



Patient and Client Council
Your voice in health and social care

The People's Priorities

People's views on future priorities for health and social care
in Northern Ireland

October 2016

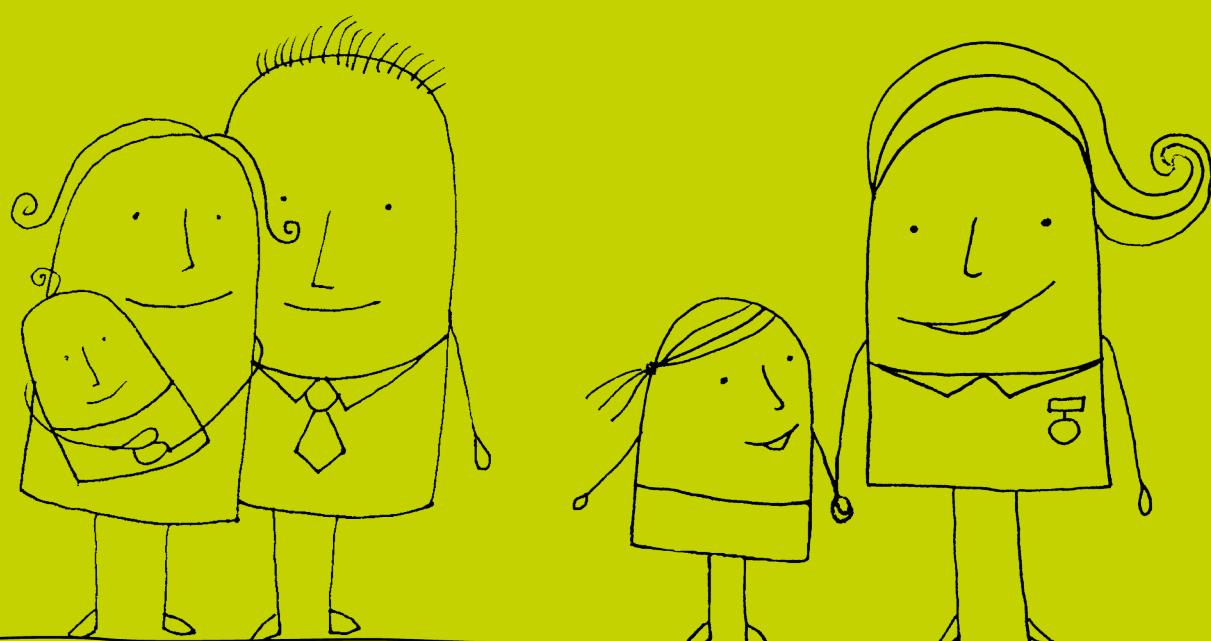




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Executive Summary

Introduction

It is widely agreed that the involvement of service users, carers and communities is a necessary and positive component of providing high quality person-centred care. Since 2009 the Patient and Client Council (PCC) has championed the involvement of people at all levels of health and social care to enable services to be based on people's needs. One key element of this work has been the 'People's Priorities' project, which seeks to gather the views of the public on their health and social care priorities. Our first People's Priorities project was carried out in 2010 and, since then, a series of dedicated People's Priorities projects to gather the views of the public on their health and social care priorities have been undertaken. As well as looking at the issues that matter most to the general population, we have also sought the priorities of young people and carers.

Previous People's Priorities reports have been used to influence policy and commissioning plans. This is the fourth time the PCC has carried out this project as it serves as a useful evidence base for key decision makers in Health and Social Care. The aim of this study was to hear what people have to say on the health and social care issues that affect them and to establish their priorities for health and social care. The specific objectives of this project were as follows:

- ▶ To establish people's recent experience of using health and social care services;
- ▶ To identify what has worked well, and did not work well for people when using health and social care services;
- ▶ To gather people's views on the future priorities of health and social care;
- ▶ To identify the priorities that different groups of people have for their health and social care services;
- ▶ To explore the motivations people have when giving their views on what health and social care priorities should be;
- ▶ To compare the priorities identified by people in this study with the findings of previous People's Priorities projects in 2010, 2011 and 2014 to see if these priorities have changed; and
- ▶ To use the findings of this project to influence the commissioning of future services.

Our approach

Our approach to this study was to use both quantitative and qualitative approaches to gather people's views and opinions on health and social care.

A questionnaire was developed to identify people's priorities for health and social care. Fieldwork was carried out in two separate strands. The questionnaire was distributed to the general public to gain a representative sample of the Northern Ireland population. A paper or online questionnaire was also sent to PCC members to seek the views of people who regularly engage in our work.

Previous People's Priorities projects have focused on an open-ended question which asked respondents to state their top priority in health and social care. Findings have shown that people have primarily



identified priorities relating to healthcare. This year it was decided to split this question and ask respondents to specifically identify a top priority for healthcare and a top priority for social care. This year's People's Priorities also asked three further questions around what people felt worked well for them when using services, their views on community care and views on travelling further for better care.

A number of focus groups facilitated by PCC staff were also held across Northern Ireland to discuss people's priorities in more detail and to talk about the reasons behind their responses.

In total, 1,604 people contributed their views and opinions on health and social care in Northern Ireland to this year's People's Priorities project:

- **1,000** people completed a questionnaire across Northern Ireland;
- **491** members of the PCC Membership Scheme returned a questionnaire; and
- **113** people discussed their priorities in a focus group.

Key findings

The people that we spoke to provided a wide range of views on health and social care. It was clear that health and social care services were something that people really valued. 70.6% of general population questionnaire respondents and 66% of PCC Membership Scheme questionnaire respondents said they had used a health and social care service in the last 12 months:

- Of general population respondents 69.1% rated the health and social care services they used as 'good' (35.8%) or 'very good' (33.3%);
- 11.7% rated services 'poor' (7.6%) or 'very poor' (4.1%);
- 62.4% of members also rated the health and social care services they used as 'good' (28.5%) or 'very good' (33.9%); and
- 17.3% of members rated services 'poor' (10.7%) or 'very poor' (6.6%).

In this year's project people also shared their views on community care. Most general population questionnaire respondents (61.9%) and more than two fifths of Membership Scheme respondents (41.1%) indicated that they believed providing more services in the community would make services much better, or a little better, for the people that use them. Views expressed by people in focus group discussions suggested that people would agree with the general concept of community care. People had concerns, however, that the quality of the care provided could be compromised if not properly funded.

People also shared their views on travelling further for better care if it meant their local hospital was at risk of being closed. Findings indicated that people had a range of different views and opinions. Many general population questionnaire respondents (47.6%) indicated they would not be prepared to travel further for better care if it meant their local hospital closed, whilst 42.4% indicated they would be willing to travel. The remaining 10% said 'don't know'. Membership Scheme respondents also had similar views. Ultimately, the people we spoke to believed that travelling further for better care was dependent on the type and quality of service being provided. Most people believed that there were many things that needed to be taken into consideration, such as transportation, and whether travelling further for better care was suitable for vulnerable groups.

Many people shared their positive experiences of health and social care, such as the high quality treatment and care they had received. However, people also took the opportunity to discuss aspects of health and social care services that they were unsatisfied with. In most instances, people used these experiences to identify their priorities for health and social care. The overall priorities presented below are based on findings from the questionnaire sample. Similar themes and issues were also noted in PCC Membership Scheme responses and focus group discussions.

Healthcare Priorities		Social Care Priorities	
1	Reduce waiting times for healthcare Reduce waiting times for all healthcare services; and reduce waiting times for hospital care and treatment.	1	Improve domiciliary care Increase amount of time spent by domiciliary care workers in people's homes; increase provision of domiciliary care; and improve quality of domiciliary care (general).
2	Increased focus on frontline healthcare staff More frontline staff across all healthcare services; more hospital staff (particularly nurses); better pay and conditions to relieve pressure on frontline staff; and increase staff training.	2	Greater focus on social care for the elderly More support to help maintain elderly in the community (general); improve social care services for the elderly (general); improve community-based services for the elderly; and access to high-quality equipment to help elderly maintain their independence.
3	Increase funding and improve management of health services More funding for health services; more cost-effective; improve health service management; more funding for health facilities; increase funding for research and development and stop medical tourism.	3	Improve quality of social care Person-centred care; improve care packages (general); provide suitable home adaptations to meet people's needs; improve quality of social care (general); improve quality of social care services for people living with dementia and their carers; improve quality of social care facilities, such as residential homes and day centres; and improve continuity of care.
4	Improve quality of healthcare Person-centred care; improve quality of care across all health services; improve quality of health facilities; improve quality of hospital care; better diagnosis process; continuity of care and improve communication between health professionals.	4	Greater focus on carers' needs More support for carers (general); better financial support for carers; and greater focus on carers' needs.
5	Improve mental health care More funding for mental health services; improve quality of mental health care; improve access to mental health services; and raise awareness of mental health.	5	Improve community care Greater focus on community care; and, increase funding for community services (general).
6	Improve GP services Shorter waiting times to see a GP; improve GP services (general); increase in GP opening hours; introduce charges for missed appointments; continuity of care (GP services); more staff in primary care (particularly GPs); increase time for GP appointments; and more funding for GP services.	6	Greater focus on carers Increase funding for social care services (general); improve management of social care services; and more cost-effective.



Healthcare Priorities		Social Care Priorities
7 Improve A&E services Reduce waiting times in A&E; redirect non-urgent issues from A&E to other services; improve access to A&E services; improve quality of A&E services; increase capacity of A&E; and more specialist staff in A&E.		7 Increased focus on frontline social care staff More frontline staff within social care (general); increase staff training; better pay and conditions for social care staff; and increased routine monitoring/inspection of social care staff.
8 Greater focus on health promotion/public health Health screenings and health education.		8 Reduce waiting times for social care services Quicker access to social care services in general.
9 Access to a full range of health services locally Ensure good access to all health services locally across Northern Ireland, especially in rural areas.		
10 Improve cancer services More funding for cancer services; greater focus on improving access to cancer services in local areas; and increase access to specialist cancer drugs.		

Conclusion

This report provides an overview of the priorities people had for health and social care. It is clear people really value health and social care services, and many people shared positive experiences, such as the high-quality treatment and care they received. People also discussed aspects of health and social care services they were unsatisfied with and often used these experiences to identify their priorities. People's priorities have remained consistent with previous years' findings. People want timely, high-quality services, delivered by well-trained staff in sufficient numbers. Support for vulnerable groups, particularly the elderly, is also of utmost importance.

People who took part in this project believed that health and social care services needed to change. Participants shared many different views and opinions on the provision of care in the community, and whether they would be prepared to travel further for better care if it meant their local hospital was at risk of being closed. Involving people to ensure decisions reflect their needs was a key issue people felt needed to be considered when making decisions.

The Patient and Client Council will use this report to influence the planning and commissioning of services.



1.0 Introduction

1.1 Background

It is widely agreed that the involvement of service users, carers and communities is a necessary and positive component of providing high-quality, person-centred care. Significantly, embedding the patient experience as part of improving healthcare is now included in the Northern Ireland Assembly Programme for Government.¹ Listening to the views of patients and service users has been shown to contribute to more responsive services, and can help inform and improve the quality of the decisions that are made.²⁻³

Since 2009 the Patient and Client Council (PCC) has championed the involvement of people at all levels of health and social care to enable services to be based on people's needs. One key element of this work has been the People's Priorities project, which seeks to gather the views of the public on their health and social care priorities.⁴⁻¹⁰ Our first People's Priorities project was carried out in 2010 and, since then, a series of dedicated People's Priorities projects to gather the views of the public on their health and social care priorities have been undertaken. As well as looking at the issues that matter most to the general population, we have also sought the priorities of young people and carers. Previous People's Priorities projects have consistently raised themes in relation to the importance of quality of care, access to services, support for vulnerable groups, staffing levels and good communication. These have been used to influence policy and commissioning plans.

Health and Social Care is continuing to face challenges. The population is increasing and people are living longer.¹¹⁻¹² Whilst this is something to celebrate it also places pressure on Health and Social Care. Alongside these demographic changes, increasing expectation and financial constraints will also place pressure on Health and Social Care (see Figure 1).¹³

Figure 1: Pressure on Health and Social Care⁴⁻¹³



In a complicated and complex system where financial and staffing resources are limited, innovative and creative ways to deliver services are crucial to their sustainability. Continuing to monitor people's views on health and social care is important as people who have experience of services are often best placed to advise on where gaps are and how they may be filled. This is the fourth time the PCC has carried out this project as it serves as a useful evidence base for key decision makers in Health and Social Care. This project is, therefore, important to establish the specific priorities people have for health and social care and their views will help inform the planning and delivery of future health and social care services.

1.2 Aims and objectives

The aim of this study was to hear what people have to say on the health and social care issues that affect them and to establish their current priorities for health and social care.

The specific objectives of this project were as follows:

- ▶ To establish people's recent experience of using health and social care services;
- ▶ To identify what has worked well for people when using health and social care services;
- ▶ To gather people's views on the future priorities of Health and Social Care;
- ▶ To identify the priorities that different groups of people have for their health and social care services;
- ▶ To explore the motivations people have when giving their views on what health and social care priorities should be;
- ▶ To compare the priorities identified by people in this study with the findings of previous People's Priorities projects in 2010, 2011 and 2014, to see if these priorities have changed; and
- ▶ To use the findings of this project to influence the commissioning of future services.



