress in difficult situations.</td>
<td>OOH Services have standard targets for responses to calls put through to the call handler. There are two triage targets <strong>Urgent</strong> which involves a range of conditions like chest pain, breathing/respiratory conditions etc. These are based on clinician decisions and calls must be returned by 20 minutes of the initial call. HSCB would expect that 90% of these calls are returned within 20 minutes. <strong>Non Urgent</strong> or routine calls must be returned by 60 minutes of the initial call. <strong>Life threatening</strong> calls must by referred to the ED within one minute.</td>
</tr>
<tr>
<td>Need for a second Out-of-Hours Service Centre in the cityside of Derry/Londonderry, difficulties around access to and affordability of transport to current provision.</td>
<td>There are no plans to expand current locations within the city. It is not feasible to put centres in all locations. The OOH service is co-located with Altnagelvin ED giving quicker access to the ED, diagnostics, access to resuscitation and admissions if required. The OOH service will assess the need for a home visit but this is based purely on clinical need.</td>
</tr>
<tr>
<td>Engagement Consultation: Issues Highlighted by Local Community Networks</td>
<td>Commissioning Response: Actions</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Isolation</strong></td>
<td></td>
</tr>
<tr>
<td>It was noted that local pharmacy services were good (but that the wait in the pharmacy for prescriptions was too long).</td>
<td>There are no targets for waiting times for prescriptions. Pharmacies will turn around prescriptions in a timely manner depending on numbers waiting in the pharmacy at any given time.</td>
</tr>
<tr>
<td><strong>Carers and Older People</strong></td>
<td></td>
</tr>
<tr>
<td>Participants were of the opinion that carers take the pressure off statutory services and that “many are stressed beyond sanity.” People were concerned that caring services are already stretched to capacity.</td>
<td>HSCB will raise this issue with the Trust.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
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</thead>
<tbody>
<tr>
<td><strong>Health Structures</strong></td>
<td>Review of Health structures underway. Review by Professor Rafael Bengoa to report findings in the Autumn of 2016 for consideration by Minister for Health.</td>
</tr>
<tr>
<td>“I do believe the Health Service is adequately funded, just very poorly managed. Resources are not used properly. There needs to be a huge change in the ethos among the clients who use the service and the staff who deliver it. Too many bureaucratic levels of management. Staff are being over-trained out of their jobs and no longer doing traditional roles that are key to service provision. There needs to be an overhaul of Human Resources (HR), abuse of sick leave, etc.”</td>
<td></td>
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</tbody>
</table>
**Education and Awareness**

<table>
<thead>
<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
</tr>
</thead>
</table>
| Consult more with the local people in the local areas, for example community leaders, community groups, senior citizens groups, childcare groups and chemists as all of these groupings have good knowledge with respect to local social care needs. | • This can be taken forward through Community Planning being led by Councils.  
• HSCB, PHA and Trusts are all involved in this process. |
| Provide accessible, clear and up-to-date information on all available health and social care services. | • Information on Trust services is available on the Western Trust website. Many services are also promoted in GP surgeries and public places. GPs and pharmacies, as a first point of contact for patients, are normally able to advise patients on available health and social care services.  
• Patient Health and Well-being Centre for patients with cancer and long-term conditions will open in the old Agnes Jones home in January 2017. |
<table>
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<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
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</thead>
<tbody>
<tr>
<td>Pharmacies</td>
<td></td>
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<tr>
<td>Pharmacy service for minor injuries.</td>
<td></td>
</tr>
<tr>
<td>• Minor ailments scheme already ongoing, in all pharmacies in the West.</td>
<td></td>
</tr>
<tr>
<td>• Minor surgery is also provided by GPs in primary care, through LCG prescribing investment funds.</td>
<td></td>
</tr>
</tbody>
</table>
Engagement Consultation: Issues Highlighted by Local Community Networks

Autism Spectrum Disorder

ASD Specific Issues included

- “Better communication between departments to save people having to continually explain the problems they are facing. This is very frustrating.”

- Better awareness of ASD across the board.

- ASD specific: “Government departments need to work together better e.g. in education & health to support children with ASD. When ASD teenager reaches 18 yrs, Attention Deficit Hyperactivity Disorder (ADHD) support stops and there is nowhere for them to go. Social skills group to cover all ages and abilities. Little or no support for parents regarding sexual awareness education. Fit for life classes very important for ASD patients.”

- More support for carers and family and better consistency of care needed. ASD patients require key worker to enable better signposting to services. The need for parents/carers to have to continually outline in detail the case to every new doctor is very frustrating.

- ASD specific – Speed of diagnosis and treatment important. More support for carers and families. Key worker for each ASD client. More resources for life skills and independent living.

Commissioning Response: Actions


The Strategy has 11 themes including awareness, accessibility, children, young people and families, health and well-being, education, etc. From the Strategy and Action Plan a Regional Multi-Agency Autism Strategy Implementation Team has been established. Local Trust Fora with strong parent/carer membership have also been established. (Reference Group)

Significant amount of work ongoing at present, but mainly in children’s diagnostic service as this is where service pressures are. Substantial and sustained increase in demand over recent years. Feb 2016 £2M allocated regionally to paediatric services.

There are examples of cross departmental working e.g. sessions for those aged 16 + in WHSCT with education, careers, employment etc; education involved in paediatric diagnostic clinics etc. At Trust level the new model aims to streamline the diagnostic process, maximise the use of clinical capacity and focus on early intervention.

The Department of Health (DOH) held a workshop in April 2016 to review current strategy and commence the identification of new actions. Attendees included Trust staff, HSCB, PHA, DOH, 3rd sector and service users and parent/carer reps.
<table>
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<tr>
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<tbody>
<tr>
<td><strong>Autism Spectrum Disorder</strong> (Continued)</td>
<td>Trusts report that carers are advised of their eligibility to access a carer’s assessment and there are opportunities for short breaks, respite, sibling support etc. The waiting lists are long and unacceptable, and new funding has been allocated to reduce waiting lists and length of wait. A Progress report on the strategy and action plan (Sept 2015) is available at <a href="http://www.health-ni.gov.uk">www.health-ni.gov.uk</a></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dementia/Alzheimer’s</strong></td>
<td></td>
</tr>
<tr>
<td>Other areas highlighted for improvement included greater support for individuals with Dementia / Alzheimer’s and their carers and the greater use of the Tyrone County and the South West Acute Hospital (SWAH) to provide a better range of services locally.</td>
<td>HSCB will continue to work with the Trust to improve hospital services and support for people with Dementia.</td>
</tr>
</tbody>
</table>
### Linkages With Voluntary and Community Sector

<table>
<thead>
<tr>
<th>Engagement Consultation: Issues Highlighted by Local Community Networks</th>
<th>Commissioning Response: Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Participants indicated that linkages with Voluntary and Community Sector organisations could be improved.</td>
<td>• HSCB works through Community Networks to improve communication with the Voluntary and Community sector.</td>
</tr>
<tr>
<td>• Linking services with Community Planning as it develops</td>
<td>• HSCB also has direct links with a wide range of community and voluntary organisations and will continue to develop and foster these relationships.</td>
</tr>
<tr>
<td>• “There is a need for Social Services to work together with community and voluntary groups listening and learning from other organisations on what works.”</td>
<td>• HSCB are involved in Community Planning with District Councils.</td>
</tr>
</tbody>
</table>
Lessons Learned from Western Voices Engagement Process

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
This engagement exercise has proved a productive partnership experience.

Fundamental to this project fulfilling its objectives was:

- 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 people aged 25 – 64 yrs;
- Partnership working.

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

The commissioning of the Community Networks Western Voices Engagement consultation is an indicator of the value placed on continuing collaboration with the Networks in the Western area.

The importance of the success of the previous “Voice of Older People” Consultation in contributing to the process of “Western Voices” was also highlighted. The fact that the Western LCG followed through to feedback stages on the “Voice of Older People” has resulted in tangible action to improve services for patients. It also provided a model of good practice for local communities to re-engage with the LCG in a genuine partnership approach to the “Western Voices” Engagement Consultation.

It was noted that the “Voice of Older People” consultation in 2014 and the “Western Voices” consultation in 2015 would be used as a case study in Community Evaluation NI’s (CENI) evaluation of the Department of Agriculture and Rural Development’s (DARD) ‘Rural Community Development Support Service’ which is delivered by the Rural Networks.
Appendix One: Definitions of Care

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
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 was published in December 2011. It is a report that highlights 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 the 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. **


** Reference: http://www.transformingyourcare.hscni.net/
Appendix Two: Questionnaire
## Information About You

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age: (If Known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: (If Known)</td>
<td>Gender: Male /Female</td>
</tr>
<tr>
<td>Post Code:</td>
<td>Location:</td>
</tr>
</tbody>
</table>

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.
Access to Services

1 (a) What health and social care services have you used in the last year?

1 (b) What health and social care services have your family used in the last year?

Prompts (If required) Your local GP, Pharmacy, Podiatry, Maternity Services, Health Visiting, Rapid Response Nursing, District Nursing, ED (A&E) Department, Speech and Language Services etc.
Access to Services

2. How do you think health and social care services could be made better?

Prompts (if required) Provision of more services closer to home, shorter waiting times for GP appointments. Later opening times for GP surgeries, Reduced waiting times for hospital appointments, more support for carers etc.
Access to Services

3. What health and social care services are important to your community?

Prompts (If required) Local pharmacy services, GP services, Health Centres, ED (A&E) Department, Out of hours services, Stroke Services etc.
Access to Services

4. How do you think health and social care services could promote independence and choice for service users and carers?

**Prompts (if required)** Direct Payments
Promoting Positive Mental Health and Well Being

5. How can mental health and well-being be promoted more effectively in your area and what role should the health service play in this?
Community Priorities for Health Service Funding

6. What would your 3 priorities for funding health and social care services be and why?
Thank you for completing this questionnaire.
Appendix Three: Community Networks Consultation Reports

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
Fermanagh Legacy District Council Area
Led by Fermanagh Rural Community Network

Task & Process

Fermanagh Rural Community Network (FRCN) undertook the ‘Western Voices’ Engagement Exercise for the Western Local Commissioning Group (LCG) according to the Engagement Plan submitted in June 2015.

223 adult persons aged 25 to 64 were engaged with in County Fermanagh (legacy Fermanagh District Council Area). FRCN carried out a combination of stakeholder face-to-face conversations, and focused discussions engaging with adults to talk about their experiences of using Primary Care, Secondary Care and Community Care, and their views on Transforming Your Care to get an understanding of their expectations of future services.

FRCN used the standard questions included within the Western LCG briefing document to form the basis of semi-structured interviews and facilitated discussions with participants. FRCN engaged with adults at the following locations:

Organisations Consulted

<table>
<thead>
<tr>
<th>Organisation</th>
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</thead>
<tbody>
<tr>
<td>Fermanagh County Show</td>
</tr>
<tr>
<td>Boho Community Association Annual General Meeting</td>
</tr>
<tr>
<td>Erne East Community Partnership</td>
</tr>
<tr>
<td>Derrygonnelly Community Partnership</td>
</tr>
<tr>
<td>Fermanagh Rural Community Network Board</td>
</tr>
<tr>
<td>Cooneen / Coonian Community Development Association</td>
</tr>
<tr>
<td>North Fermanagh Fitness Club</td>
</tr>
<tr>
<td>Fermanagh Rural Community Network Annual General Meeting</td>
</tr>
<tr>
<td>Coa Pipe Band</td>
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</tbody>
</table>

FRCN had a stand in the exhibition hall of the Fermanagh County Show, where FRCN staff using the LCG questionnaires undertook one-to-one interviews with members of the public during two days of the show.

This provided FRCN a good opportunity to engage with people in a public setting and obtain their views.

The other locations listed were at activities where organisations regularly meet. FRCN staff used the questionnaire to stimulate discussion and feedback. Comments were recorded from participants and all participants were given the opportunity to complete individual questionnaires and / or ask other members of their family to complete questionnaires.
FRCN informed all member groups throughout County Fermanagh of the consultation and offered them the opportunity for FRCN staff to visit their community to undertake a discussion and/or provide them with questionnaires.

The consultation exercise was advertised on the FRCN website and Facebook pages and members of the public were provided with the opportunity to download and complete questionnaires.

Through these processes of engaging with the public and established groups, FRCN have ensured that the views collected are reflective of over 200 persons from across County Fermanagh.

The gender breakdown of respondents was approximately 50% female, 35% male and 15% did not state their gender.

Findings

The next section of this report details the findings of FRCN responses from their membership and individuals who completed questionnaires from their individual perspectives. All of the following section represents perspectives at individual, sub-network and network level.

The following is a summary of the key points recorded in the questionnaires and facilitated discussions.

Access to Services Mainly Used by Participants

What health and social care services have you used in the last year?

| • General Practice (largest response) | • Treatment Room and GP Practice Nurse |
| • Accident and Emergency              | • Pharmacy                             |
| • South West Acute Hospital for a     | • Health Visitor                       |
|   range of services including:       | • Epilepsy clinic                      |
|   • Day Procedure                    |                                           |
|   • Maternity Services               |                                           |
|   • Out of hours GP                  |                                           |
|   • Hospital Out patients            |                                           |
| • Dentist                            | • District Nurse                        |
| • Orthopaedic Services               | • Speech & Language                     |
| • Doctor visited the home            | • ENT                                  |
| • Eye treatment in Altnagelvin       | • Stroke Unit                          |
| • Podiatry                           | • Omagh Hospital - Pain Clinic          |
| • Healthy Living Centres            | • Counselling Services                  |
| • Occupational Therapist             | • Used no services                      |
### Health and Social Care Services used by families in the last year

#### What health and social care services have your family used in the last year?

<table>
<thead>
<tr>
<th>Service</th>
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</thead>
<tbody>
<tr>
<td>General Practice</td>
</tr>
<tr>
<td>Out of Hours GP service</td>
</tr>
<tr>
<td>Hospital Services</td>
</tr>
<tr>
<td>Stroke Unit</td>
</tr>
<tr>
<td>Health Visitor</td>
</tr>
<tr>
<td>Home Helps</td>
</tr>
<tr>
<td>Speech &amp; Language</td>
</tr>
<tr>
<td>Rapid response</td>
</tr>
<tr>
<td>Accident &amp; Emergency</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>Maternity Services</td>
</tr>
<tr>
<td>Social Services</td>
</tr>
<tr>
<td>Orthopaedic Services</td>
</tr>
<tr>
<td>Day Care Services</td>
</tr>
<tr>
<td>District Nursing Services</td>
</tr>
</tbody>
</table>

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### Improving Health and Social Care Services

#### How do you think health and social care services could be made better?

**General Practice**

- Shorter waiting times Re: GP appointments.
- The opportunity to phone GP if recurring problem rather than making an appointment all the time.
- Cut out GP meetings for referrals that a nurse could give.
- Email/text reminder of appointment.
- Important if possible that you can continue to see the same GP.
- Out of Hours surgery would help the farming community.
- Extended GP hours.
- More nurse cover in GP surgeries.
- Every surgery should have two evening surgeries or one Saturday surgery in the month for working people.
- Online desk for booking appointments.
- Later opening times for General Practice Surgeries – “Can be difficult for people where employers don’t want them taking time off work for GP appointments or people who travel out of the area for work – to access appointments in 9-5 times.”
- Access to GP practice to suit patient – for example “Appointments with my local GP can only be booked within a week in advance.”
## Hospitals

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce waiting times for Hospital referrals appointments and waiting areas.</td>
<td>Use SWAH for more specialist services – Why do we have to travel to Altnagelvin – time and distance from Fermanagh – cost of travel and someone taking off work.</td>
</tr>
<tr>
<td>Better staffed services to reduce waiting times.</td>
<td>“People living in Lisnaskea should not have to travel to Derry / Craigavon / Belfast when SWAH is on our doorstep – a much improved ambulance service is needed to transport patients – people should not have to pay taxis.”</td>
</tr>
<tr>
<td>More nurses.</td>
<td>Need more specialists in hospital.</td>
</tr>
<tr>
<td>Need skilled Doctors in hospitals.</td>
<td>More time for convalescence after operation.</td>
</tr>
<tr>
<td>Have consultants in hospital during weekends.</td>
<td>Shorter waiting times at A&amp;E.</td>
</tr>
<tr>
<td>Support for patients having to travel from rural areas.</td>
<td>Anyone who fails to attend 2 appointments should be taken off the waiting list.</td>
</tr>
<tr>
<td>Reduce waiting lists for surgery – currently waiting 1 Year 9 months for hip operation.</td>
<td>Charge for non-attendance of appointments/ time wasting.</td>
</tr>
<tr>
<td>Better Communication within the SWAH – A&amp;E plus other departments.</td>
<td>Reduce call out times for emergency services e.g. car, ambulance.</td>
</tr>
</tbody>
</table>

## Mental Health

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>More help for parents with young adults who have mental health and drug problems.</td>
<td>Noted by respondents there is still a stigma with mental illness. Reduce stigma around mental illness.</td>
</tr>
</tbody>
</table>

**We had an increase in counselling services provided by the Aisling Centre but this has now been reduced again due to decreased funding – we need these services easily accessed by vulnerable people, if they pluck up the courage to ask for help it is disastrous if they then have to wait weeks maybe months for an appointment.”**

## Carers and Older People

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>More support for carers.</td>
<td>Urgent need for carers in the community which is abysmal at present.</td>
</tr>
<tr>
<td>More respite carers.</td>
<td>Carers definitely need more support because they are taking the pressure off statutory services and many are stressed beyond sanity.</td>
</tr>
<tr>
<td>More home help facilities – longer times available to those people who need help.</td>
<td></td>
</tr>
</tbody>
</table>
### Other Issues

<table>
<thead>
<tr>
<th>• Less managers and more actual workers on the ground.</th>
<th>• Better education &amp; publications of need to be provided on services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More resources – less red tape and bureaucracy.</td>
<td>• Consult more with the local people in the area e.g. ask community leaders, community groups, senior citizens groups, childcare and the chemists. All of these have good knowledge re: social care needs.</td>
</tr>
<tr>
<td>• Providing more preventative measures e.g. healthy eating and routine check-ups.</td>
<td>• There is good health care in NI – maintain and improve it.</td>
</tr>
<tr>
<td>• Investing in community care.</td>
<td>• Need a vastly improved mental health service for all ages</td>
</tr>
<tr>
<td>• Improved rehabilitation assessments and treatment currently they are too infrequent and waiting lists are too long.</td>
<td>• “Services and facilities needed to tackle issues around “Isolation” not just in rural areas; many people are isolated living in large housing developments.”</td>
</tr>
</tbody>
</table>

“Lisnaskea needs a purpose built health care centre hub that provides a comprehensive range of services – this is needed urgently. Maybe we have a shortage of GPs because the facility we currently have is so outdated and not fit for purpose.”
## Important Services in the Community

**What health and social care services are important to your community?**

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP/District Nursing</td>
</tr>
<tr>
<td>Maternity Services</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>Ambulance Service</td>
</tr>
<tr>
<td>Emergency Department</td>
</tr>
<tr>
<td>Dentistry</td>
</tr>
<tr>
<td>Out of Hours</td>
</tr>
<tr>
<td>Social Services</td>
</tr>
<tr>
<td>Acute Hospital Services</td>
</tr>
<tr>
<td>Older People’s Services</td>
</tr>
</tbody>
</table>

“Health centres need to remain in rural communities, 10 miles maximum to travel.”