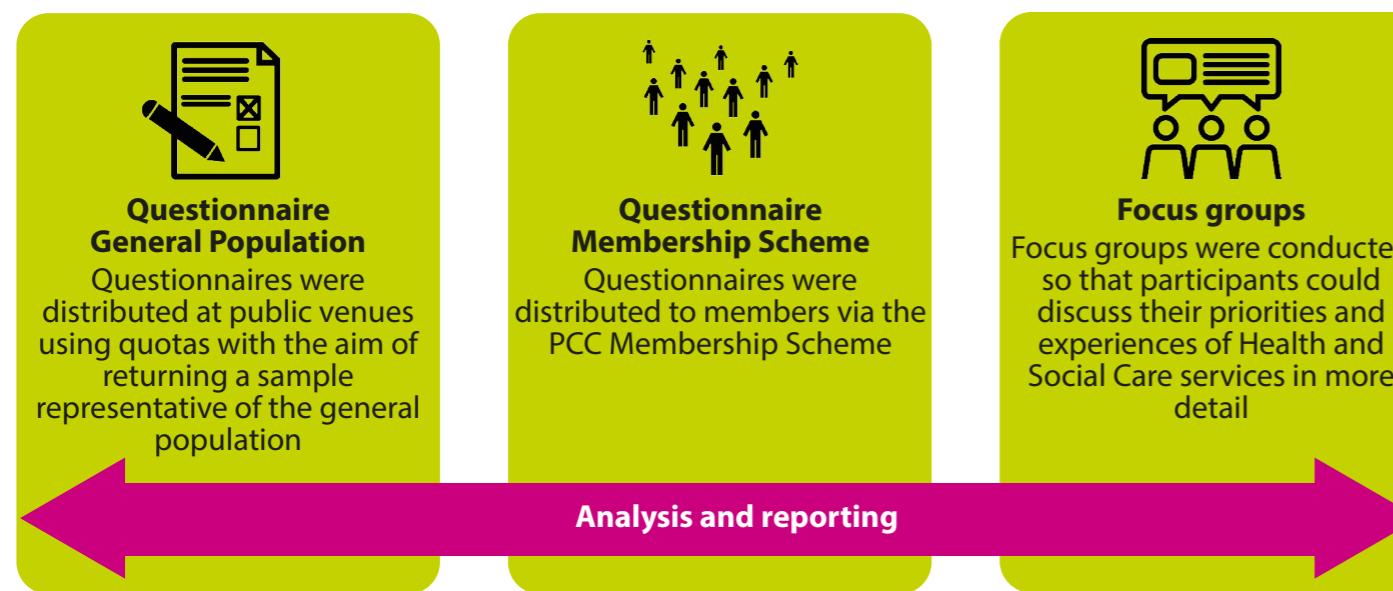


2.0 Our Approach

2.1 Data collection

Our approach to this study was to use both quantitative and qualitative approaches to gather people's views and opinions on health and social care in Northern Ireland (see **Figure 2**).

Figure 2: What we did



2.1.1 Questionnaire

A questionnaire was developed to identify people's priorities for health and social care. Previous People's Priorities projects⁴⁻¹⁰ have focused on an open-ended question that asked respondents to state their top priority in health and social care. Findings have shown that people have primarily identified priorities relating to healthcare. This year it was decided to split this question and ask respondents to specifically identify a top priority for healthcare and a top priority for social care. This year's People's Priorities also asked three further questions around what people felt worked well for them when using services, their views on community care and views on travelling further for better care.

Fieldwork was carried out in two separate strands. A questionnaire was distributed to the general public to gain a representative sample of the Northern Ireland population. A paper or online questionnaire was also sent to PCC members to seek the views of people who regularly engage in our work.

In order to target the general population, PCC Personal and Public Involvement (PPI) officers undertook fieldwork across Northern Ireland, via face-to-face interviews to guide people through questionnaire completion. PPI officers were instructed to use a definition of social care if respondents were unsure what it was.* The fieldwork team were provided with quotas representative of the Northern Ireland population

* For the purpose of this study we used the following definition: 'Social care services help people who are in need of practical support due to reasons such as illness, disability, old age or low income. It can include having a personal assistant to help around the home, or structural changes to help move around and manage at home.'

by age and gender (based on Northern Ireland Statistics and Research Agency [NISRA] mid-year estimates), in order to achieve a sample reflective of the views of the Northern Ireland population as a whole.

2.1.2 Focus groups

A number of focus groups facilitated by PCC staff were held across Northern Ireland. Some focus groups were specifically targeted at people with specific issues or concerns, whose views might not always be reflected in traditional surveys, such as ethnic minority groups.

In the focus groups, participants had the opportunity to discuss their priorities for health and social care in more detail and to talk about the reasons behind their responses. The key questions put to focus group participants were similar to those used in the questionnaire, namely to identify their priorities for health and social care, and their views on the future provision of health and social care services. In focus group discussions PCC staff were able to use additional prompting questions in order to understand the reasons behind the particular responses participants gave.

All fieldwork took place between April and June 2016.

2.2 Analysis

Qualitative data was analysed thematically. The data returned from focus groups was examined to identify the key issues and concerns voiced by participants. In addition to thematic analysis, data collection from focus groups was used to assist in the development of coding frames for quantitative (questionnaire) data analysis.

Analysis of questionnaire data included frequency analysis of data to provide an overview of trends, and cross tabulations were calculated to understand patterns and differences by groups about people's priorities for health and social care. Coding was used to quantify and establish trends in open-ended survey questions.

2.3 Reporting

This report outlines the priorities for health and social care of 1,604 people who took part in this study across Northern Ireland. 'The people that we talked to' section of this report (**Section 3, p13**) outlines the profile of the people who took part in this project.

The findings sections of this report (**Section 4 'People's experience of health and social care', p15; Section 5 'People's views on the future of health and social care', p22; Section 6 'People's priorities for health and social care', p27**) begins with an overview of people's recent experiences of using health and social care services. This section outlines key questionnaire and focus group results, including whether or not respondents had used services in the past 12 months, how respondents rated the services they used, and what has worked well for respondents when using health and social care services. This is followed by people's views on the future of health and social care; in particular people's views on community care and travelling further for care.

The main findings section includes discussion of the top priorities for healthcare and social care identified by the people who contributed to this study and a summary of other priorities emerging from the people



we talked to. The top priority order and associated statistics discussed in the findings of the report are based on the results from our general population questionnaire sample, unless otherwise stated, in order to present results most reflective of people from across Northern Ireland.

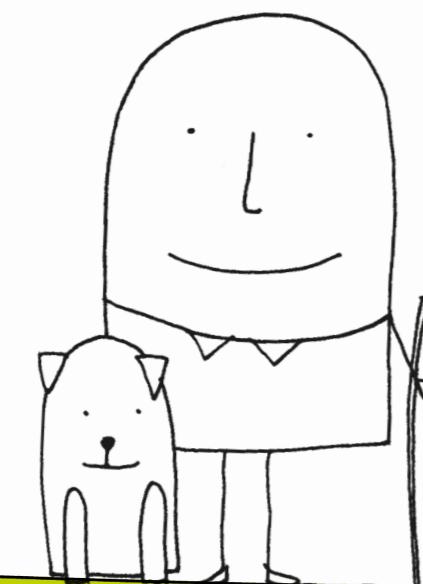
As similar themes and issues were recorded across all fieldwork exercises (questionnaires and focus groups), quotations and discussions on issues and concerns that people raised are from the full range of data collection sources.

Given the nature of the group discussions it has not always been possible to assign specific numbers to the qualitative data. However, as a general guide the following definitions will give an indication of the frequency of occurrence during group discussions:

When we say...	We mean...
"few"	10% of the people or less
"some"	11 to 25% of the people
"many"	26 to 50% of the people
"the majority"	51 to 75% of the people
"most"	76%+ of the people

Study conclusions can be found in Section 8 (p68) of this report.

Note to reader: Percentages presented in this report may not add up to 100% due to rounding.
Weighted bases have been rounded to the nearest whole number.



3.0 The people that we talked to

A total of **1,604** people contributed their views and opinions on health and social care in Northern Ireland in this year's People's Priorities project. People took part in the project in a number of ways:



1,000 people completed a questionnaire (based on total weighted cases)



491 members of the PCC Membership Scheme returned a questionnaire



113 people discussed their priorities in a focus group

3.1 Profile of questionnaire respondents

1,000 members of the public completed a questionnaire across Northern Ireland.

The fieldwork team were provided with quotas representative of the Northern Ireland population by age and gender based on NISRA mid-year estimates (2014). Corrective weighting* was applied to ensure that the sample was broadly representative of the Northern Ireland population (16 years+) by gender and age. See Table 1 for a summary of achieved sample and weighted sample by NISRA mid-year population estimates.

Table 1: General population questionnaire sample

Demographic Group	NISRA Mid-Year Estimates (2014)		Achieved Sample		Weighted Sample	
	%	n	%	n	%	n
Gender						
Male	48.5%	706037	48.4%	484	48.5%	485
Female	51.5%	750678	51.6%	516	51.5%	515
Age						
16-24 years	15.1%	219342	15.8%	158	15.1%	151
25-34 years	17.0%	247799	16.6%	166	17.0%	170
35-44 years	16.6%	241102	17.7%	177	16.6%	166
45-54 years	17.8%	259241	18.2%	182	17.8%	178
55-64 years	14.0%	203315	13.3%	133	14.0%	140
65-74 years	10.9%	158874	10.6%	106	10.9%	109
75-84 years	6.4%	92598	5.8%	58	6.4%	64
85+ years	2.4%	34444	2.0%	20	2.4%	24
TOTAL	100.0%	1456715	100.0%	1000	100.0%	1000

* Weighting corrects biases in survey samples and takes account of population differences. It assigns an adjustment weight to each survey respondent, with persons under-represented getting a weight larger than 1, and those over-represented getting a weight smaller than 1. Some questionnaires collected during fieldwork fell outside of quota targets and a weighting correction was applied so that the achieved sample represented the general population by gender and age.



The questionnaire was also distributed via the PCC Membership Scheme. A total of 491 members returned a questionnaire (see Table 2).

Our findings showed that there were some differences in the top 10 priorities identified by general population respondents in comparison with PCC Membership Scheme respondents.

People also had different views and experiences depending on their gender and age. Where there are differences in views and experiences, these have been discussed in the report.

3.2 Focus group participants

A number of focus groups facilitated by PCC staff were held across Northern Ireland. Community and voluntary organisations helped us to talk to people who wanted to provide their views. When seeking to recruit our groups, we sought to ensure that a range of people by different gender, age and ethnicity were represented within and across group discussions.

Table 3: Focus groups

Type of group	No. of participants
Parent's support group, Enniskillen	3
Older people's community group, Belfast	13
Women's community group, Coleraine	8
Brain injury support group, Newtownards	9
Fibromyalgia support group, Lisburn	3
Men's community group, Omagh	4
Women's community group, Newtownabbey	9
Parent and carer support group, Belfast	7
Down syndrome support group, Newry	4
SureStart group, Armagh	2
Parents' cardio support group, Lurgan	7
Ethnic minority community group, Belfast	15
Chinese community group, Derry	9
Travellers' community group, Craigavon	4
Asian community group, Ballymena	9
Polish community group, Lisburn	7
TOTAL	113

Table 2: Membership Scheme questionnaire sample

Demographic Group	Achieved Sample %	n
Gender		
Male	32.2%	158
Female	67.8%	333
Age		
16-24 years	1.2%	6
25-34 years	2.2%	11
35-44 years	5.3%	26
45-54 years	11.6%	57
55-64 years	21.4%	105
65-74 years	32.0%	157
75-84 years	22.2%	109
85+ years	4.1%	20
TOTAL	100.0%	491

A total of 113 people took part in a focus group. Table 3 provides details of the focus groups.

In the focus groups, participants had the opportunity to discuss their recent experience and their priorities for health and social care in more detail and to talk about the reasons behind their responses. In group discussions, many participants took the opportunity to share personal experiences of using health and social care services. Often, people used these personal experiences when identifying their top priority for both healthcare and social care.

4.0 People's experiences of health and social care

Introductory questions in both focus group discussions and questionnaires sought to establish people's recent experience of health and social care services. People were asked questions around the following:

- ▶ Use of health and social care services;
- ▶ Views on the services they had used; and
- ▶ What has worked well for them.

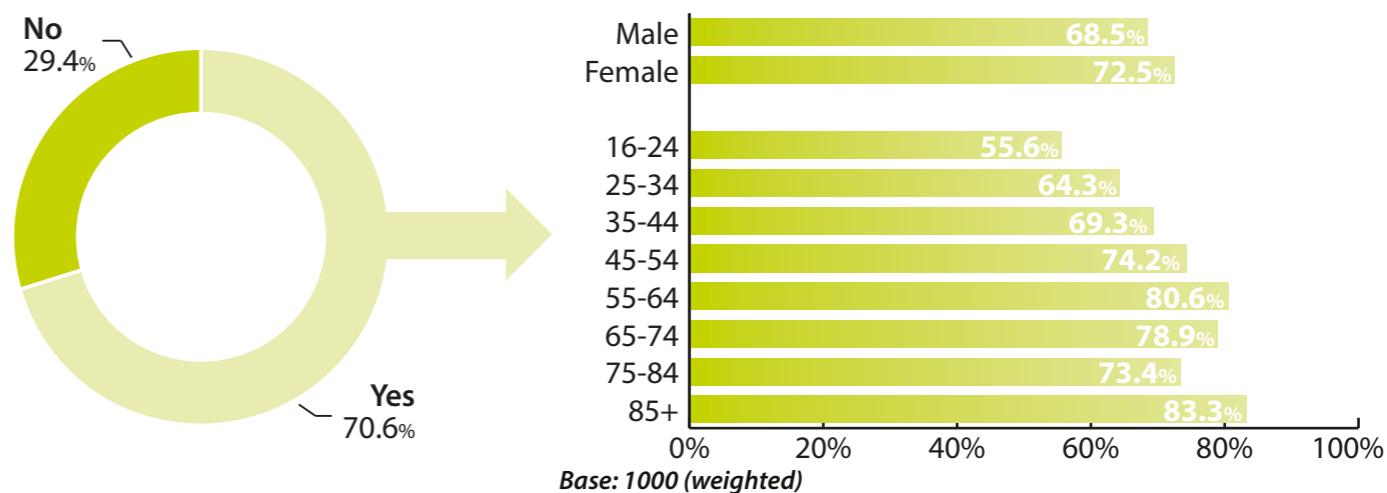
Findings indicated that most people had used a health and social care service in the last 12 months, with the people we spoke to demonstrating experience of using a wide variety of services. In general, many people we spoke to indicated they were satisfied with the services they had used. However, people highlighted how services could be improved in the future, particularly in focus group discussions.

This section of the report provides an overview of these findings.

4.1 People's use of health and social care services

70.6% (n=706) of general population questionnaire respondents said they had used a health and social care service in the last 12 months, either for themselves or the person they care for. As Figure 3 shows, women were more likely to have used health and social care services in the last 12 months in comparison with men; 72.5% (n=374) of women said they had used a service compared with 68.5% (n=332) of men. Those aged over 85 years were also most likely to have used a health and social care service in the last 12 months in comparison with other age groups.