“A local health centre provides a lot of facilities to rural areas, which is very necessary.”

“Through time perhaps services could be moved from Omagh & Altnagelvin to SWAH – long way for people to travel”

“A sitting service is needed for people living in rural areas and only see a home help once a day. Someone to call in for a short period to talk to them and see if they need any provision etc.”

“Transport to and from facilities is also very limited, public transport is not an option and taxi fares are costly.”

“Creamery House (Nursing Home) in Kesh needs to be kept open.”
Promoting Independence and Choice for Users and Carers

How do you think health and social care services could promote independence and choice for service users and carers?

<table>
<thead>
<tr>
<th>Information</th>
<th>Direct Payments</th>
<th>General Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More awareness campaigns</td>
<td>• Easier access to Direct Payments</td>
<td>• GP Surgery offering additional minor procedures</td>
</tr>
<tr>
<td>• Increase knowledge of services</td>
<td>• Resource Direct Payments so that it is an option for everyone with care needs who want to avail of it. “It shouldn’t be divided up, only accessible to Trust to administer.”</td>
<td></td>
</tr>
<tr>
<td>• Advertise choice of services</td>
<td>• Direct Payments to users would allow choice of help to patients</td>
<td></td>
</tr>
</tbody>
</table>

“People are not aware of services until they are in crisis and by then it is too late – make things simple.”

“Lisnaskea needs a hub or central facility where all services would be available on a walk in system – maybe some form of quick assessment or filtering system would prevent over-use of such a system but at least critical situations could be dealt with.”

“Services cannot be provided from one central location within the county-need to be spread out.”

“Take responsibility for home care etc. away from social workers – have a ‘one stop shop’ for people with homecare needs and their carers.”
<table>
<thead>
<tr>
<th>Services</th>
<th>Carers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make services available to patients as close to their home as possible</td>
<td>• Provide local carers to allow people to remain in their home for longer</td>
<td>• Transforming your care: centralised care all services together locally based</td>
</tr>
<tr>
<td>• More help provided quickly for people who are ill</td>
<td>• More support for family carers, increase time carers spend in each home</td>
<td>• Reform social services</td>
</tr>
<tr>
<td>• More day centres for older people to socialise</td>
<td>• Train more family members to be trained carers</td>
<td>• Medical vouchers for minor ailments through GP care</td>
</tr>
<tr>
<td>• Greater financial support for voluntary services local delivery by community / voluntary sector</td>
<td></td>
<td>• Provide more community services to elderly and disabled</td>
</tr>
<tr>
<td>• Greater linkages between statutory and voluntary services</td>
<td></td>
<td>• Ask community groups what their views are</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Charge for missed appointments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implement ‘Transforming Your Care’ with the required budget to allow it to work</td>
</tr>
</tbody>
</table>

“Very difficult for those who live in remote areas to get people to call - ill and elderly are not being cared for. If more funds available it would help prevent people going into care.”

“Statistics show people who live in their own homes or independent care homes e.g. Fold live longer and healthier lives. More homes like these would free up beds in hospitals i.e. housing, homes with independence – care – nursing care similar to those in USA & Canada where there is stimulation and 24hr help are brilliant.”

“Listen to the people and their needs – family member needed a wheelchair – 10 weeks waiting but went to Salvation Army – Health services too slow and too much Red Tape.”
Promoting Positive Mental Health and Well Being

**How can mental health and well-being be promoted more effectively in your area and what role should the health service play in this?**

**Awareness and Information**

- More awareness of promoting mental health issues. More widely available funding to prevent and treat mental health issues
- Work to reduce stigma that exists regarding mental health
- More training and awareness – “So important to reduce the stigma especially for males.”
- More publicity about assistance and help to people who are in the early stage of mental health problems including social media
- Promotion of health & well-being in communities, through churches, voluntary services and sports clubs
- Get more involved in community self-worth community action programme
- More awareness courses such as Safe Talk delivered in the community
- Education and awareness in schools
- Make mental health awareness part of the curriculum in both primary and secondary schools
- More accessible community mental health nurses who are approachable and are available
- More funding for mental health services so they can employ more staff to provide wider services
- More drop in centres such as free counselling sessions / meetings for those who need this service to gain support informally

“Health service could provide more opportunities for groups to get together and be supported by professionals.”

“Educate the local people more re: mental health, involve the local chemist.”

“More work done with males on depression – go to where the men are – sports club, pubs.”
Support and Services

- Mental health services provided through A&E
- Social farming activities can assist those with mental health problems
- More support for those with disabled children/mental illness as well as physical disabilities
- Greater communication channels between services / greater effort to identify individuals needing support
- More awareness for males and 24hr services available to people who feel they are a risk to themselves / Confidential telephone line
- Support for the wider family

“Big question for me after losing my mum to suicide after having a breakdown and fighting for help for mental health services. I felt very isolated by health services and still feel big stigma but getting better.”

“Stigma needs to be got rid of in businesses – bottled up – don’t want to put pressure on family and workmates, making telephone call is last resort.”

“GPs should be more vigilant and see that patients need referral to mental health staff e.g. counselling etc. rather than giving out anti-depressants etc.”

“Mental health patients need to be seen promptly. People with acute issues need to have immediate local access to services and not be passed off from one to another professional.”

“Better follow-up service is needed for those who have a history of mental illness or suicidal ideologies / attempts.”

“Facilities and programmes like the Healthy Living Centres should be better supported, financed and recognised for their expertise and groundwork. Prevention projects and recovery support programmes play a vital part in maintaining a normal functional lifestyle.”

“The outdoor Gym facility in Derrygonnelly is fantastic for the community – if it could be promoted more the people might use it.”

“Resource locally based groups that deliver local services across rural areas properly – not on a piecemeal grant aid / short-term funding basis e.g. Healthy Living Centres / Aisling Centre.”

“PHA / Trusts / HSCB should work together more – put out one funding stream for mental health and well-being.”
## Community Priorities for Health Service Funding

**What would your priorities for health and social care services be and why?**

<table>
<thead>
<tr>
<th>General Practice</th>
<th>Services in the Community</th>
<th>Hospital Services</th>
<th>Prevention and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase numbers of GPs, expand GP services and “Transforming Your Care”</td>
<td>• More district nurses and health visitors in the community</td>
<td>• 7-day consultant-led services</td>
<td>• More funding for awareness campaigns to raise awareness to reduce accidents &amp; injuries to prevent people having to go to hospital</td>
</tr>
<tr>
<td>• Expand GP hours to suit people working</td>
<td>• Specialist nurses to work in the community</td>
<td>• Use the SWAH to provide better range of services</td>
<td>• Bigger emphasis on mental health – reduce stigma attached to mental illness</td>
</tr>
<tr>
<td>• Offer minor procedures at local GP</td>
<td>• Dental Services</td>
<td>• Better Ambulance services</td>
<td>• Promote awareness among young people</td>
</tr>
<tr>
<td>• More access to GP out-of-hours services</td>
<td>• Investment in care in the community keeping elderly people at home rather than in care homes</td>
<td>• Air ambulance needed in rural area</td>
<td>• Better support for young people with eating disorders</td>
</tr>
<tr>
<td>• Resource GP and Pharmacy services</td>
<td>• Increase pay for carers so they spend more time with patients</td>
<td>• More money for paramedics and A&amp;E staff working with emergency patients</td>
<td>• Local ownership for health and well-being</td>
</tr>
<tr>
<td></td>
<td>• Support for suicide groups</td>
<td>• More doctors and nurses for hospitals</td>
<td>• Defibrillators needed in the community</td>
</tr>
<tr>
<td></td>
<td>• More awareness of mental health promotion</td>
<td>• Reduce pressure on staff</td>
<td>• Funding provided for defibrillators to be maintained</td>
</tr>
<tr>
<td></td>
<td>• More widely available funding to prevent and treat mental illness</td>
<td>• Reduce waiting times</td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>Services in the Community</td>
<td>Hospital Services</td>
<td>Prevention and Education</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td></td>
<td>• Better stroke and heart attack information provision</td>
<td>• Reduce waiting lists to see hospital specialists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Disability work schemes to get people back in employment</td>
<td>• Central procurement of consumables to reduce costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• More podiatry care in the community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“Need to have a more accessible open and immediate system for GP service users – currently long waiting times even for the phone to be answered> Clerical staff should not be deciding on users’ conditions and whether their issues are urgent.”

“Have GP & Pharmacies work together under one roof in each village – expand treatment of minor ailments.”

“Keep maternity services local. There is talk of moving out local maternity to the bigger cities for the safety of mother and baby. It needs to be local.”

“Bring Matrons back into hospital – SEN Nurses, no manager’s better care.”

“More funding to consultants to provide more clinics within the hospital setting rather than running private clinics.”

“Specialist nurses to work in the community.”

“Investment in care in the community keeping elderly people at home rather than in care homes.”

“Remove duplication of management within healthcare Trusts / PHA / HSCB – all managing different funding - use money saved for more locally based services.”

“Preventative programmes, healthy living projects in the community – need more financial support not withdrawal of funding – they can reach people before they get to the stage of needing doctors / health professionals.”

“Mental health. This is an area where people are losing their lives due to limited funding – more resources need to be diverted to improving mental health in our community.”
Conclusion and Key Messages

People have a very strong desire to have General Practice and Pharmacy services available to them at local and accessible locations.

People have a strong desire to have a good range of services delivered at the South West Acute Hospital.

The operating times of services such as General Practices, Pharmacies, Hospitals, Dentists, etc. are a concern for a number of persons in this 25 - 64 age group. Having services operating in the main from 9am to 5pm results in a lot of people having to take time off work to avail of a service. In Fermanagh this has particular impacts on those persons who travel outside of the county to their workplace.

Mental health issues are something that was brought up by many respondents, though in the main people are unsure of how best to deal with the issue and support persons who are suffering from poor mental health.

Care for older and vulnerable persons is an issue which many respondents highlighted and they are worried that the care being delivered is inadequate for the needs of older people.

Direct Payments are something that many respondents would be interested in exploring further.

Accessible, clear and up to date information on all available Health and Social Care Services is important for people in this age group. They are very often not aware of what is available for themselves or other family members for whom they have a caring responsibility.
Task & Process

North Antrim Community Network (NACN) carried out 210 semi-structured interviews with service users aged 25 – 64 from September to October 2015 using the standard questions provided in the brief by the Western LCG.

The semi-structured interviews were carried out with the following groups. NACN also carried out interviews at ‘constructed situations’.

Organisations Consulted

- Gortnaghy Community Association - Mother and Toddlers
- Aghanloo Comm. Assoc.
- Limavady Community Development Initiative – Day Care
- Ardinariff Historical and Cultural Group
- Ballyspallen Cricket Club
- Dungiven Regeneration Group
- Limavady Town Centre
- Roe Valley Leisure Centre
- Dungiven Village

In total NACN engaged with 210 individuals attending 9 separate events / organisations operational within the Limavady area. NACN staff attended each of these events and carried out face-to-face interviews with participants.

Findings

The next section of this report details the findings of NACN responses from their membership and individuals who completed questionnaires from their individual perspectives. All of the following section represents perspectives at individual, sub-network and network level.

In total 210 service users aged 25 – 64 completed the questionnaire of which: 35% were male and 65% were female.
Access to Services Mainly Used by Participants

**What health and social care services are important to your community?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-hours services to be more local</td>
<td>GP Services</td>
</tr>
<tr>
<td>Pharmacy services</td>
<td>Rapid Response service for rural areas</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>Family Planning</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
</tbody>
</table>

Improving Health and Social Care Services

**How do you think health and social care services could be made better?**

<table>
<thead>
<tr>
<th>Improvement Area</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension of care for individuals in their home</td>
<td></td>
</tr>
<tr>
<td>Individuals to choose those deemed suitable to help and support them</td>
<td></td>
</tr>
<tr>
<td>Need help, support for caring as carers are getting older</td>
<td></td>
</tr>
<tr>
<td>Better information to users on what benefit payments are available and to inform the most vulnerable service users</td>
<td></td>
</tr>
</tbody>
</table>

Promoting Positive Mental Health and Well Being

**How can mental health and well-being be promoted more effectively in your area and what role should the health service play in this?**

**Awareness and Information**

<table>
<thead>
<tr>
<th>Awareness and Information</th>
<th>Awareness and Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>More promotion of mental health issues to the male population</td>
<td></td>
</tr>
<tr>
<td>Promote physical activity</td>
<td></td>
</tr>
<tr>
<td>Include mental health promotion in the education curriculum</td>
<td></td>
</tr>
<tr>
<td>Promotion of good diet</td>
<td></td>
</tr>
</tbody>
</table>

**Support and Services**

<table>
<thead>
<tr>
<th>Support and Services</th>
<th>Support and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreational Services in rural areas</td>
<td></td>
</tr>
<tr>
<td>More availability of hobbies</td>
<td></td>
</tr>
<tr>
<td>Reduced costs for exercise</td>
<td></td>
</tr>
<tr>
<td>GPs more up-to-date and able to recognise early symptoms</td>
<td></td>
</tr>
<tr>
<td>Day care to get out of the house and meet people</td>
<td></td>
</tr>
</tbody>
</table>
Community Priorities for Health Service Funding

What would your priorities for health and social care services be and why?

<table>
<thead>
<tr>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote Mental Health</td>
</tr>
<tr>
<td>Education about healthy eating</td>
</tr>
<tr>
<td>Out of Hours</td>
</tr>
<tr>
<td>Small local treatment areas</td>
</tr>
<tr>
<td>GP Appointments</td>
</tr>
<tr>
<td>Special needs</td>
</tr>
<tr>
<td>Elderly care</td>
</tr>
<tr>
<td>Reduce childcare costs</td>
</tr>
<tr>
<td>Care for the youth</td>
</tr>
<tr>
<td>Affordable physical exercise</td>
</tr>
</tbody>
</table>

Conclusion and Key Messages

- Access to GPs was a major concern to all those interviewed:
  - Access on the telephone to make an appointment
  - Getting an appointment within reasonable time
  - People getting an appointment with their own GP in the practice

  “Appointments are during working hours which is impossible for anyone that is working full time. An innovative approach needs to be explored in order to address this issue; the logistics of the system could be improved by taking advantage of information technology.”

- There was a range of services important to the interviewee’s communities; however, in general it did cover the elderly, youth and mental health issues.

- Interviewees suggested increasing a number of different approaches to improve the mental health of their community – increasing physical activity which they felt should be subsidised to encourage everyone to take part, especially those that might struggle with the cost. Other ideas included increasing hobbies for people and overall raising awareness of mental health to remove the taboo that continues to exist. It was identified that males need to be targeted.

- The local pharmacist was used mainly for getting prescriptions; however, there was reference to some additional services that could be provided, such as a service for minor injuries. There was a universal opinion that pharmacies were very good and if there were other basic services that could be provided via this outlet that this could be a creative way of improving local services.
• The provision of local services was key. People felt that a fresh approach could be taken in terms of providing some evening appointments, even with the nurse. A further suggestion was to have a local treatment area that would reduce the number of people travelling to A&E and waiting a considerable time before being seen thus making better use of the pharmacy facility, especially in rural villages.

• In general people were very positive in their suggestions and were keen that a more proactive approach needs to be taken to improve the quality of life for their community. NACN would suggest that the Western LCG should consider a small grants programme that would enable communities to take responsibility for their own health and well-being, including their mental health.
Western Voices: Engaging Local Communities consultation was carried out during the period from July to October 2015 through face-to-face meetings with individuals and groups. A total of 216 people took part in the survey. Omagh Forum member groups and the wider community/voluntary sector locally were informed of the engagement consultation through our monthly newsletters and E bulletins. Groups in the Community House were also contacted. Flyers were left in local community centres and the local library.

The process highlighted interesting discussions with many salient points made. Participants hope the consultation findings will help improve health and well-being services at a local and regional level.

Findings

The next section of this report details the findings of Omagh Forum for Rural Association’s (OFRA) responses from their membership and individuals who completed questionnaires from their individual perspectives. All of the following section represents perspectives at individual, sub-network and network level.

The gender breakdown of respondents was approximately 35% female, 65% male.

<table>
<thead>
<tr>
<th>Organisations Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallows Hill Group</td>
</tr>
<tr>
<td>National Autistic Society West</td>
</tr>
<tr>
<td>Creggan Community Association</td>
</tr>
<tr>
<td>Omagh LGBT</td>
</tr>
<tr>
<td>Tattyreagh</td>
</tr>
<tr>
<td>MENCAP</td>
</tr>
<tr>
<td>Women’s Aid</td>
</tr>
<tr>
<td>Carrickmore Adult Education Group</td>
</tr>
<tr>
<td>Mullaghmore and Castlview Community Association</td>
</tr>
<tr>
<td>Epilepsy Group</td>
</tr>
<tr>
<td>Clanabogan</td>
</tr>
<tr>
<td>Drumduff/Drumnakilly</td>
</tr>
<tr>
<td>Campsie Sewing Group</td>
</tr>
<tr>
<td>Owenkillew</td>
</tr>
<tr>
<td>Rainbow Gateway Club</td>
</tr>
<tr>
<td>CKS Community Centre</td>
</tr>
</tbody>
</table>
Access to Services Mainly Used by Participants

What health and social care services have you used in the last year?

100% of people surveyed used the GP, Health Centre and Pharmacy services. The following services were used by people surveyed as and when required:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Mobile Cancer Screening Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>Respiratory nurse</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>Eye hospital Belfast</td>
</tr>
<tr>
<td>Out-of-Hours GP</td>
<td>Optician</td>
</tr>
<tr>
<td>Dermatology – TCH</td>
<td>Eye clinic Derry/Omagh</td>
</tr>
<tr>
<td>Cardiac Assessment Unit - TCH</td>
<td>ENT</td>
</tr>
<tr>
<td>Learning disability consultant/nurse</td>
<td></td>
</tr>
</tbody>
</table>

Services Hospital

<table>
<thead>
<tr>
<th>Paediatric services</th>
<th>Cardiac Assessment Unit and X-ray department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Rehab Unit</td>
<td>Day procedure unit</td>
</tr>
<tr>
<td>Physiotherapy, Haematology</td>
<td>Outpatients, Alzheimer’s clinic</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>Renal Unit</td>
</tr>
<tr>
<td>Palliative care</td>
<td>Cancer Centre Belfast</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Breast cancer clinic</td>
</tr>
</tbody>
</table>

Autism Specific Services

<table>
<thead>
<tr>
<th>Speech/Language</th>
<th>Occupational therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability services</td>
<td>Podiatry</td>
</tr>
<tr>
<td>ASD services</td>
<td>District nurse</td>
</tr>
<tr>
<td>Community paediatric services</td>
<td>Out of hours</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Urgent care</td>
</tr>
<tr>
<td>Immunology</td>
<td>Dietician</td>
</tr>
<tr>
<td>Asthma clinic</td>
<td>Epilepsy nurse</td>
</tr>
<tr>
<td>Incontinence service</td>
<td>ENT</td>
</tr>
<tr>
<td>Cardiac assessment unit</td>
<td>Stoma nurse</td>
</tr>
<tr>
<td>Neurology</td>
<td>Paediatric cardiologist</td>
</tr>
<tr>
<td>Urologist</td>
<td>Endoscopy</td>
</tr>
</tbody>
</table>
Improving Health and Social Care Services