Figure 3: Use of health and social care services in the last 12 months



The majority of PCC Membership Scheme respondents had also used health and social care services in the last 12 months (66%; n=324). Women were also more likely to have used health and social care services than men; 67.9% (n=226) of women said they had used a service compared with 62% (n=98) of men.



Membership Scheme respondents aged 35-44 were more likely to have used a health and social care service in the last 12 months in comparison with other age groups.

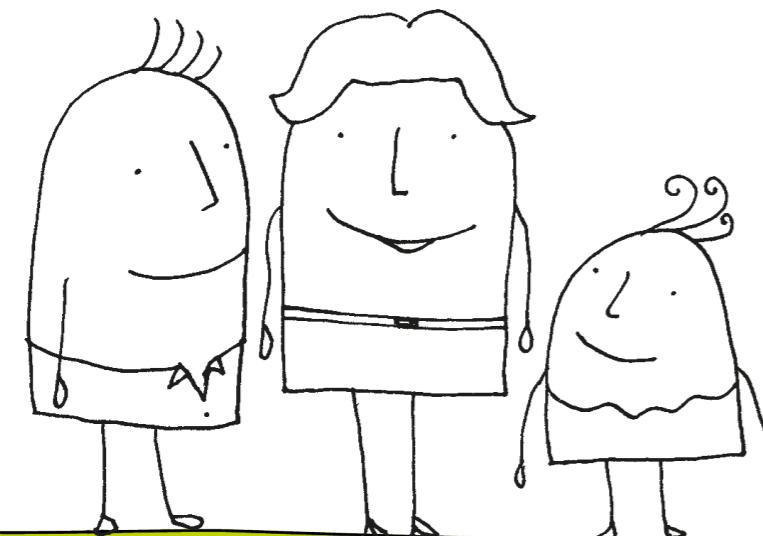
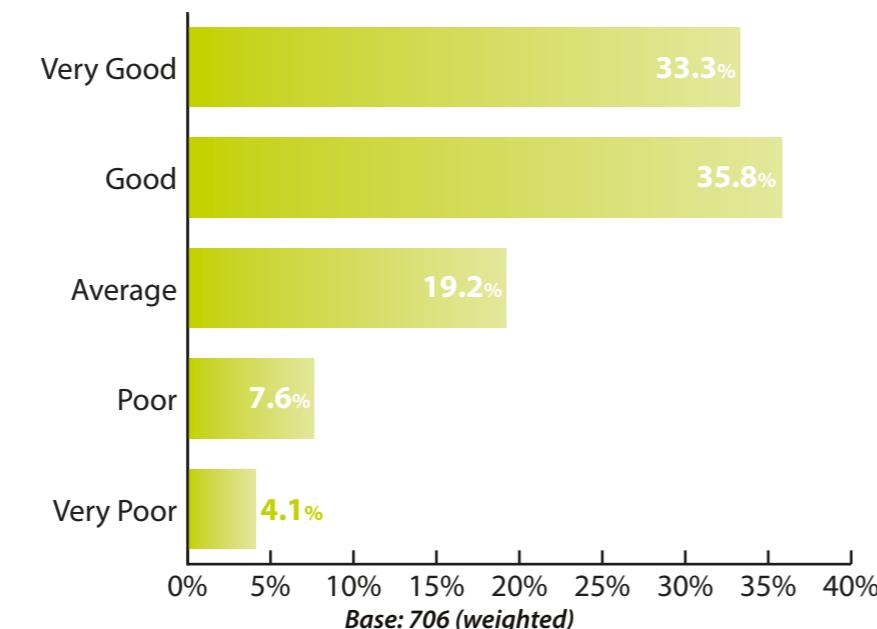
Focus group discussions highlighted that people had used a range of health and social care services in the last 12 months. Most participants indicated that they had used services in primary care, particularly GPs, whilst many participants had experience of using secondary care services. Some participants also indicated they had used a variety of social care services, such as residential services, financial support and equipment to help them, or a loved one, remain in their home.

4.2 People's views on health and social care services they have used

The majority of general population questionnaire respondents (69.1%; n=487) rated the health and social care services they used as 'good' (35.8%; n=252) or 'very good' (33.3%; n=235). 11.7% (n=83) of respondents rated services 'poor' (7.6%, n=54) or 'very poor' (4.1%, n=29). The remaining 19.2% (n=136) of people described services as 'average' (see Figure 4).

There was little difference between how male and female respondents rated health and social care services. However, there was some variation by age group. Respondents aged over 85 were most satisfied with the services they used, while 65 to 74-year-olds and 75 to 84-year-olds were least satisfied with services (see Figure 5 overleaf).

Figure 4: How would you rate the health and social care services you have received in the last 12 months? General population



Members also rated the services they had used similarly to the general population sample. 62.4% (n=199) of members rated services as 'very good' (33.9%, n=108) or 'good' (28.5%, n=91) and 17.3% (n=55) rated services as 'poor' (10.7%, n=34) or 'very poor' (6.6%, n=21). A fifth of members (20.4%, n=65) rated the services they used as 'average'.

Specifically, in questionnaire and focus group discussions, the people we spoke to were asked to identify what has worked well for them when they have used health and social care services in the last 12 months. People provided a wide variety of views, some of which were specific to services they had used, whilst others were more general.

Figure 6 (overleaf) provides an overall summary of comments provided in both general population and Membership Scheme questionnaires.

Figure 5: Percentage of respondents who rated services 'good' or 'very good' by demographic group

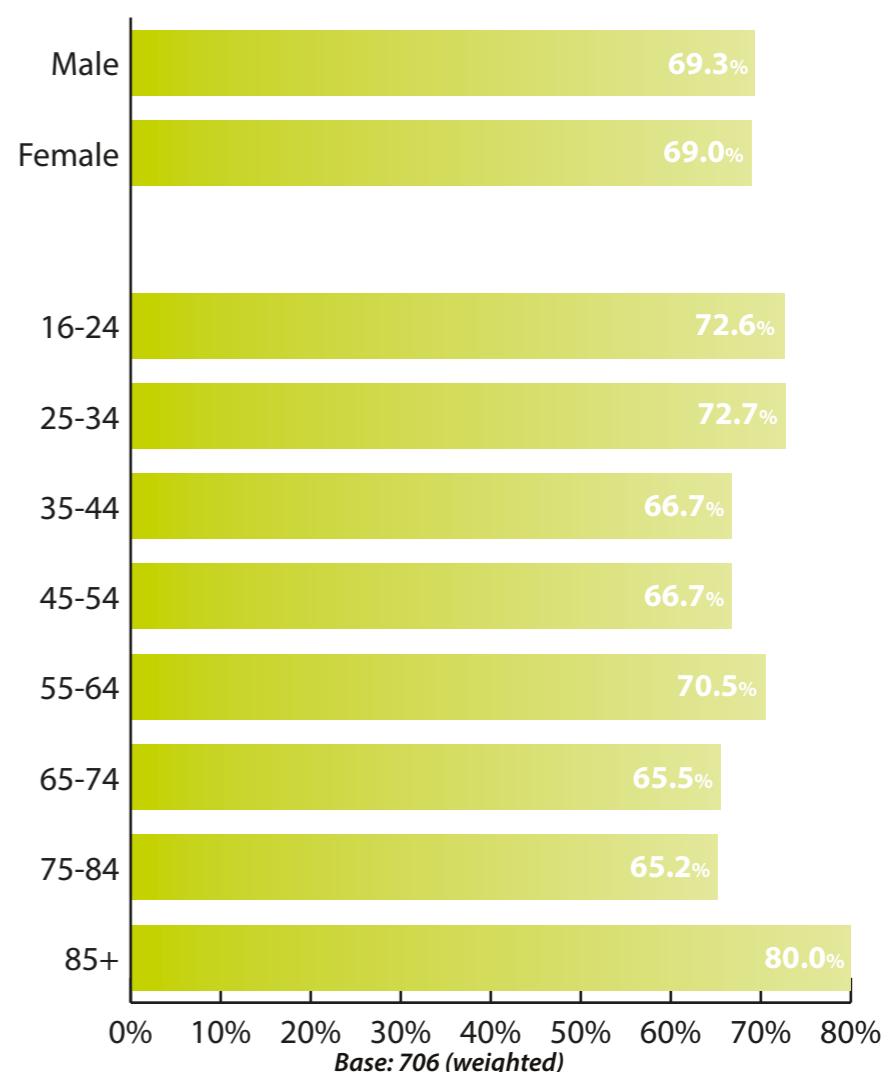
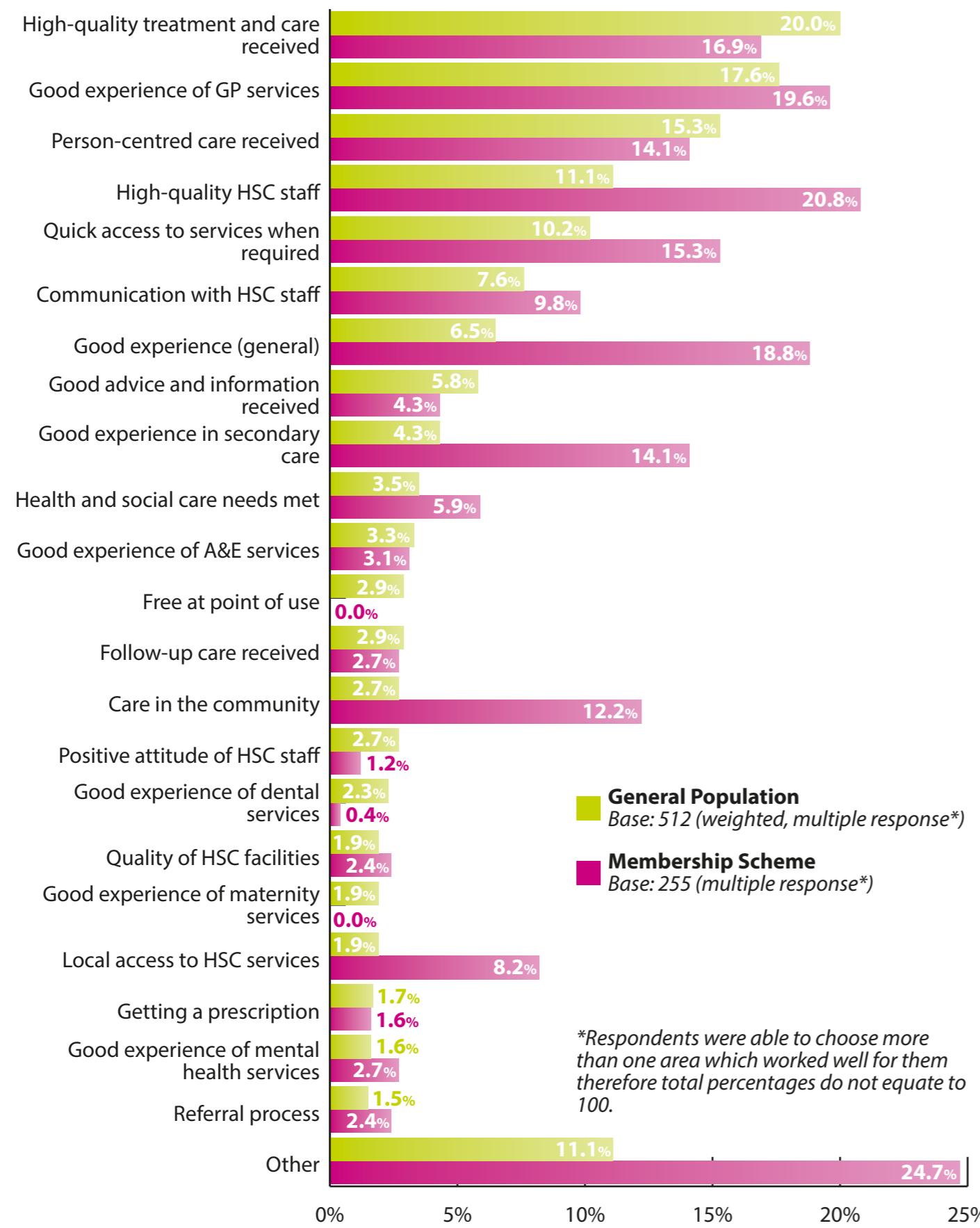




Figure 6: When using health and social care services in the last 12 months, what has worked well for you?



As can be seen in **Figure 6**, there were similarities in what worked well for both the general population and Membership Scheme questionnaire respondents.

Respondents identified high-quality treatment and care (20% general population respondents, n=103 and 16.9% Membership Scheme respondents, n=43) that they, or a loved one, received from health and social care services, delivered by high-quality staff (11.1% general population respondents, n=57 and 20.8% Membership Scheme respondents, n=53) which met all their health and social care needs (3.5% general population respondents, n=18 and 5.9% Membership Scheme respondents, n=15) as key factors that worked well.

"The service provided at the hospital is amazing considering the sheer volume of patients seen every day. All the staff are first rate."

Male questionnaire respondent, Membership Scheme, 65-74 years old

"Services in the treatment centre in my local surgery are first class."

Male questionnaire respondent, 65-74 years old

"Availability of appointments when needed."

Male questionnaire respondent, Membership Scheme, 65-74 years old

Some respondents highlighted that they were able to gain 'quick access to services when required' (10.2% general population respondents, n=52 and 15.3% Membership Scheme respondents, n=39) which they valued. In focus group discussions, a few participants highlighted how they were able to access services quickly during emergencies. Participants highlighted how this was important and prevented their health, or a loved one's, from deteriorating further.

Other respondents highlighted how they valued the person-centred care they received from health and social care staff (15.3% general population respondents, n=78 and 14.1% Membership Scheme respondents, n=36). In focus group discussions, participants spoke positively about how health and social care staff took the time to treat them as an individual and not just a number. A few respondents also spoke highly of the positive attitude of health and social care staff (2.7% general population respondents, n=14 and 1.2% Membership Scheme respondents, n=3).

Some respondents identified the quality of communication delivered by health and social care staff (7.6% general population respondents, n=39 and 9.8% Membership Scheme respondents, n=25) and the advice and information they received as working well (5.8% general population respondents, n=30 and 4.3% Membership Scheme respondents, n=11).

"My doctor (GP) is very good. He is very attentive and listens to you."

Female focus group participant, 65-74 years old, older people's community group, Belfast

"I never had issues with waiting times or anything."