**How do you think health and social care services could be made better?**

<table>
<thead>
<tr>
<th>Health Centre Issues</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shorter waiting time for appointments in health centres and hospital.</td>
<td>• Less complicated and cheaper telephone service for Omagh health centre.</td>
</tr>
<tr>
<td>• GP appointments could be made online with indication of which doctors are available.</td>
<td>• Problems with interpreters not turning up resulting in cancelled appointments.</td>
</tr>
<tr>
<td>• Easier access to emergency appointments, suggest 8.30am for 1st phase emergency appointments and lunchtime for 2nd phase.</td>
<td></td>
</tr>
<tr>
<td>• GPs need to have more time for each patient and also take on board patients concerns more.</td>
<td>• Better communication between GP and temporary doctors (out-of-hours).</td>
</tr>
<tr>
<td>• Text message service if GP running more than 15 minutes late for appointment.</td>
<td>• GPs need more awareness of Epilepsy and medication &amp; how changes to medication can affect patients.</td>
</tr>
<tr>
<td>• Feel that gynaecological tests need to be more regular and not just a test with a GP but with consultant.</td>
<td>• GPs need to be more aware of the various community/voluntary services available to signpost patients onto.</td>
</tr>
<tr>
<td>• Treatment room needs better appointments system and more nurses.</td>
<td>• More female GPs.</td>
</tr>
<tr>
<td>• Better coordination between Health Centre and Pharmacy as sometimes repeat prescriptions are refused until the last one is used which is poor.</td>
<td>• Very important that patients/carers are listened to and their concerns are acted upon.</td>
</tr>
</tbody>
</table>

“Health centre reception staff need customer service training to enable them to meet and greet people and be more empathetic.”

“Confidentiality: When asked by receptionist what the complaint is, it felt a bit intrusive. Also I don’t like receptionist telling me blood test results as I would prefer Dr telling me this.”
Hospital Issues

- More nursing staff and doctors from NI working in the hospitals
- Rooms in SWAH are very isolating
- Provision of more services closer to home
- Maintain clinics and services that currently exist in Omagh
- SWAH very understaffed needs more nurses

- Shorter waiting time for appointments in hospital
- Having maternity services in the Tyrone area instead of travelling long distances
- Orthopaedic – reduce waiting times for appointments
- Paediatric clinic locally

“It is important that Alzheimer’s and ASD patients are seen quickly in health centres or A&E departments as they get agitated.”

“Introduce charge for non-attendance at hospital appointments.”

“In Altnagelvin surgical ward there needs to be more focus on raising the level of care to patients unable to help themselves e.g. feeding, rehydration etc. Also hygiene standards need to be raised.”

“Bring back prescription charges to lessen wasted medicines and use money for new drugs and extra staff.”

“Better communication between departments to save people with Autism Spectrum Disorder having to continually explain the problems they are facing. This is very frustrating.” Better awareness of ASD across the board.”

“Need better Psychiatric services for people in distressed states. When patients admitted there are no facilities for recreation for patients – no provision for female patients – no age or severity separation – cramped facilities – too many people – old with young. Very scary for visitors. No privacy facilities for visitors.”

“More information and advertising about how to handle emergencies and out-of-hour’s sickness.”
Other Services

- Social workers thin on the ground
- Better signposting for carers
- Children and maternity services hospital in County Tyrone
- Dentist should introduce more work friendly hours
- More support from Occupational Therapist
- Proper full time A&E service in Omagh
- Air ambulance service in the west

“More service provision for women with alcohol problems”.

“Better care packages for those who have them rather than reducing them.

Important services in the community

What health and social care services are important to your community?

<table>
<thead>
<tr>
<th>Health Centres</th>
<th>Pharmacy</th>
<th>Hospital Services</th>
<th>Maternity Services</th>
<th>Maternity Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detox Services</td>
<td>Mental health services</td>
<td>Bereavement counselling</td>
<td>Out-of-hours doctor</td>
<td>Day centres for adults with learning difficulties</td>
</tr>
</tbody>
</table>

“Living in County Tyrone it is at least one hour to nearest hospital in any direction and people find this unacceptable and it is a worry to pregnant mums.”

“Sure Start is an excellent service which needs to be retained."

“More beds for detox clients locally and supported living facilities for vulnerable and disabled people."

“Bereavement counselling. More training for health professionals in treating people with learning disabilities who are grieving."

“Marie Curie services are excellent.”
Promoting Independence and Choice for Users and Carers

How do you think health and social care services could promote independence and choice for service users and carers?

<table>
<thead>
<tr>
<th>Information</th>
<th>Direct Payments / Self Directed Support</th>
<th>General Practice</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>More service user forums - Better communication between services and service users</td>
<td>Self-directed support seems to work well and will support independence</td>
<td>Patients should be able to Skype doctor in health centres like in other parts of UK</td>
<td>More supported living opportunities for:</td>
</tr>
<tr>
<td>Social workers should give clients all the options so they can make informed choices</td>
<td>Clients need support and ongoing reviews</td>
<td>GPs/health centre staff needs to be more aware of local community/voluntary support groups and work with them for benefit of the community</td>
<td>Elderly people</td>
</tr>
<tr>
<td>More front-line workers to raise awareness and support service users and carers providing choice and availability, e.g. district nurse/doctors making home visits</td>
<td>ASD patients have to fight for direct payments – the hoops those carers have to go through are too much, when it is obvious that a child needs care</td>
<td>Allow more time for carers to listen to individual’s needs, 10 minutes is not enough.</td>
<td>Learning disabled people</td>
</tr>
<tr>
<td>Promote community schemes whereby older people can live together and support each other – alongside other agencies</td>
<td>Direct payments are a bad idea as it can lead to privatisation of health and social care services</td>
<td></td>
<td>Physically disabled people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meals on Wheels helps to promote independence</td>
</tr>
<tr>
<td>Information</td>
<td>Direct Payments / Self Directed Support</td>
<td>General Practice</td>
<td>Services</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------</td>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>- Promote awareness via bulletin to community, church, sports, voluntary groups</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Greater online facilities for booking services</td>
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<td></td>
</tr>
<tr>
<td>- Making information available to service users and carers in a user friendly format</td>
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<td></td>
</tr>
</tbody>
</table>

“Increase awareness of options available rather than a one size fits all approach i.e. giving people more ownership of their health and social care.” Let carers decide on their own care and support.”

“Promoting independence by encouraging people to take responsibility for their own health and well-being and having repercussions/consequences for those with health issues, who are not trying to help themselves.”

“Government departments need to work together better e.g. in education and health to support children with ASD. When ASD teenager reaches 18, Attention Deficit Hyperactivity Disorder support stops and there is nowhere for them to go. Social Skills group to cover all ages and abilities. Little or no support for parents regarding Sexual awareness education. Fit for Life classes very important for ASD patients.”

“Learning disability awareness training for health professionals. Better streamlined approach could help address inequalities between adults/children services. There are poor transition services from childhood to adult services. Expanding the time frames for waiting lists for clients with special needs. More community based intervention for clients with special needs attending GP etc. Better access to information for clients with special needs. Better networking between primary care providers and community/voluntary sector. Centre for independent living needs support.”
Promoting Positive Mental Health and Well Being

How can mental health and well-being be promoted more effectively in your area and what role should the health service play in this?

Awareness and Information

- Mental Health and well-being including suicide awareness needs to be promoted at all levels in schools. Life skills should have more focus
- Education & providing information to local communities via trainers concerned with health and well-being
- More advertising and campaigning to break the stigma around Mental Health
- Promote health and well-being initiative through referrals to:
  - Leisure Centre
  - Walking clubs
  - Seniors clubs
- Seminars with Parish Council to raise awareness of mental health
- Flyers given out to local people
- Local person coming forward to speak about their problems can help to reduce stigma
- NHS funding preventative care.

“Encourage people to attend training courses e.g. Mental Health, First Aid, Safe Talk, Living Life to the Full.”

“Continue Recovery College in Omagh listening to other people’s experiences and try to demystify issues around mental health and well-being.”

“Encourage the local population to get involved in activity groups, sport, recreational and social in order to be proactive in preventing mental health problems. Special emphasis could be given to isolated groups, e.g. lone parents, unemployed and elderly. NHS should spearhead this initiative and maintain a high profile in the procedure as they have an insight into how problems arise in mental health.”
Support Services

- GPs could do more outreach work with community groups raising awareness of mental health
- Establish drop in service for males 20-30 years
- More early interventions to prevent issues being missed and going too far
- More support and funding for local community/voluntary/regional initiatives:
  - Aware Defeat Depression
  - Community-focused groups need to be supported by volunteer led programmes
  - Local football club / proactive in promoting positive mental health needs more resources
- Very important that patients/carers are listened to and that their concerns are acted upon
- Online help – chat to a professional from home – important for young people
- More mental health services in health centres and in A&E departments
- Easier access to waiting times for counselling/psychotherapy sessions/reduced waiting times
- Improve in-patient recreational and living facilities in psychiatric care units
- Improve visitor facilities in psychiatric care units
- More clubs/classes for recovering mental health patients/their families – re-integration
- Improve skills, e.g. cooking/ education or outreach work / exercise groups
- Organise trips for those in recovery and look at different ways for family carers to get some support
- GPs and parents should all be working in best interest of the young people with mental health issues
- Self-help groups to support:
  - Alcohol/drug awareness
  - Internet safety
  - How to cope in a crisis for young people and families
- More partnership working needed between health service and community/voluntary sectors
## Community Priorities for Health Service Funding

### What would your priorities for health and social care services be and why?

<table>
<thead>
<tr>
<th>General Practice</th>
<th>Hospital Services</th>
<th>Services in the Community</th>
<th>Carers</th>
<th>Prevention and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Easier access to GP appointments and shorter waiting times</td>
<td>• Easier access to hospital appointments and shorter waiting times</td>
<td>• There needs to be a more joined up approach between government agencies to promoting greater personal responsibility for each person’s health and well-being</td>
<td>• More funding and resources needed to improve community care to help reduce waiting lists</td>
<td>• Better physical education programmes and Home Economics classes in schools to promote a healthy diet</td>
</tr>
<tr>
<td>• More specialist services should be available in health centres to facilitate better and faster treatment</td>
<td>• It is vitally important to maintain local Cardiac Assessment Unit</td>
<td>• Giving people ownership to make better lifestyle choices</td>
<td>• Increase time for carers and maintain and augment day care services for the elderly as these services tackle isolation and improve health and well-being</td>
<td>• More funding programmes for obesity &amp; eating disorders</td>
</tr>
<tr>
<td>• Better use of IT systems to inform people quickly and efficiently</td>
<td>• Healthy eating cutting back on alcohol consumption</td>
<td>• Stopping smoking and taking regular exercise</td>
<td>• Better support services in rural areas, e.g. clubs for seniors</td>
<td></td>
</tr>
<tr>
<td>• Increase capacity to deal with referrals from primary care to secondary care for patients</td>
<td>• More services for those with alcohol addictions locally (particularly services for women)</td>
<td></td>
<td>• People should be able to access the same care packages and services in rural areas that are provided to patients in towns</td>
<td></td>
</tr>
<tr>
<td>• Dementia services awareness and early diagnosis is important</td>
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<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>Hospital Services</td>
<td>Services in the Community</td>
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<tr>
<td>------------------</td>
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</tr>
<tr>
<td>• Variation in approaches by doctors causing variation in care and treatment</td>
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</tr>
</tbody>
</table>

**Prevention and Education**

“Hospice and end-of-life care very important. Maintain palliative care services locally to save travel for relatives. Palliative care nurses in the community – increase current workforce to enable more patients to die at home if this is something they want.”

“Better pay for nurses and better nursing care in hospital, e.g. they do a very good job but are bogged down with paperwork leaving less time for contact with patients.”
“More learning disability consultants and community nurses. Learning disability is under-resourced for people moving to independent living – more focus on transition services for people with disabilities. There should be investment in local community groups to be able to provide support to individuals – preventative work.”

“Set up an Epilepsy register.”

“More funding for equipment and facilities at local level. More funding for ambulance services to enable better availability.”

“For patients with chronic respiratory illnesses it is better to have support locally.”

“Dental services – more OASIS NHS-funded dentists locally.”

“More funding programmes for obesity and eating disorders.”

“Community transport for older people and people with disabilities.”

Additional Comments

“It would be good to see actual changes taking place and get feedback on people’s opinions.”

“Continue to value and develop the support that volunteers can offer in terms of health and social care in the community.”

“They who work in health and well-being within the community do great work with limited resources. Our experiences with the health and social care services has been mostly positive.”

“It is a false economy to cut back on investment in preventative health care as this can lead to more expensive problems in the future.”

Conclusion and Key Messages

• A reduction in waiting times both to see a GP in health centres and to see consultants in hospital. Also more flexible opening times in health centres.

• More resources for community care at all levels from home help to day care which tackle isolation and enable independent living for longer.

• Proactively promote health and well-being in a joined up approach across all government departments.
Derry City Legacy Council Area Led by North West Community Network

**Task & Process**

The North West Community Network’s (NWCN) approach to conducting the Western Voices: Engaging Local Communities engagement process was to utilise their membership of approximately 2500 contacts including groups and individuals to disseminate and recoup questionnaires. This was achieved through a number of approaches:

Notifications on the “Western Voices” engagement exercise were as follows:

- e-bulletin
- Social media (Facebook & Twitter)
- Posting of survey on Network website
- Editing of survey into a customised version for distribution in hard copy.
- Conversion of survey into a Survey Monkey format
- Physical survey drops at several locations across the geographical spread – mainly community venues, including Council locations and private sector enterprises such as gymnasiums.
- Targeted contact with groups recognised as working with Section 75 groups as well as groups perceived as working at a specific neighbourhood level and also across the district.
- Email
- Focus groups

The range of groups has been outlined in the table below.

**Organisations Consulted**

- Disability Action
- Gingerbread
- Foyle Women’s Information Network
- Women’s Centre
- Rainbow Project
- Men’s Action Network
- Men’s Advisory Project
- Northern Ireland Council for Ethnic Minorities
- Foyle Black Minority Ethnic Collective
- Neighbourhood Renewal Partnership Boards & Strategy Managers
Findings

The next section of this report details the findings of the NWCN responses from their membership and individuals who completed questionnaires from their individual perspectives. All of the following section represents perspectives at individual, sub-network and network level.

236 surveys were returned to the NWCN from organisations and individuals across the BT47 and BT48 postcode areas. The gender breakdown of respondents was 22% male and 77% female, 8% of respondents did not state their gender.

Access to Services Mainly Used by Participants

What health and social care services have you used in the last year?

100% of people surveyed used the GP, Health Centre and Pharmacy services. The following services were used by people surveyed as and when required:

- Local Pharmacy largest response.
- Hospital and Outpatient Appointments.
- Out-of-Hours Service.
- A & E.

Improving Health and Social Care Services

How do you think health and social care services could be made better?

General Practice issues were the most commented on.

General Practice

- Lengthen the time of opening hours from Monday to Friday and surgeries to open on a Saturday to accommodate those people who work full-time Monday-Friday.
- Shorter referral times and more effective communication between GP and Hospital/other specialist services.
- Employ more GPs, e.g. reducing waiting times and length of time allocated to each consultation.
- Build in more patient-focused approach especially around communications.

Out of Hours Service

- Review:
  - Structure of the Out-of-Hours Service.
  - Length of time for a doctor/nurse to call you back can be too long potentially adding significant stress in difficult situations.
- Need for a second Out-of-Hours Service Centre on the cityside of Derry/Londonderry.
- Difficulties around access to and affordability of transport to current provision of out-of-Hours service.
### Mental Health

- Greater awareness of Mental Health Services available from the NHS.
- Increased mental health services in community venues to remove barriers to access.
- Dedicated Mental Health Nurse available in:
  - GP Surgeries
  - A&E Departments
- Greater need to de-stigmatise Mental Health.
- Education in early years through schools.

### Pharmacy Services

- Expand pharmacy services:
  - Community based pharmacy – one in Cityside and one in Waterside of Derry/Londonderry.
  - Pharmacy Services to be available 24/7 – across the city

### Carers and Caring in the Community

- More recognition for the role of Carers.
- Increased benefits and re-examine criteria as regards eligibility to receive the Carers Allowance.
- Need for more Carers and more support for Carers.
- Need to expand Respite Services for families and Carers.
- More people cared for at home will reduce the burden on the NHS both for funding and care home facilities.

### Care of Older People

- Increase number of Home Helps available and the length of time they spend with each client.
- More health and care services provided free to the older population
- Awareness of what services are already available.

### Other Issues

- Need to link services with Community Planning.
- More openness and transparency from:
  - GPs
  - Consultants
  - Nurses.
- More accountability and honesty when mistakes are made.
- Set up an equivalent of NHS Online in Northern Ireland for advice that may decrease the demand on GP and Hospital Services.
- More promotion of services available to the public in the community:
  - Community centres
  - Hubs.
Important Services in the Community

**What health and social care services are important to your community?**

- The majority of people said that GP, Pharmacy Services and Out-of-Hours Services were very important to their communities.

- That there should be an emphasis on preventative measures – on “Mind, Body and Soul”.

- Mental Health Provision – somewhere to contact, someone to turn to, who would be available, with a short waiting time, especially over the weekend.

Promoting Independence and Choice for Users and Carers

**How do you think health and social care services could promote independence and choice for service users and carers?**

<table>
<thead>
<tr>
<th>Information</th>
<th>Community Services</th>
<th>General Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Much more health promotion/advice and information circulated to the community.</td>
<td>• More services based in local venues in the community.</td>
<td></td>
</tr>
<tr>
<td>• Local Health and Care Services Directory.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Services</th>
<th>Carers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Need for Mental Health drop-in centres in community settings.</td>
<td>• Allocate more time for Carers with each person to provide more respite for families.</td>
<td>• More investment to increase number of Home Helps available.</td>
</tr>
<tr>
<td></td>
<td>• Expand/widen carers’ criteria for eligibility.</td>
<td>• This would help alleviate the number of vulnerable and older people being hospitalised or cared for in nursing homes.</td>
</tr>
<tr>
<td></td>
<td>• Increase carers allowance (much cheaper than caring for vulnerable or older people in hospital or a nursing home).</td>
<td></td>
</tr>
</tbody>
</table>
### Positive Mental Health and Well Being

**How can mental health and well-being be promoted more effectively in your area and what role should the health service play in this?**

#### Awareness and Information

- More general awareness of mental health matters.
- Reduce the stigma that is still very much out there.
- Information on mental health and services available (needs to be clear and concise).

#### Support and Services

- Provision of long-term support – beyond points of crisis if they occur - for all who suffer from mental health challenges.
- Increased provision of Leisure Centre facilities to promote physical health and well-being.
- Combating, for example anxiety, and depression through exercise.
- A clear line of communication and collaboration between:
  - GP
  - Community Mental Health Nurses
  - Psychiatrists.