Male focus group participant, 16-24 years old, parents' support group, Enniskillen



"Very caring members of staff who had patience to work with my mum."

Female questionnaire respondent, 65-74 years old

"Personal relationship - staff are very approachable (in general)."

Male questionnaire respondent, 45-54 years old

As can be seen in **Figure 6**, people spoke positively about the good experiences they had of a range of health and social care services, such as GP services, secondary care, A&E, dental services, maternity services and mental health services. Many respondents made specific comments in relation to the high-quality treatment and care they or a loved one received in these services, and highlighted that this was something they really valued.

"GP has worked well - good service, easy to get appointment when needed."

Male questionnaire respondent, 35-44 years old

"Using mental health home treatment team, they are very good."

Male questionnaire respondent, Membership Scheme, 45-54 years old

"The midwives couldn't do enough for you... they would spend this hour with you and they were not rushing you, they were talking away to you and making sure you were feeling comfortable."

Female focus group participant, age unknown, SureStart, Armagh

Some respondents spoke positively about their experience of care in the community (2.7% general population respondents, n=14 and 12.2% Membership Scheme respondents, n=31), in particular, this was identified as working well by more than half of Membership Scheme respondents aged 85+ years old. People spoke highly of the personal care and treatment they received that enabled them to continue living in their own home. Specific comments related to positive experiences of domiciliary care workers, the financial support they received and their experience of using a range of services, such as day centres, residential care and community activities.

People spoke generally about the good experiences they had of using health and social care services (6.5% general population respondents, n=33 and 18.8% Membership Scheme respondents, n=48). In particular, respondents highlighted how they valued having local access to high-quality health and social care facilities (1.9% general population respondents, n=10 and 8.2% Membership Scheme respondents, n=21) whilst a small number of respondents identified the importance of having a health and social care service that was free at the point of use (2.9% general population respondents, n=15).

'Other' refers to a range of specific services (less than 1.4%) that people identified as working well for them, such as occupational therapy, respite services, diabetic services and dermatology services. People

highlighted their satisfaction with using these services, especially in relation to how services fitted round their individual needs, or the needs of a loved one.

"Occupational therapy has been great for my parents."

Female questionnaire respondent, 45-54 years old

"Being able to get respite organised on dates we wanted."

Female questionnaire respondent, 45-54 years old

"Dermatology is a great service, as I can ring up and get reviewed by myself over a 12-month period without having to go through the referral system each time."

Female questionnaire respondent, 25-34 years old

However, in focus group discussions, participants also took the opportunity to discuss aspects of health and social care services that they were unsatisfied with. Whilst many participants spoke positively about the treatment and care they received, they also highlighted how gaining access to these services proved difficult. Many participants shared experiences of lengthy waits to access services in both primary and secondary care.

The importance of GP services, as the only or most frequently used service for many participants, was also apparent in focus group discussions. Many participants highlighted issues with accessing GP services and described their frustration with the waiting times to get an appointment with their own GP. Some participants also shared poor experiences of treatment or care, which they often felt was down to a lack of staff. Focus group participants appeared concerned about staffing levels across health and social care services, particularly the perceived impact of staff shortages on waiting times and quality of care.

"The doctors are under such pressure with their workload so you have to wait. Care is still the same standard - it's just waiting for it."

Female focus group participant, age unknown, older people's community group, Belfast

Some participants spoke about wide-ranging issues affecting health and social care services as a whole, such as funding, investment and decision-making. Participants acknowledged these challenges and emphasised that high-quality, effective leadership would be necessary to make difficult decisions going forward.

"It's free and there when you need it."

Male questionnaire respondent, 45-54 years old



5.0 People's views on the future of health and social care

This year's People's Priorities provided an opportunity for people to share their views on the future of health and social care in both questionnaire and focus group discussions. People were asked questions around the following:

- ▶ Views on community care; and
- ▶ Views on travelling further for better care.

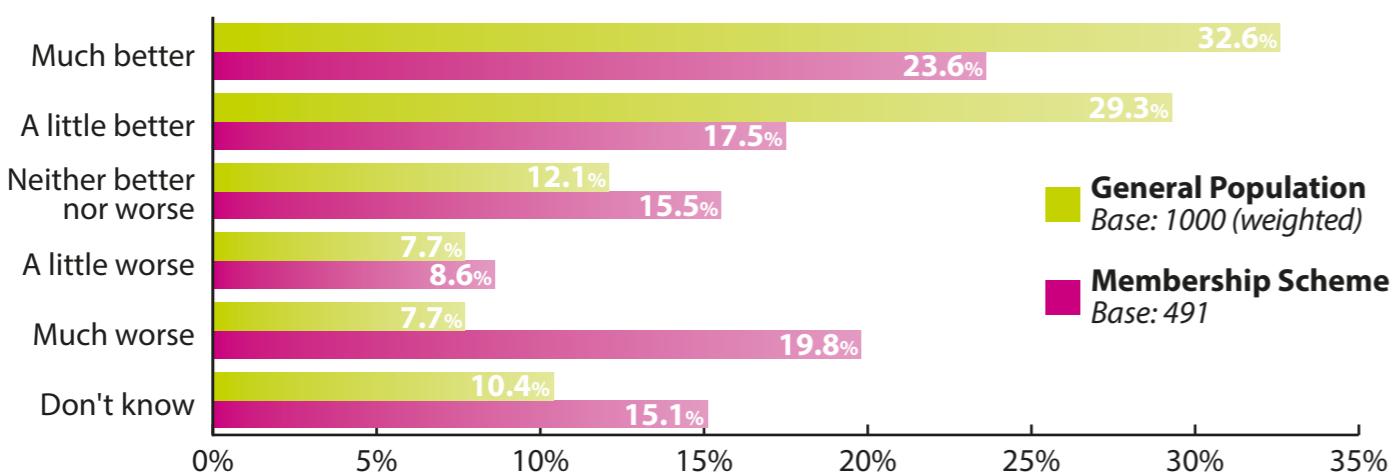
In general, findings indicated that people had a range of different views and opinions. In focus group discussions, in particular, many people took the opportunity to provide detailed views to explain the reasons behind their responses.

This section of the report provides an overview of these findings.

5.1 People's views on community care

Most general population questionnaire respondents (61.9%; n=619) indicated that they believed providing more services in the community would make health and social care services 'much better' (32.6%; n=326) or 'a little better' (29.3%; n=293) for the people that use them. 15.4% (n=154) of respondents believed this would make services 'a little worse' (7.7%, n=77) or 'much worse' (7.7%, n=77). 12.1% (n=121) of respondents said this would make services 'neither better or worse', whilst the remaining 10.4% said 'don't know' (see Figure 7).

Figure 7: It is anticipated that services traditionally provided in hospitals will be increasingly provided in the community. How much better or worse do you think this will make services for the people that use them?



There was little difference in how males and females and different age groups answered this question. Respondents aged 65-74 years old were more likely to think that providing care in the community would make services 'much better' in comparison to other age groups; 40.2% of 65 to 74-year-olds compared with 36.4% of 16 to 24-year-olds, 39.6% of 25 to 34-year-olds, 27.3% of 35 to 44-year-olds, 27.4% of 45 to 54-year-olds, 29.8% of 55 to 64-year-olds, 31.7% of 75 to 84-year-olds and 25.0% of 85+ year-olds.

As shown in Figure 7, members also had similar views to the general population sample. More than two fifths (41.1%; n=202) of respondents believed that providing more services in the community would make health and social care services 'much better' (23.6%; n=116) or 'a little better' (17.5%; n=86) for the people that use them. 28.4% (n=139) of respondents believed this would make services 'a little worse' (8.6%, n=42) or 'much worse' (19.8%, n=97). 15.5% (n=76) said this would make services 'neither better or worse', whilst the remaining 15.1% said 'don't know'.

Many focus group participants spoke positively about community care, with a few sharing personal experiences where they had used community-based services, which reduced travel to the health centre or hospital as often. A few participants spoke specifically about developments in healthcare technology, which meant that people can manage their condition themselves. People suggested this was beneficial as it helped to reduce travelling distances.

"I think it's good in parts. Home monitoring I think is brilliant – it makes it more immediate, it allows people to identify patterns and spikes and various conditions so that when they go to the GP they are going with meaningful information instead of anecdotal. It's great if it's done well."

Female focus group participant, 45-54 years old, brain injury support group, Newtownards

"Better – technology is developing and things are becoming easier."

Male focus group participant, 16-24 years old, parents' support group, Enniskillen

A few participants also suggested that providing high-quality care in the community would help alleviate some of the pressures around services, particularly waiting times. A small number of people noted that community services may also prove beneficial and improve the accessibility of services for those who live in rural areas. However, people also emphasised that it was essential that the services provided in the community were of the highest quality and met people's health and social care needs.

"It would cut down on the amount of people who go to the hospital with a broken leg. Having an X-ray in the health centre would be really good."

Female focus group participant, 55-64 years old, women's community group, Newtownabbey

"If they were taking clinics to the community, then it could actually work. It would be quite good for rural areas because there are a lot of people who don't have cars and rely on public transport."

Female focus group participant, 45-54 years old, Down syndrome support group, Newry

While views expressed during focus group discussions suggested that many people would agree with the general concept of community care, participants did have various concerns. Some focus group participants raised concerns about the quality of community services. Whilst these participants agreed that providing care in the community had the potential to make services better for the people that use them, they did have concerns that the quality of the care provided could be compromised if not properly funded.



"I think potentially it is a great idea. I think people in general are better staying out of hospital. You should only be in hospital if you are pretty ill and I think there are a whole lot of people who could be treated in the community... but it depends if corners are cut. It needs to be appropriately funded and staffed."

Female focus group participant, 45-54 years old, fibromyalgia support group, Lisburn

"If the funding is there, then, yes, a lot of stuff could be done at home."

Female focus group participant, 55-64 years old, Down syndrome support group, Newry

Some participants highlighted that providing care in the community is not suitable for all services. In this context, a few participants suggested that there needed to be more effective decision-making to ensure that only those services that could be provided to the highest quality and met people's health and social care needs were provided in the community.

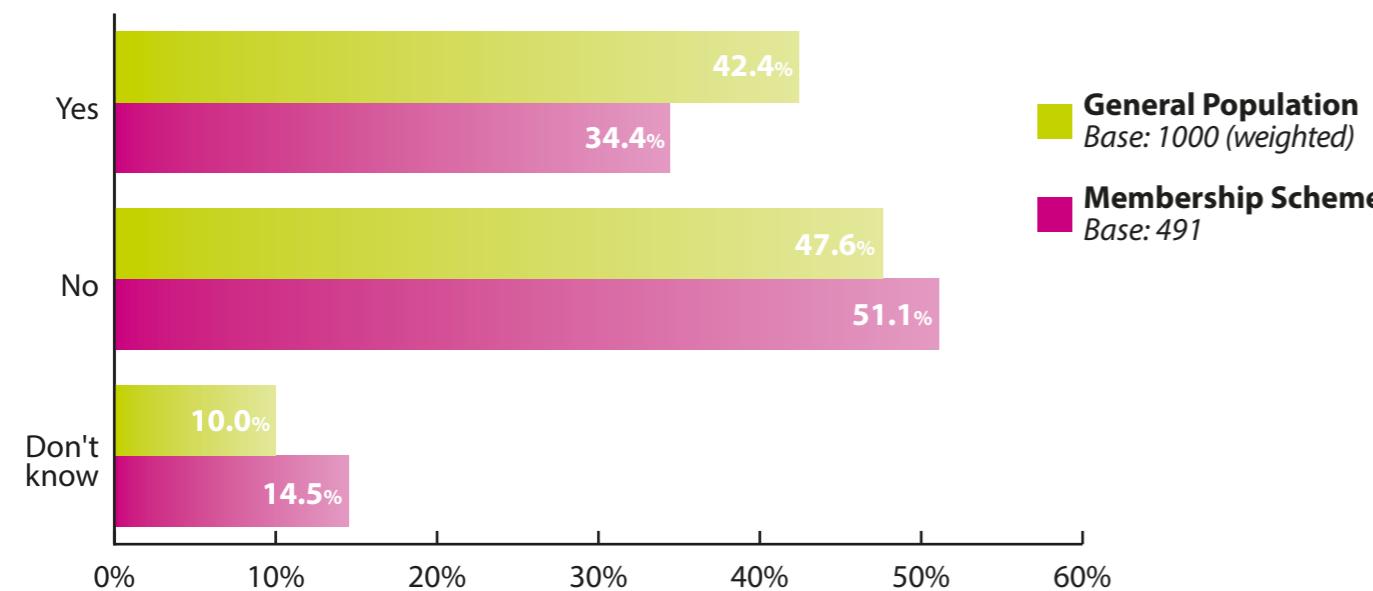
"For some services it works and for others it doesn't."

Male focus group participant, 25-34 years old, ethnic minority community group, Belfast

5.2 People's views on travelling further for better care

47.6% (n=476) indicated that they would not be prepared to travel further for better care if it meant their local hospital closed, whilst 42.4% (n=424) indicated they would be prepared to travel. The remaining 10.0% (n=100) said 'don't know' (see Figure 8).

Figure 8: Would you be prepared to travel further away from your home for better care if this meant your local hospital or clinic was at risk of being closed?



There was little difference in how males and females answered this question. Those aged 16-24 and 35-44, however, were more likely to say they would travel further for better care even if it meant their local

hospital would close in comparison to those aged 25-34 and people aged 45+ years old who were more likely to say no to this question.

More than half (51.1%; n=251) of Membership Scheme respondents indicated they would not be prepared to travel further for better care if it meant their local hospital would close, whilst more than one third (34.4%; n=169) indicated they would be prepared to travel. The remaining 14.5% (n=71) said 'don't know'.

This was an area that sparked a lot of discussion and many people took the opportunity to provide detailed views to explain the reasons behind their responses in focus group discussions. Often, people based these views on personal experiences, whilst others took a more detached approach, basing their responses on perceptions of the wider issues affecting health and social care services as a whole.

Many participants spoke at length about quality of care when discussing this question and emphasised that they would be willing to travel, even if it meant their local hospital would close, if they were guaranteed better care elsewhere. Specifically, some people also highlighted that they would be willing to travel for specialist services, with a few participants sharing personal experiences of travelling to other parts of the United Kingdom.