### Community Priorities for Health Service Funding

**What would your 3 priorities for health and social care services be and why?**

<table>
<thead>
<tr>
<th>General Practice</th>
<th>Mental Health Services</th>
<th>Services in the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expand general practice services.</td>
<td>• More mental health awareness and service provision.</td>
<td>• More care services and funding for the elderly.</td>
</tr>
</tbody>
</table>

- “People need to take responsibility for their own health – eat healthy and exercise regularly.”
- “Nurses are overwhelmed with paper work - there is a need for more admin support to allow them more time for each patient. Hospitals should hire their own nurses and not depend on Agency staff.”
Conclusion and Key Messages

“Service provision needs to be upgraded in the outlying areas. People have to travel to see their GP and there may be no bus route.”

“There are few places people can go to seek help when their mental health begins to deteriorate. This includes dementia.”

“The general public takes the health services for granted. I do believe that we should be made aware of the cost of services and treatments that we receive e.g. medication, blood tests. X-rays, etc. Educate people on their own responsibility of managing good health.”

“Creative thinking and approaches may be needed for some areas and whilst ongoing provision of services is critical so too is looking for best practice from other parts of the world who may have had the opportunity to deliver healthcare in different ways.”

“Preventative strategies should be long-term and not 3 - 5 year limited, cultural and community change can be difficult to measure a focus on public health approaches should be seriously adopted.”

“Education and awareness on the key issues needs to be integrated into our schools and universal settings. Primary schools do well but this seems to tail off at secondary levels. This should be incentivised and animated to engage audiences.”

“There are some excellent examples of local groups promoting well-being in a supportive and engaging way. The local council has also promoted well-being linking to GPs. This type of approach is the way forward with strong focused partnerships in creative ways tackling health and health inequalities.”

“Commend this survey activity though keen to see how results/findings are to be applied/utilised.”

“I think there are a lot of mental health organisations nowadays compared to even 5-10 years ago. I do think they should be “medically” led, a steering group or governing body to feed into the third sector groups providing services. The Health Service has a huge role to play in this service development.”

“Population age is rising and I feel conditions in the middle-age should be treated as soon as possible in order to ensure the older population are as fit and independent as possible.”

“Thank you for the service and support, I and my family have received over the years.”

“I am aware the National Health Service is under strain however I believe it is the best option and I am generally happy with the service I have received.”
Task & Process

From the period May 2015 to October 2015 Dennett Interchange conducted a consultation exercise with 220 people aged 25-64, including a mix of focus groups, face-to-face interviews and individual surveys.

The gender breakdowns for respondents were female 32% and male 68%. Organisations consulted during this period are outlined in the table below.

Organisations Consulted

<table>
<thead>
<tr>
<th>Organisation</th>
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</thead>
<tbody>
<tr>
<td>Ballylaw Farmers’ Group</td>
</tr>
<tr>
<td>Slievekirk Walking Group</td>
</tr>
<tr>
<td>Jack and Jill Community Playgroup</td>
</tr>
<tr>
<td>Strabane and District Women Together</td>
</tr>
<tr>
<td>Plumbridge Health Centre</td>
</tr>
<tr>
<td>Woodland Community Playgroup</td>
</tr>
<tr>
<td>Donemana and Castlederg Health Centres</td>
</tr>
<tr>
<td>Submitted by Individuals from the Community</td>
</tr>
<tr>
<td>Sugar &amp; Spice Playgroup</td>
</tr>
</tbody>
</table>

Findings

The next section of this report details the findings of the Rural Area Partnership in Derry’s (RAPID) responses from their membership and individuals who completed questionnaires from their individual perspectives. All of the following section represents perspectives at individual, sub-network and network level.
Access to Services Mainly Used by Participants

**What health and social care services have you used in the last year?**

100% of people surveyed used the GP, Health Centre and Pharmacy services. The following services were used by people surveyed as and when required:

- GP
- Chemist/Pharmacy
- Hospital
- Nurses/Health Visitor
- Health Centre
- Asthma Centre
- Physiotherapy
- Paediatrician
- None
- Occupational Therapist
- Hospice
- Radiography
- Respiratory Investigation
- Eye Clinic
- Pain Clinic
- Midwife
- A & E
- Podiatry
- Diabetes Clinic
- Dentist
- Antenatal/Maternity
- Optician
- MRI
- Speech and Language
- Social Worker
- Rapid Response
- ENT Clinic
- Neurology Clinic
- Special Investigations Unit
- Fracture Clinic
- Heart Specialist
- Foetal Medicine

Health and Social Care Services used by families in the last year

**What health and social care services have your family used in the last year?**

- Pharmacy/Chemist
- Doctor /GP
- Hospital
- Health Centre
- Out of Hours
- Rapid Response
- Diabetes Clinic
- Social Worker
- Hearing Clinic
- Speech Therapist
- Fracture Clinic
- Endoscopy
- Nurse
- Hospice
- Dieticians
- A&E
- None
- Podiatry
- Skin Clinic
- Physiotherapy
- Mobile Screening Bus
- Rheumatology
- MRI
- Optician
Improving Health and Social Care Services

How do you think health and social care services could be made better?

General Practice issues were the most commented on.

Support for the Elderly
• Local services for elderly especially weekend cover.
• More funding for health service from the government.
• No more cuts to home help services.

Improved Communication
• International Recruitment: Language barriers.

General Practice
• GP opening after hours and on weekends.
• Later opening times for GPs.
• GP specialisms highlighted in local surgeries.

“Some doctors in our local surgeries have specialist qualifications. I think these should be highlighted more within the waiting area of the local surgery.”

Support for Carers
• More support for people caring for family members at home.
• Better payments for Carers.

Hospital Services
• Services available after 5pm so that people who work do not have to take a day off to see a doctor or go to a hospital appointment.
• ‘Outsourcing of catering and cleaning in hospitals is disastrous.’
• Return to management of wards by a ward matron and there will be less sloppiness in work practice hygiene.

Other
• A&E should be accident and emergency only-too many people are using this service for minor ailments.
• More support with mental health issues.
“More funding from the government and put patients at the heart of all decisions made. More support for people so that they can recognise and develop their own strengths and abilities to enable them to have a greater quality of life. Provision of services in our own community, e.g. podiatry, physiotherapy etc.”

“I have had positive responses in services that I used. One instance was an emergency, which was treated very quickly and effectively. I would recommend that the out-of-hour service for Strabane be more efficient and effective. It takes a long time for a return call and the operators could have more information in front of them.”

“Provision of Out-of-Hours Service located in the district itself rather than having to travel to Altnagelvin.”

“In my experience lately with my husband having cancer, there was waiting time for scans and having to travel from Strabane to Belfast for scans. Then having all his treatment e.g. radiotherapy and chemotherapy in Belfast. His stay in Belfast City Hospital for 5 weeks meant that I and the children had to travel to Belfast every day. He couldn’t be moved closer to home because his treatment was not available closer to home.”

“Greater provision for dealing with mental health issues amongst young people.”

“Speech and language services nearer Donemana, awaiting appointment for my child with speech issue at present waiting 4 months with no communication from speech and language to say referral accepted.”

“Stop wasting money and provide more medication for the likes of Cancer and Dementia.”
Important Services in the Community

What health and social care services are important to your community?

<table>
<thead>
<tr>
<th>Health Centres</th>
<th>Pharmacy/Chemist</th>
<th>Hospital Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia Care and Support</td>
<td>Mental Health Services</td>
<td>Amity House/ Dennett Interchange</td>
</tr>
<tr>
<td>Doctors/GP</td>
<td>Community Nurses</td>
<td>A&amp;E</td>
</tr>
<tr>
<td>Stroke Services</td>
<td>Cardiac Services</td>
<td>Addiction Support (Alcohol)</td>
</tr>
<tr>
<td>Out-of-Hours Doctor</td>
<td>Home Help</td>
<td>Social Worker for Isolated Elderly</td>
</tr>
<tr>
<td>Club/Meals on Wheels</td>
<td>Kate’s Kitchen/Luncheon</td>
<td></td>
</tr>
</tbody>
</table>

“Out-of-hours services are poor in our area. Health centres could be opened later.”

“Recognition of good work done by the health staff; staff should be shown more appreciation.”

“Care for the elderly in isolated areas, home visits for them from specialists pedicures, counselling, physiotherapy etc. Local pharmacy services are good but too long to wait in the pharmacy for prescriptions. Our out-of-hours service is too far away ¬ Dalriada, Moneymore some 20 miles away, as are A&E. The latter is unlikely to change. Ideally GPs should have a day surgery in an outlying area at least twice a month.”

Promoting independence and choice for users and carers

How do you think health and social care services could promote independence and choice for service users and carers?

<table>
<thead>
<tr>
<th>Home Help</th>
<th>Carers Support</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meals on Wheels service and luncheon clubs should be maintained and better supported.</td>
<td>• More support in the home and help with daily social tasks such as: • Shopping • Hairdresser appointments • Free bus or taxi to doctor’s appointment • More evening activities for people to attend to get back out into the community. • Respite services need to be continued.</td>
<td>• Direct payments would offer the person more empowerment and personal control. • It would also relieve stress for clients and families. • Better linkages with Community and Voluntary sectors organisations.</td>
</tr>
</tbody>
</table>
"I avail of the local mother and toddler group and was surprised to hear a neighbour told by the health visitor that there were no local groups for her to attend with her baby, even though the local mother and toddler group caters for children 0-4yrs."

"By working together with community and voluntary groups listening and learning from other organisations on what works. Social services have a stigma attached to them they need to become more flexible and not so statutory."