"If you're going to get better treatment going that extra distance you aren't going to say no. So, yeah, my answer is I would. Health is the main thing in life."

Male focus group participant, 16-24 years old, parents' support group, Enniskillen

"You would if you thought it was for better services and you would get cared for."

Female focus group participant, 45-54 years old, travellers' community group, Craigavon

"I think, now, if they said my son could have surgery in Northern Ireland, I would still want him to travel to the United Kingdom because the doctor there knows him so well. I probably wouldn't want anyone else doing surgery on him now."

Female focus group participant, 25-34 years old, parents' cardio support group, Lurgan

A small number of participants suggested that providing high-quality care in specialist centres would be a good approach going forward. These people believed that current service provision meant that services were overstretched and underperforming, and suggested that centralising services would help improve quality of care overall.

"I am all for the best care. It's not ideal, but the alternative is that you are dealing with a very mediocre service... you have to make the decision, do you want a mediocre, stretched-out service or do you want something that is reasonable, but maybe would inconvenience an individual?"

Female focus group participant, 65-74 years old, ethnic minority community group, Belfast

"If they are done well why not close the hospitals. It would save more money for more services."

Female focus group participant, 45-54 years old, fibromyalgia support group, Lisburn



"You would like to have the services in your own Trust area, but I don't think we are that naïve to think that is going to happen. If you have to travel, I don't think anyone minds doing that, as long as the service is there and is working."

Female focus group participant, 45-54 years old, Down syndrome support group, Newry

For many people, travelling further for care was very much dependent on the service. These participants stressed the importance of having access to services locally, in particular emergency services, but indicated they would be willing to travel further for more specialist services.

"For complex services, yeah... But keep GP and emergency services local!"

Female focus group participant, age unknown, Asian community group, Ballymena

"You can't really travel for A&E because, if you are going there, then it's an emergency and you don't want to have to travel too far. But for the rest of the services, if they are providing a good quality of service, then, yes, I don't see a problem having to travel."

Female focus group participant, 25-34 years old, parents' cardio support group, Lurgan

On the other hand, many participants also highlighted that they would not be willing to travel further for care if it meant their local hospital would close. For these participants, having access to a hospital locally was important. People raised numerous issues around the accessibility of services for vulnerable groups, such as the elderly, people on low incomes, and those with mental health issues. Some people also made specific comments in relation to transportation methods and travel costs. People believed that travelling further for care would not always be the most realistic option, especially due to the lack of infrastructure to support this.

"I think travelling further afield would be very problematic for those individuals who are vulnerable and need treatment."

Female focus group participant, age unknown, ethnic minority community group, Belfast

"Some people may not be able to afford to travel... (hospitals) are not always accessible to everybody."

Female focus group participant, 45-54 years old, fibromyalgia support group, Lisburn

Ultimately, the people we spoke to believed that travelling further for care was very much dependent on the type and the quality of the service being provided. Most people believed that there were many things that needed to be taken into consideration, particularly around transportation and whether travelling further for care was suitable for patients, particularly vulnerable groups.

"It depends on so many factors."

Female focus group participant, 35-44 years old, ethnic minority group, Belfast

6.0 People's priorities for health and social care

There were two key questions put to everyone who took part in this year's People's Priorities project in both the questionnaire and focus groups:



These questions provoked a lot of discussion amongst people, particularly around healthcare. There was, however, less discussion around social care. A total of 10 healthcare priorities were identified by people in comparison to eight social care priorities.

The different approaches that people took when asked to define their priorities for health and social care were evident within focus group discussions and during one-to-one fieldwork with questionnaire respondents. Some people explained or justified their choice of priority by describing a personal experience, whilst other participants took a more detached approach as they spoke about more wide-ranging issues affecting health and social care services.

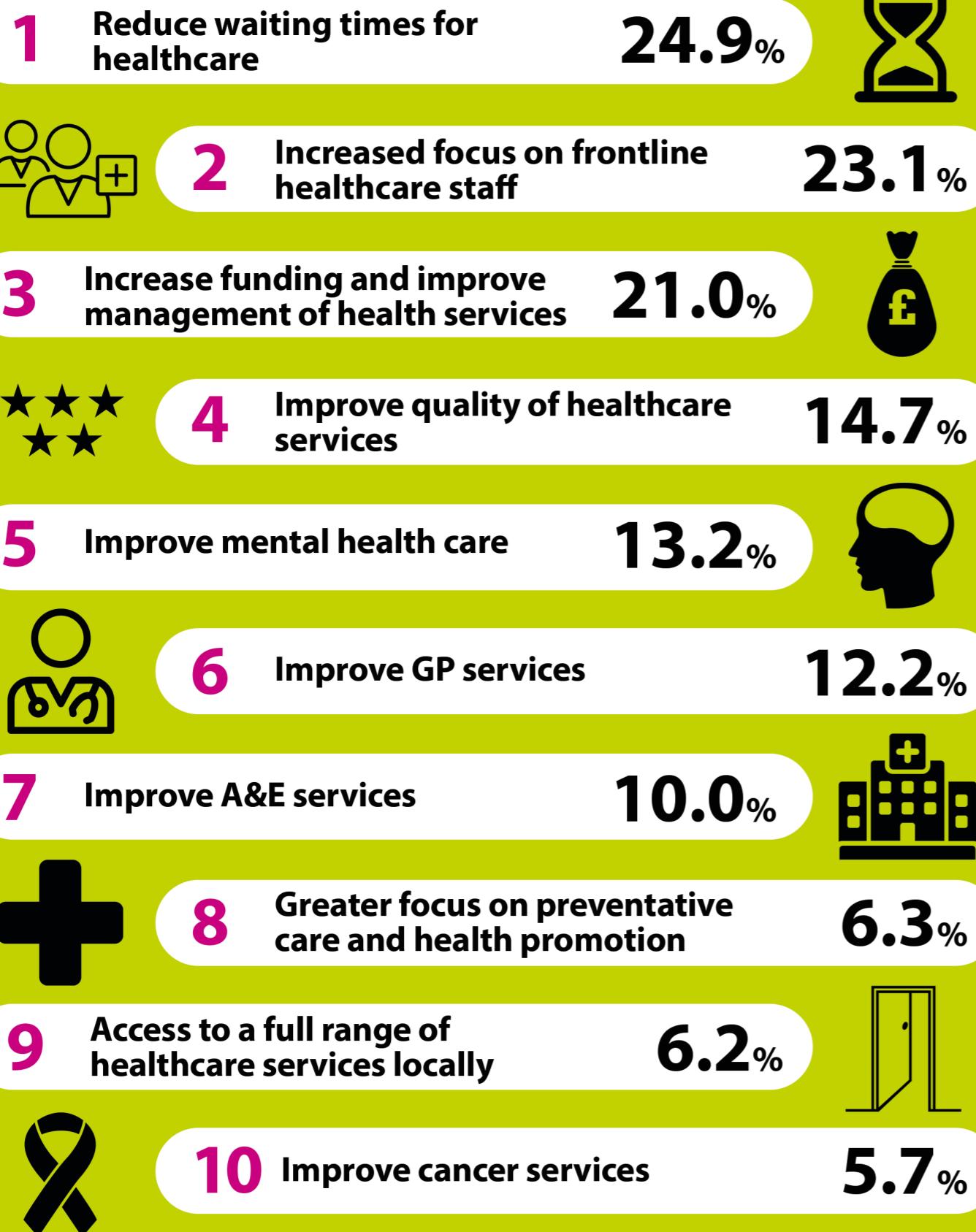
The top priority order and associated statistics in the following sections are based on the general population questionnaire sample. Whilst there were similarities in the priorities identified by general population respondents and Membership Scheme respondents, there were some differences in relation to priority order (see Appendix 1, p71 for a full breakdown of results). There were also differences in priorities by people based on their gender and age. Where differences have been identified, these have been noted throughout this chapter when discussing each priority.

As similar themes and issues were also recorded within focus groups, quotations and discussions on issues and concerns that people raised are from the full range of data collection sources.



Top Healthcare Priorities

Base: 929 (weighted, general population, multiple response)



Priority 1: Reduce waiting times for healthcare

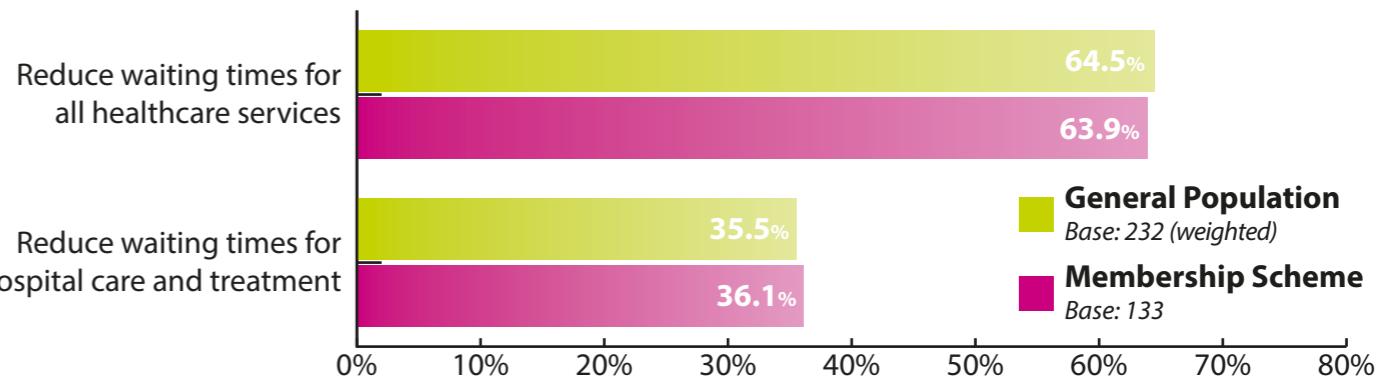
Questionnaire respondents noted that their top priority was 'reduce waiting times for healthcare' (24.9%; n=232). This was the most frequent priority identified by both males and females. Waiting times across all health and social care services was also the second top priority in 2014 and third top priority in 2011.

The key issues for people within this priority were:

- ▶ Reduce waiting times for all healthcare services; and
- ▶ Reduce waiting times for hospital care and treatment.



Figure 9: Reduce waiting times for healthcare



As Figure 9 shows, many people (64.5% general population respondents; 63.9% Membership Scheme respondents) who identified 'reduce waiting times for healthcare' did not specify a particular service and felt there should be a greater focus on reducing waiting times for all healthcare services in general. Many participants in focus group discussions often shared personal experiences of lengthy waits to access services. Generally speaking, this was something that frustrated people, and most people felt concerned that the length of time to access services could place their health and wellbeing at risk.

"Shorten waiting times for everything."
Female questionnaire respondent, 35-44 years old

"I did have a referral to the hospital just over a year ago and I did wait a year for an appointment and, to me, that is unacceptable because if you are waiting a year to see a specialist – what can happen in that interim you know, you could get worse."
Female focus group participant, age unknown, ethnic minority community group, Belfast

In this context, a few people noted that more accurate information about the length of time which people should expect to wait would help set realistic expectations and help to minimise their frustration.



Specifically, 35.5% of general population respondents and 36.1% of Membership Scheme respondents who identified reduction in waiting times as their priority were referring to waiting times for hospital care and treatment. In particular, some people in focus group discussions questioned the length of time it took to be referred by a GP to receiving a hospital appointment. This was something that people found frustrating, and a few people described how this resulted in them paying privately for treatment.

"I have been told I would wait for over a year on the waiting list and I would say that I will now use my private healthcare."

Female focus group participant, 45-54 years old, fibromyalgia support group, Lisburn

Priority 2: Increased focus on frontline healthcare staff

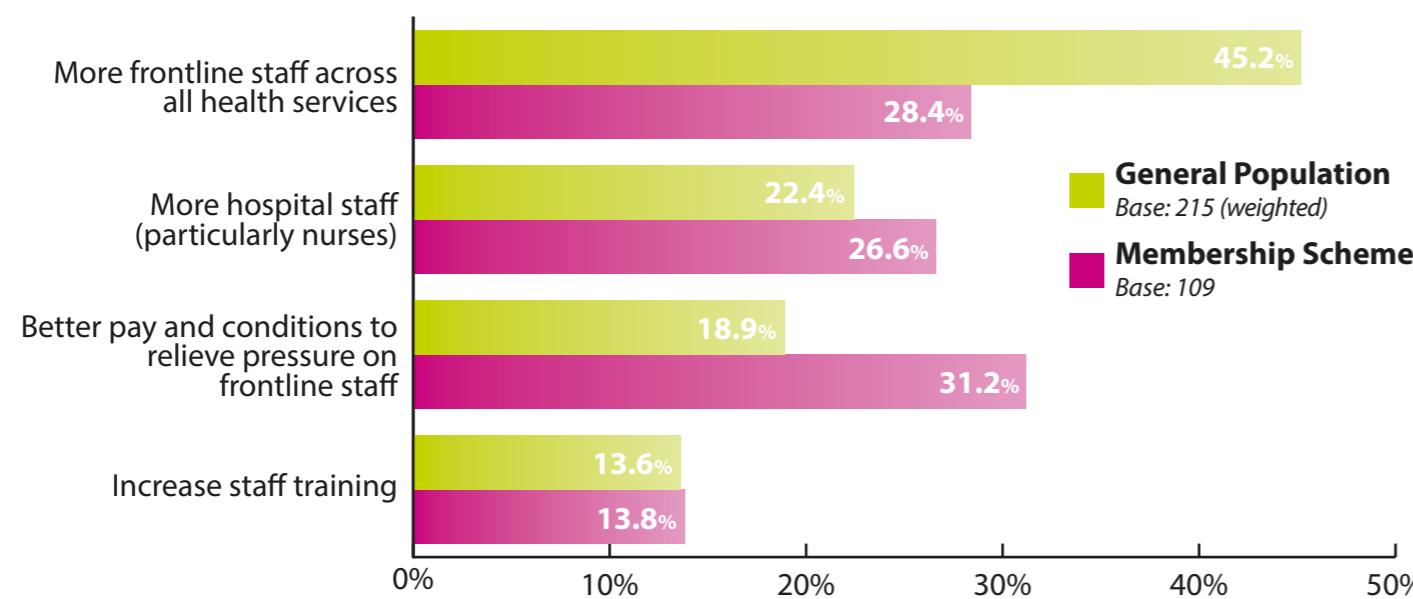
The second most common priority identified by questionnaire respondents was 'increased focus on frontline healthcare staff' (23.1%; n=215). Frontline health and social care staff was also the second top priority in 2014. The key issues identified within this priority were:

- ▶ More frontline staff across all healthcare services;
- ▶ More hospital staff (particularly nurses);
- ▶ Better pay and conditions to relieve pressure on frontline staff; and
- ▶ Increase staff training



23.1%

Figure 10: Increased focus on frontline healthcare staff



There were some differences in the types of respondents who prioritised 'increased focus on frontline healthcare staff' by demographic group. Women were more likely to identify this as a top priority than men; 25.5% of female respondents, compared to 21.2% of male respondents. Respondents aged 85 years or over were also more likely to prioritise increased focus on frontline healthcare staff than younger age groups; 35.8% of over 85s compared with 18.6% of 16 to 24-year-olds, 26.6% of 25 to 34-year-olds, 20.3%

of 35 to 44-year-olds, 24.1% of 45 to 54-year-olds, 25.8% of 55 to 64-year-olds, 18.1% of 65 to 74-year-olds and 27.2% of 75 to 84-year-olds.

The majority of respondents who identified 'increased focus on frontline healthcare staff' as a key priority indicated that there should be an increase in frontline staff across all healthcare services (45.2% general population; 28.4% Membership Scheme) and, specifically, an increase in hospital staff, particularly nurses (22.4% general population; 26.6% Membership Scheme). Focus group discussions highlighted that people felt increasing healthcare staff would help to reduce waiting times and relieve pressure on all healthcare services. A few respondents (13.6% general population; 13.8% Membership Scheme) also suggested that there should be an increase in staff training. It was believed this would help improve people's care experience in the future.

"More frontline staff - staff are overworked and underpaid for the job they are doing, especially in emergency departments. They work long working hours and most times go without breaks. How can they keep the standard of care up?"

Male questionnaire respondent, 45-54 years old

"My top priority would be that there are a suitable number of well-trained staff available in the health service so that people receive a good quality service in a timely manner."

Female questionnaire respondent, 25-34 years old

"Put extra staff and doctors in hospitals to speed things up."

Female questionnaire respondent, Membership Scheme, 65-74 years old

People also highlighted that they really valued the high-quality care they received from healthcare staff. However, they also demonstrated that they were aware of the pressure which staff are currently under. In this context, some respondents who identified this as a priority noted that there should be a greater effort to improve conditions for staff (18.9% general population; 31.2% Membership Scheme), in particular, reducing administration work and increasing their pay.

"Cutting down paperwork for nurses/doctors."

Female questionnaire respondent, 65-74 years old

"Look after the nurses and doctors pay, I would fully support a pay rise and better hours."

Male questionnaire respondent, 55-64 years old



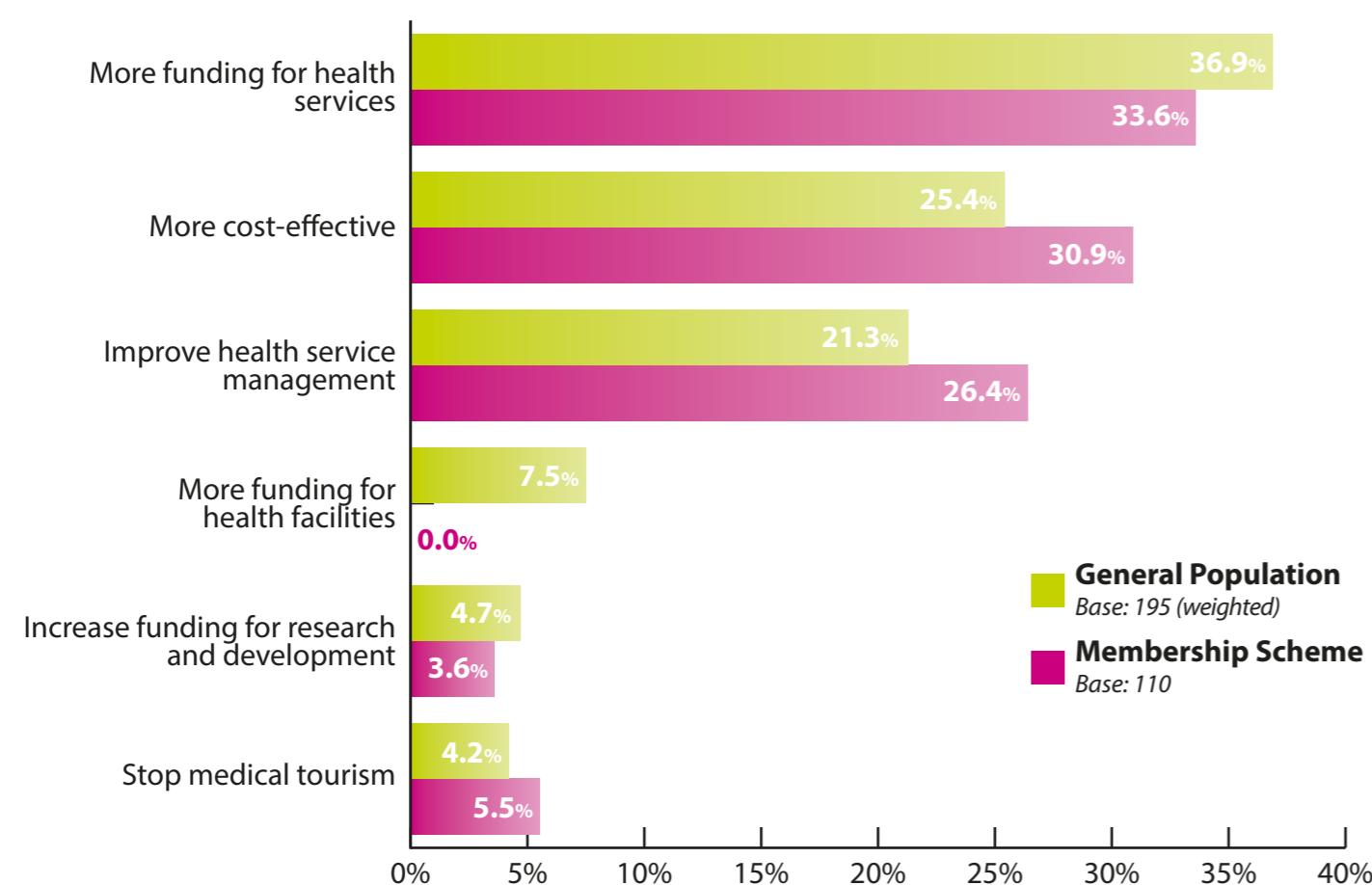
Priority 3: Increase funding and improve management of health services

'Increase funding and improve management of health services' was a top priority for 21.0% (n=195) of questionnaire respondents. Funding, management and cost-effectiveness across all health and social care services was the sixth top priority in 2014. The key issues for people around this priority were:

- ▶ More funding for health services;
- ▶ More cost-effective;
- ▶ Improve health service management;
- ▶ More funding for health facilities;
- ▶ Increase funding for research and development; and
- ▶ Stop medical tourism.



Figure 11: Increase funding and improve management of health services



There were differences in how male and female general population respondents prioritised this. Men were more likely than women to prioritise 'increase funding and improve management of health services' as a top priority; 23.9% of male respondents in comparison to 18.1% of female respondents.

Just over a third of general population respondents (36.9%) and Membership Scheme respondents (33.6%) who identified this as a priority noted that there should be 'more funding for health services'. People felt that services that were struggling needed further investment, not further cutbacks. It was felt that increased funding would help improve these services and ensure that high-quality care is provided. In particular, a few general population respondents suggested that there should be 'more funding for health facilities' (7.5%). It was felt that investing in state-of-the-art facilities would help improve the care experience and the quality of care received.

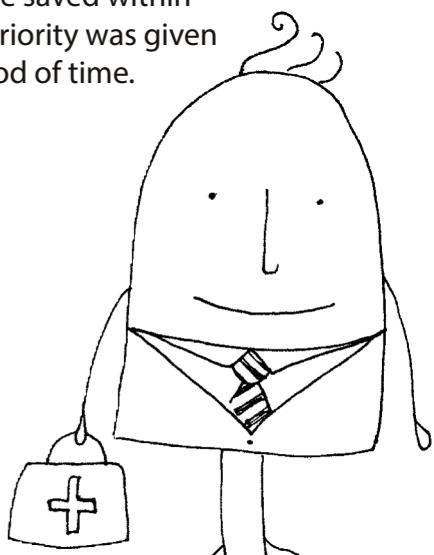
Just over a quarter of general population respondents (25.4%) and under a third of Membership Scheme respondents (30.9%) who identified this as a priority noted that health services needed to be 'more cost-effective' in the long term, particularly with the challenges it currently faces. It was believed that health services could be delivered more efficiently to reduce wastage. In this context people also suggested that there needed to be a greater focus to 'improve health service management' (21.3% general population; 26.4% Membership Scheme) to resolve these challenges in the long term. Some people felt that there was too much bureaucracy in decision-making and that management needed to take the views of service users into greater consideration when making decisions.

"Stop the wastage of money that goes on throughout the health service. Why do we need so many people to decide what services we need before it gets to the services? Why don't they just come out to the service and ask people what they really feel is needed? We can tell them. Ask the real questions to the real people."

Female questionnaire respondent, 45-54 years old

A few respondents who identified this as a priority also suggested that there should be an 'increase in funding for research and development' (4.7% general population; 3.6% Membership Scheme). Those who highlighted this as an issue felt that this investment would help identify the best care and treatment for health issues and could be more cost-effective in the long term.

A small number of people (4.2% general population; 5.5% Membership Scheme respondents, based on those who identified this as a priority) also suggested that money could be saved within health services if there was a greater effort to 'stop medical tourism' and priority was given to residents of Northern Ireland who had paid into the system over a period of time.





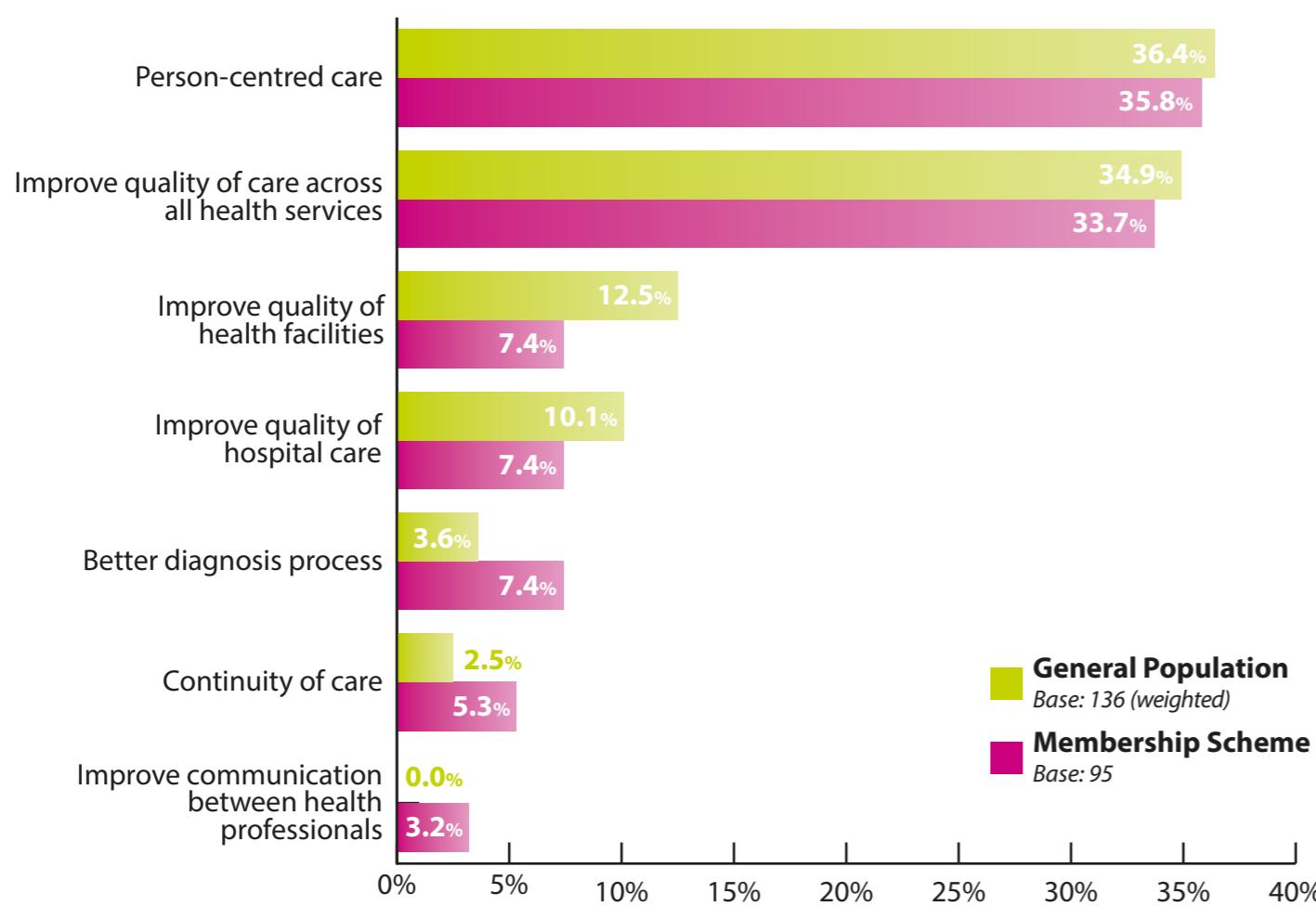
Priority 4: Improve quality of healthcare

14.7% (n=136) of questionnaire respondents said that, if they were the Health Minister, 'improve quality of healthcare' would be their top priority. Quality of care across all health and social care services was the third top priority in 2014. The specific areas people noted were:

- ▶ Person-centred care;
- ▶ Improve quality of care across all health services;
- ▶ Improve quality of health facilities;
- ▶ Improve quality of hospital care;
- ▶ Better diagnosis process;
- ▶ Continuity of care; and
- ▶ Improve communication between health professionals.