"Be more transparent: make people aware locally. Look at the whole individual and work together with other disciplines, not taking a separate problem, but come together on a patient-to-patient basis to look at what is best for that patient."

Positive Mental Health and Well Being

How can mental health and well-being be promoted more effectively in your area and what role should the health service play in this?

Awareness and Information

- Information through community groups.
- Education on how to access services.
- Better understanding of what mental health is.
Support and Services

• Put more money into providing counsellors in local areas to avoid travelling.

• Provision of activities which allow for social interaction/encouraging people to be more proactive in their community.

• All government and statutory bodies should be responsible for the health and well-being of individuals.

• Mental Health:
  • Alcohol and drug abuse and depression and other mental health problems are brushed under the carpet.
  • Once individuals are diagnosed with their illness there is not enough follow-up care and help given.
  • More follow-up care should be provided by nurses and doctors.
  • More advice and help for the families and friends of the individual should also be available.

• All surgeries should be open late to suit the working person. This would prevent a lot of people using A&E.

• More health and wellbeing events being held in our local communities.

“People should be encouraged to share responsibility for their own health. The health service could signpost members of the public to information which would help them improve their own mental health and well-being.”

“Increased support for the Good Morning and befriending services; promote the positives of having good mental health and well-being; don’t think negatively all the time when mental health issues are being discussed. There should be more research into the links (if any) poor mental health has with poverty, low levels of education and low income.”
Community Priorities for Health Service Funding

What would your priorities for health and social care services be and why?

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Addictions</th>
<th>Support for the Elderly</th>
<th>Hospital Services</th>
<th>Rural Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased support at home for the elderly for independent living</td>
<td>Alcohol and drug services are rarely talked about and they are always lying underneath the surface</td>
<td>More money for the elderly and disabled people to provide more care</td>
<td>More money towards having more nurses and doctors in hospitals so proper efficient care can be given to patients</td>
<td>Better-out-of hours services for people in Strabane</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Regulated appointment systems for Doctors</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>More funding for carers, especially those caring for people with Dementia</td>
</tr>
</tbody>
</table>

“Mental health, addiction and the elderly I feel these are the three areas that are left behind when money is being handed out”.

“More funding should be given to help people with long-term health problems cope, both physically and mentally.”

“Minor surgery clinics locally where x-rays and minor surgeries can be undertaken.”

“As the population over 60 is growing, I think services for the elderly and carers should be appreciated more for what they do.”

“Hospitals require the proper resources in order to deliver patient care more doctors, nurses. Care workers need to be given more time in the client’s home to carry out duties. More elderly need domestic assistance to keep their homes clean. This would, in turn, enhance the client’s health and wellbeing.”

“Instead of having to go looking for various services, these groups should be targeting areas outside towns and cities. Cities are sometimes overloaded with various support agencies all working individually. Why can they not link up and remember there are rural areas as well?”

“All patients’ medical records should be kept on file in GP surgery. When using other services like A&E, this should be recorded and sent online to your own record in the local surgery”

“Issue re property owners (own house/farm). This is used against you if you go into residential care. Laws should be changed.”
Appendix Four: Project Time Line

Western Voices: Gauging the Views of Adults on Health Care Provision in the West
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broker Network involvement</td>
<td>19th May 2015</td>
</tr>
<tr>
<td>Brief Circulated</td>
<td>30th May 2015</td>
</tr>
<tr>
<td>Engagement Plan Submitted</td>
<td>19th June 2015</td>
</tr>
<tr>
<td>Contracts Signed &amp; Agreed</td>
<td>26th June 2015</td>
</tr>
<tr>
<td>Engagement Process</td>
<td>26th June 2015 – 30th September 2015</td>
</tr>
<tr>
<td>Update Meeting with Networks by phone</td>
<td>28th September 2015</td>
</tr>
<tr>
<td>Verification of Engagement</td>
<td>1st – 22nd October 2015</td>
</tr>
<tr>
<td>Reports Submitted</td>
<td>20th November 2015</td>
</tr>
<tr>
<td>Report Presented to LCG</td>
<td>February 2016</td>
</tr>
<tr>
<td>Community Networks and Champions</td>
<td></td>
</tr>
<tr>
<td>Feedback Sessions with Community Networks</td>
<td>October 2016</td>
</tr>
</tbody>
</table>
Western Voices Gauging the Views of Adults on Health and Social Care in the West 2015/16

Aidan Bunting
Omagh Forum for Rural Associations
10th February 2016

Thanks

• Many thanks to the Local Commissioning Group for giving the networks the opportunity to carry out this important consultation with adults from across the district.

• North Antrim Community Network

• RAPID – Dennett Interchange

• Omagh Forum for Rural Associations

• North West Community Network

• Fermanagh Rural Community Network
Access to Services

1(a) What health and social care services have you used in the last year?
   • GP, Health Centre and Pharmacy
   • Hospital Outpatients, Day Procedure & A&E
   • Out of hours doctor
   • Cardiac, cancer and stroke services

1(b) What health and social care services have your family used in the last year?
   • GP, Health Centre and Pharmacy
   • TCH: SWAH, RVH, Altnagelvin, Belfast City, Craigavon hospitals
   • Community Mental Health Team & CAMHS, Cardiac, Cancer & Stroke services
   • Maternity services, Social Services, Day Care, ASD services

Access to Services

2 How do you think health and social care services could be made better?
   • Shorter waiting time for appointments in health centre and hospital
   • More clinics locally or more appropriate times for those travelling to appointments in Derry/Belfast
   • More investment in GP services
   • Cheaper telephone service in health centre. Less letters and more use of email/text
   • Later opening times for health centres. Health centre reception staff need customer service training to deal better with patients.
   • “It is important that Alzheimers & ASD patients are seen quickly in health centres or A&E departments as they get agitated.”
   • “Introduce 50p prescription charge for all to help fund new drugs”.
   • “Retain and augment day care services as it is a vital service for elderly”.
   • Better awareness of Autism Spectrum Disorder across the board.
   • Charge for non-attendance at appointments
   • Better promotion of services using community networks/hubs
   • Link services with Community Planning
   • More Home Help services and extra time for carers
Access to Services

3 What health and social care services are important to your community?
- GPs, Practice Nurse, Treatment Room and Health centre clinics
- Community Pharmacies and minor ailments service
- Out of hours doctor, district nurse and health visitor.
- Cardiac, cancer and stroke services
- A&E, Rapid Response, Palliative care
- Diabetes, renal services and maternity services
- Health Visitors/Social Workers/Home Helps/Day care/Sure Start
- Addiction/detox services locally
- Community Mental Health, CAMHS, Autism Spectrum Disorder
- Support for carers, respite services, sitting service to tackle rural isolation
- Seniors clubs, Community Transport, Home Safety

Access to Services

4 How do you think health and social care services could promote independence and choice for service users and carers?
- Better care and more time for carers with patients. More home helps.
- "More awareness of & clarification about Direct Payments"
- GPs/health centre staff need to be more aware of local community/voluntary support groups & create better linkages
- Promote greater responsibility for their own health/well being e.g. regular exercise, healthy eating, stop smoking & alcohol awareness
- ASD children – need better joined up support from the various agencies
- Try to ensure elderly people live at home/sheltered accommodation for as long as possible as there are better outcomes for all.
- Promote better awareness of services available to patients
- Need for Mental Health drop in facility based in the community
- More supported living opportunities for elderly, learning disabled and physically disabled
Promoting Positive Mental Health and Well Being

How can mental health and well-being be promoted more effectively in your area and what role should the health service play in this?

- GPs/health workers could link more with community groups to tackle mental health & social isolation through local collaborative initiatives
- "Mental Health and well being including suicide awareness training should be mandatory in schools"
- More advertising/campaigning to break the stigma around Mental Health
- Easier access to & reduce waiting times for counselling sessions
- Online help – chat to a professional – important for young people.
- "Encourage people to attend training courses e.g. Mental Health First Aid, Safe Talk, Living Life to the Full."
- Promote physical activities/classes/hobbies in the local area
- Promote awareness among the male population
- More locally based accessible services
- A dedicated Mental Health practitioner based in health centres & easily accessible

Additional Comments

- I am aware the NHS is under strain however I believe it is the best option and I am generally happy with the service I have received.
- "Nursing staff - most nurses are run off their feet and patients sometimes worry that they are burdening them. Hospitals should hire their own nurses and not depend on agency staff."
- "Extra time needed for carers caring shouldn't be time bound."
- "A&E should be accident and emergency only. Too many people are using this service for minor ailments."
- "More female GPs should be available."
- "More support and help with everyday tasks such as shopping, appointments, help with housework, days out."
- "Health and social care services could work better with community organisations to get info 'out there' to empower individuals to make informed choices for themselves."
- NACN suggest that the LCG should consider a small grants programme that would enable communities to take responsibility for their own health and well being, including their mental health. NACN currently delivers a similar programme for the PHA in the Northern area, which has been independently evaluated for its effectiveness.
- "GP surgeries need to be more geared up for those who work and need an appointment but not urgently"
- "Keeping people in their own homes with more time for home help and carers"
Community Priorities for Health Service Funding

What would your 3 priorities for funding health and social care services be and why?

- Easier access to GP and hospital appointments plus shorter waiting times.
- Expand GP services to enable easy access to a range of services in Health Centres
- Increase time for carers and maintain and augment day care services for the elderly as these services tackle isolation, improve health and well being and help reduce the need for hospital admissions
- All government agencies should be proactive in supporting individuals to select positive options to promote their own health and well-being
- Better promotion of mental health/well being & easier access to services
- Retain and improve services at a local level
- Use TCH/SWAH to provide a better range of services
- More support for dementia/Alzheimers patients and carers