14.7%

Figure 12: Improve quality of care



For the majority of respondents, person-centred care was the key issue within this priority (36.4% general population; 35.8% Membership Scheme). Respondents felt that it was important that people are treated

as individuals and care is delivered in a personalised way. People wanted high-quality care that was planned around their individual needs and delivered by staff who took the time to listen and treat them as an individual. A few respondents also highlighted that there should be a greater focus on continuity of care (2.5% general population; 5.3% Membership Scheme). It was believed that being treated by staff who were familiar with their medical history would help improve the treatment and care they received.

Of those who identified 'improve quality of healthcare' as a priority, some respondents felt that there needed to be an improvement in the quality of care across all health services (34.9% of general population and 33.7% Membership Scheme). In focus group discussions, people who noted this as an issue described personal experiences where they felt the care they received was below an acceptable standard. People who identified this as a priority wanted to see an improvement in patient safety and the standards of care received. Specifically, a few people who identified 'improve quality of care' as a priority felt there needed to be an improvement in the quality of hospital care (10.1% general population; 7.4% Membership Scheme). Others also suggested the quality of healthcare facilities should be improved (12.5% general population; 7.4% Membership Scheme). It was believed that state-of-the-art health facilities would help improve the care experience.

"I would ensure that there is better quality of care throughout healthcare services."

Female questionnaire respondent, 16-24 years old

"Clean, efficient and excellent hospitals."

Female questionnaire respondent, Membership Scheme, 85+ years old

A small number of people within those who identified 'improve quality of care' as a priority also highlighted that there needed to be a 'better diagnosis process' (3.6% general population; 7.4 Membership Scheme) across all health services generally. People stressed that early diagnosis was crucial to ensuring people received the right treatment, in a timely manner.



"Treat patients with care and empathy, along with protecting the patient with dignity."

Female questionnaire respondent, 35 – 44 years old



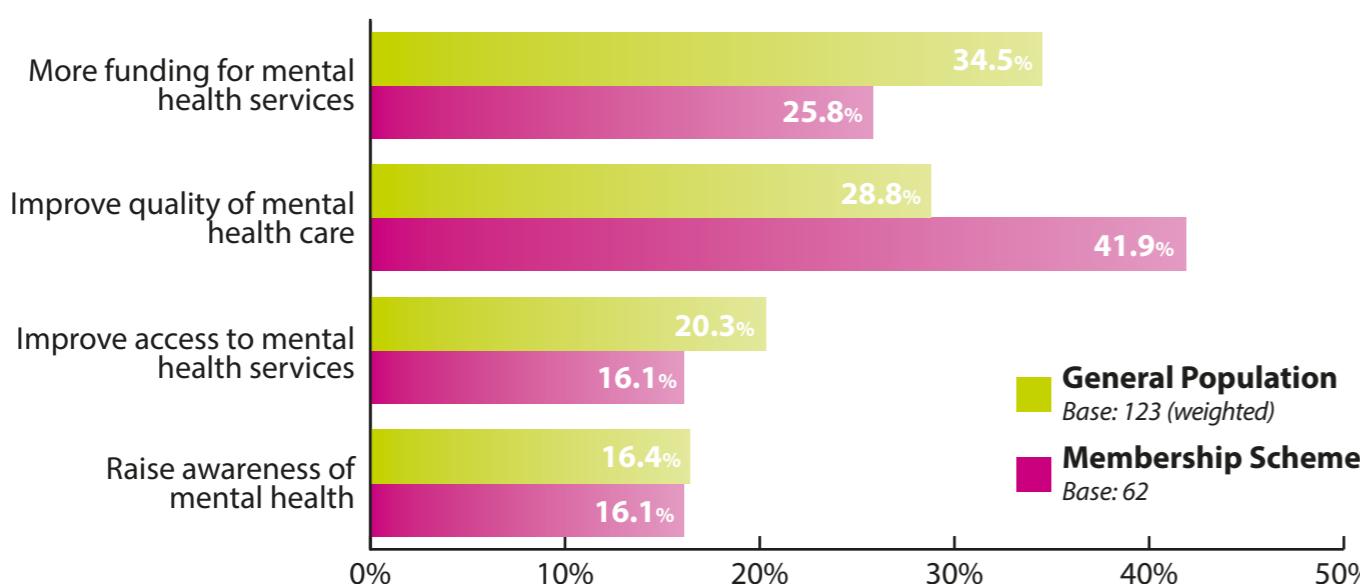
Priority 5: Improve mental health care

'Improve mental health care' was the top priority for 13.2% (n=123) of questionnaire respondents. The key issues for people within this priority were:

- ▶ More funding for mental health services;
- ▶ Improve quality of mental health care;
- ▶ Improve access to mental health services; and
- ▶ Raise awareness of mental health.



Figure 13: Improve mental health care



There were some differences in the respondents who prioritised 'improve mental health care' by age group. Respondents aged 25-34 years old were more likely to prioritise 'improve mental health care' than other age groups; 23.9% of 25 to 34-year-olds compared with 10.1% of 16 to 24-year-olds, 8.5% of 35 to 44-year-olds, 10.9% of 45 to 54-year-olds, 17.4% of 55 to 64-year-olds, 14.3% of 65 to 74-year-olds and 4.0% of 75 to 84-year-olds.

Just over a third of general population respondents (34.5%) and over a quarter of Membership Scheme respondents (25.8%) who identified this as a priority stressed that there needed to be 'more funding for mental health services'. A few respondents felt that mental health was an area that was underfunded and highlighted that an increase in funding would result in quicker interventions from services and reduce the risk of further long-term problems for people. Some respondents also felt that there needed to be a greater focus to 'improve access to mental health services' (20.3% general population; 16.1% Membership Scheme), especially access to counselling or talking therapies.

"More money needs to be invested in mental health, especially in young children and adolescents (before) there are further problems down the line."

*Male questionnaire respondent,
25-34 years old*

People were also concerned about the quality of mental health services in Northern Ireland and felt there needed to be a greater focus to 'improve quality of mental health care' (28.8% general population; 41.9% Membership Scheme; based on those who identified 'improve mental health care'). This was frequently raised in focus group discussions. In particular, participants stressed the transition period from child to adult services needed to be improved. A few people talked about how, given the needs of those with a mental health condition, the transition to adult services should be progressive and there should be gradual change in provision to alleviate stress for everyone involved.

"Mental health is a huge priority... I think there needs to be money in the gaps between moving from children's mental health services into adult mental health services, and then I suppose smoothing that transition for young people that are to be leaving CAMHS and going to be going into adult services... from 17 to 18, you know, that age group."

Female focus group participant, 25-34 years old, parents' support group, Enniskillen

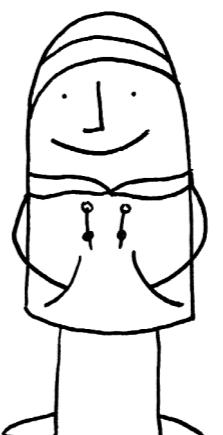
Some people who identified 'improve mental health care' as a priority also suggested there needed to be a greater effort to 'raise awareness of mental health' (16.4% general population; 16.1% Membership Scheme). In focus group discussions, participants emphasised that they believed mental health was an area that was often overlooked. In this context, a few respondents suggested that there should be a greater focus on raising awareness of mental health, particularly in schools.

"It is time that people recognise that mental health is the same as if you broke your leg. It is just another aspect of health."

Male focus group participant, 65-74 years old, men's community group, Omagh

"Mental health - target schools for more awareness."

Female questionnaire respondent, 25-34 years old





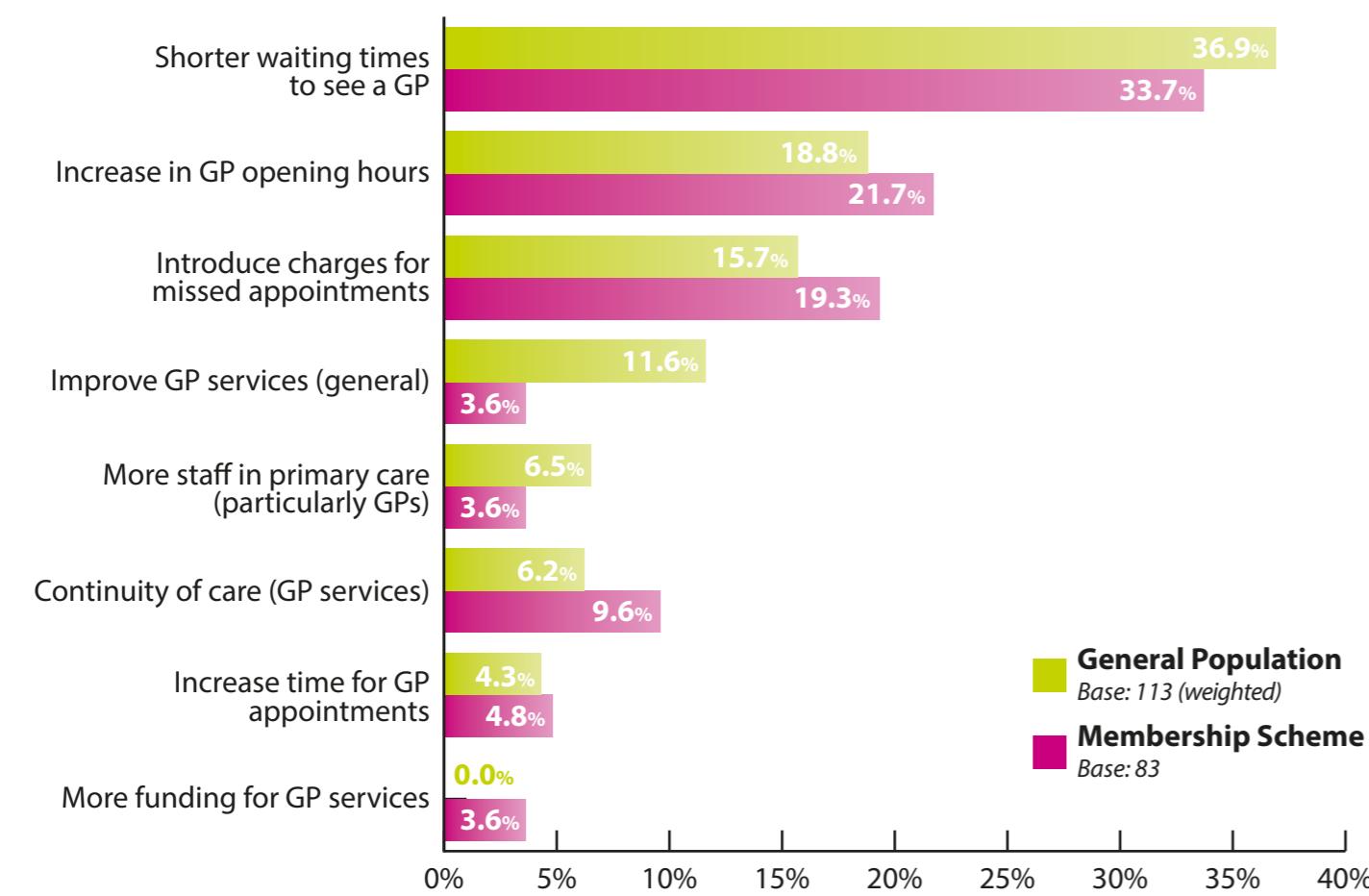
Priority 6: Improve GP services

'Improve GP services' was the top priority for 12.2% (n=113) of questionnaire respondents. This was the seventh top priority in 2014. People had many different concerns, but the key issues identified were:

- ▶ Shorter waiting times to see a GP;
- ▶ Improve GP services (general);
- ▶ Increase in GP opening hours;
- ▶ Introduce charges for missed appointments;
- ▶ Continuity of care (GP services);
- ▶ More staff in primary care (particularly GPs);
- ▶ Increase time for GP appointments; and
- ▶ More funding for GP services.



Figure 14: Improve GP services



For just over a third of general population (36.9%) and Membership Scheme respondents (33.7%) who identified this as a priority, the key thing was 'shorter waiting times to see a GP'. In focus group discussions people highlighted their frustration at the amount of time they had to wait to get an appointment. Some

respondents also noted that current GP opening hours were problematic for people using the service, especially for people who worked and, therefore, suggested that there should be an 'increase in GP opening hours' (15.7% general population; 19.3% Membership Scheme, based on those who identified 'improve GP services' as a priority). It was believed this would create a more flexible and accessible service.

"Quicker access would be great – my own GP is very popular as he is quite good so, therefore, there is at least two weeks to wait to get an appointment and sometimes you cannot wait that long."

Female focus group participant, 45-54 years old, fibromyalgia support group, Lisburn

"Longer opening hours in GP surgeries to accommodate working families."

Female questionnaire respondent, 35-44 years old

Some respondents who identified this as a priority felt there needed to be a greater effort to 'improve GP services (general)' (18.8% general population, 21.7% Membership Scheme). In focus groups, participants highlighted how GPs played an important role in referring people to other services. People therefore emphasised the importance of receiving high-quality care from their GP. In particular, a few respondents suggested that there should be an 'increase in time for GP appointments' (4.3% general population; 4.8% Membership Scheme; based on those who identified 'improve GP services' as a priority) to ensure that all their needs could be addressed. Specifically, a few participants living with fibromyalgia indicated that the length of time for appointments with their GP was not enough to address all their health needs.

Of those who identified 'improve GP services' as a priority, a few people expressed their frustration at being unable to get an appointment with a regular GP and, therefore, noted that there should be a greater focus on 'continuity of care in GP services' (6.5% general population; 3.6% Membership Scheme).

"It would make more sense that you see your own GP who knows you best."

Female focus group participant, 25-34 years old, Polish community group, Lisburn

Focus group discussions also highlighted that participants were aware of the pressures that GP services are facing. A few people who identified this as a priority therefore suggested that 'more staff in GP services' (6.2% general population; 9.6% Membership Scheme) would help to relieve this pressure and improve access to GP services. Some participants also expressed their frustration with individuals who missed appointments and failed to cancel them, especially as others found it difficult to get an appointment. In this context, a few respondents who identified 'improve GP services' as a priority (11.6% general population; 3.6% Membership Scheme) suggested that there was a need to 'introduce charges for missed appointments'.

"More GPs are needed. Very difficult to get GP appointment."

Female questionnaire respondent, 65-74 years old

"If you don't turn up for appointment and you don't have a really good reason, charge them. People who waste the time of doctors should be made to pay."

Female questionnaire respondent, 65-74 years old



Priority 7: Improve A&E services

'Improve Accident and Emergency (A&E) services' was the top priority for 10.0% of general population respondents (n=92). This was the fifth top priority in 2014.

The majority of respondents said they wanted to see an overall improvement in A&E services, whilst some people prioritised specific issues, such as:

- ▶ Reduce waiting times in A&E;
- ▶ Redirect non-urgent issues from A&E to other services;
- ▶ Improve access to A&E services;
- ▶ Improve quality of A&E services;
- ▶ Increase capacity of A&E; and
- ▶ More specialist staff in A&E.

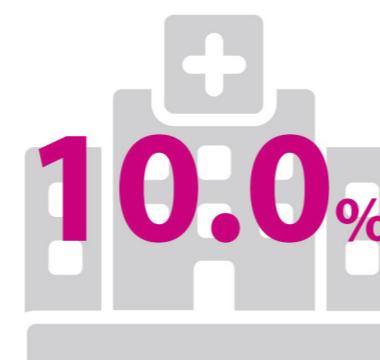
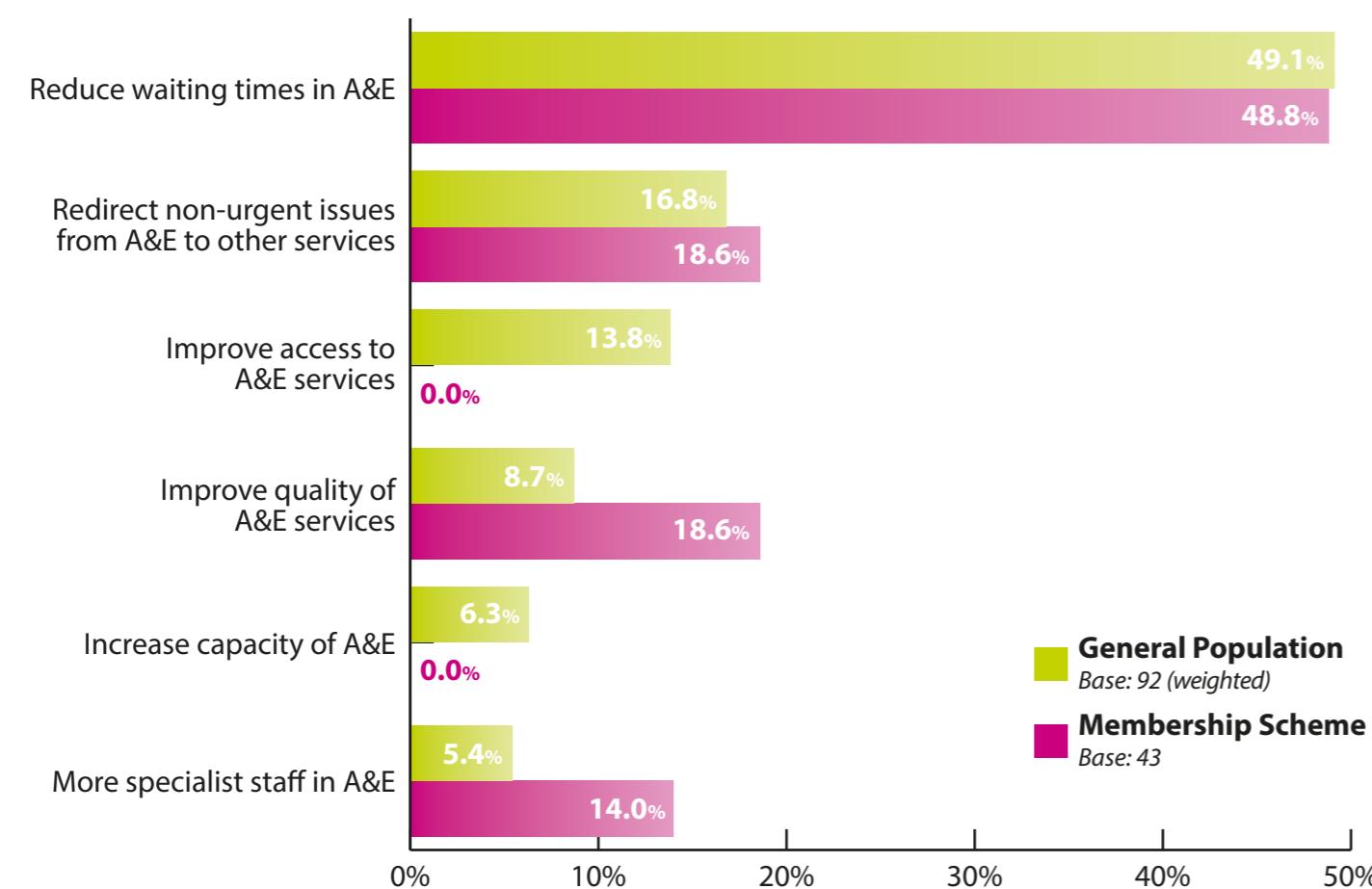


Figure 15: Improve A&E services



There were some differences in the respondents who prioritised 'improve A&E services' by age group. For example, respondents from the youngest age group were much more likely to prioritise A&E services than respondents aged 75-84 (16.4% of 16 to 24-year-olds or over, compared to 5.5% of 75 to 84-year-olds).

Almost half of general population respondents (49.1%) and Membership Scheme respondents (48.8%) who identified this as a priority stressed that there needed to be a greater effort to 'reduce waiting times in A&E'. This was frequently raised in focus group discussions as an area of concern. It was in this context that some respondents suggested that there needed to be a greater effort to 'redirect non-urgent issues from A&E to other services' (16.8% general population, 18.6% Membership Scheme; based on those who identified 'improve A&E as a priority). People felt this would help to reduce the waiting times and relieve pressure on the service.

Some people did, however, highlight their acceptance that A&E was triaged based on patient need. A few people suggested that better communication and more accurate information on the length of time it took to be seen would be helpful.

"Shorten the waiting lists in A&E"

*Male focus group participant,
16-24 years old, parents' support
group, Enniskillen*

"I will say regarding A&E and waiting times – I don't mind going in and waiting because you don't know what is coming in behind the scenes. You don't know if there has been an accident or someone needs surgery. You know it is triaged... (better) information would be good."

Female participant, age unknown, ethnic minority community group, Belfast

13.8% of general population respondents who identified this as a priority said that there needed to be a greater effort to 'improve access to A&E services'. The two most common issues voiced by people were the recent closure of some A&E departments and the lack of 24/7 A&E services in some hospitals. This was something that concerned people and they stressed the importance of accessible, local A&E services.

"Better access to A&E, including opening times and distance to travel."

Female questionnaire respondent, 35-44 years old

"Stop closing A&E services."

Male questionnaire respondent, 16-24 years old

"A better service in A&E."

*Female questionnaire respondent,
Membership Scheme, 65-74 years old*

Some people who identified this as a priority also stressed that there needed to be a general improvement in the way in which A&E services are delivered and a greater focus to 'improve the quality of A&E services' (8.7% general population; 18.6% Membership Scheme). Specifically, a few respondents suggested that there needed to be 'more specialist staff in A&E' (5.4% general population; 14.0% Membership Scheme) to help improve the quality of care received. A few general population respondents (6.3%) who identified this as a priority also suggested that an increase in the capacity of A&E could help the service cope with demand.



Priority 8: Greater focus on preventative care and health promotion

'Greater focus on preventative care and health promotion' was a top priority for 6.3% (n=58) of general population questionnaire respondents and 6.3% (n=27) of Membership Scheme respondents.

Respondents felt that good preventative healthcare, such as health screenings, could help avoid or delay the onset of disease or, in other cases, minimise the risk of diseases worsening. Health education was also a key issue in a few focus groups. There were many references to tackling obesity, alcohol abuse, smoking and sexual health through providing high-quality advice and information to the public in accessible formats.



"A lot of emphasis on preventative care and that means checked out and not just tests, but also includes things like nutrition and exercise, and so on."

Female participant, 65-74 years old, Chinese community group, Derry

"Educate the public to take care of themselves."

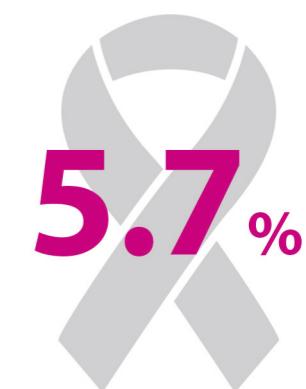
Female questionnaire respondent, 35-44 years old

Priority 10: Improve cancer services

'Improve cancer services' was identified as a top priority for 5.7% of general population respondents (n=53). This was the ninth top priority in 2014.

Many respondents who identified this as a priority felt that there should be more funding for cancer services. Some people also suggested that there should be a greater focus to improve the quality of cancer services in general.

A few respondents who identified 'improve cancer services' as a priority also suggested that there should be a greater focus on improving access to cancer services in local areas, with a few people also highlighting the need to increase access to specialist cancer drugs.



"Cancer services closer to home."

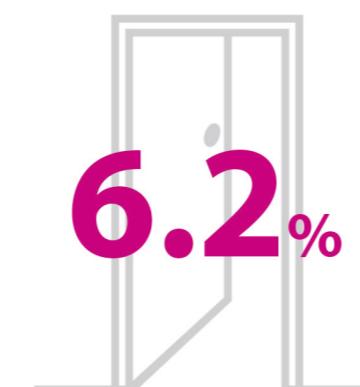
Male questionnaire respondent, 35-44 years old

"Access to drugs for cancer."

Female questionnaire respondent, 45-54 years old

Priority 9: Access to a full range of healthcare services locally

6.2% of questionnaire respondents (n=58) and 6.8% (n=29) of Membership Scheme respondents said that 'access to a full range of healthcare services locally' was their top priority. The key issue within this priority was to ensure that there was good access to all health services locally across Northern Ireland, especially in rural areas.



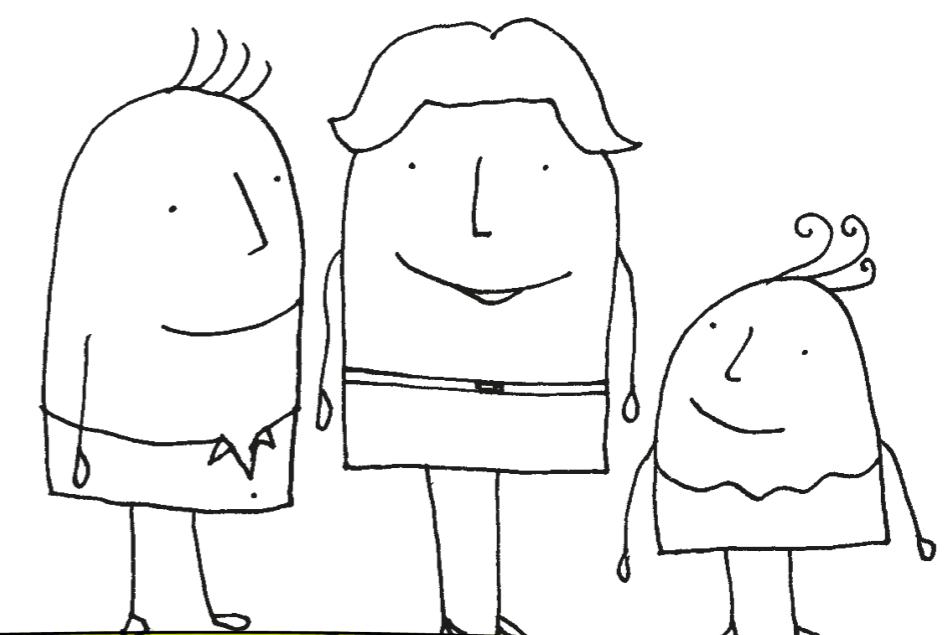
A few respondents were concerned about the recent closure of hospitals in Northern Ireland. A small number of people highlighted that travelling further may not be suitable, particularly for the elderly population, and emphasised the importance of having accessible local hospitals. A few people also spoke specifically about the importance of having stroke services locally.

"That all people could receive their care as local as possible"

Female questionnaire respondent, Membership Scheme, 45-54 years old

"More local services in rural areas."

Male questionnaire respondent, 16-24 years old





Other priorities

Questionnaire respondents identified some other priorities (n=118) for healthcare that are not reflected in the top 10 priorities (see Figure 16).

'Health services for the elderly' was a top priority for general population respondents and it was one of the top 10 priorities identified by Membership Scheme respondents. People highlighted that, in general, elderly people's services should be considered as a top priority in healthcare. People said that increased investment would help improve the quality of services for elderly people, ensuring they receive high-quality care as they get older.

"Give good care to the older people."

Female questionnaire respondent, Membership Scheme, 65-74 years old

"To make sure that the elderly receive all the services they require with first-class care."

Female questionnaire respondent, 25-34 years old

Other priorities identified by general population respondents included 'health services for children and young people', 'access to services based on need' and 'greater focus on dementia care'.

"Quality of children's services and better access to these services."

Female questionnaire respondent, 25-34 years old

"Timely access to services for those in genuine need."

Female questionnaire respondent, 55-64 years old

"Improve the care experience for people with dementia overall."

Male questionnaire respondent, 16-24 years old

A small number of general population questionnaire respondents (n=<10 for each priority) identified other priorities for healthcare. Many of these issues were specific in nature and personal to the individual respondent, such as to prioritise the treatment and care of a particular condition (examples include fibromyalgia services, cardiology services and addiction services).

Some focus groups were made up of representatives of minority, hard-to-reach or condition-specific groups and, as a result, participants often identified more specific priorities that were particularly important to them. For instance, some participants of a focus group for people with fibromyalgia felt that health services in general should take a more holistic approach to patients that encompasses their physical, emotional and psychological health. Participants highlighted that an increased awareness of fibromyalgia among primary care health professionals and improvements in specialist services were specific priorities.

Furthermore, a few participants in focus groups with ethnic minorities highlighted that there needed to be an improved awareness of different cultures and a greater effort to cater for these needs to ensure all cultures were respected. Specific comments related to improving communication with those who are not from Northern Ireland; treating everyone with respect; investing in interpretative services and improving the care experience of ethnic minorities, ensuring that care is delivered in a way which is respectful of all cultures.

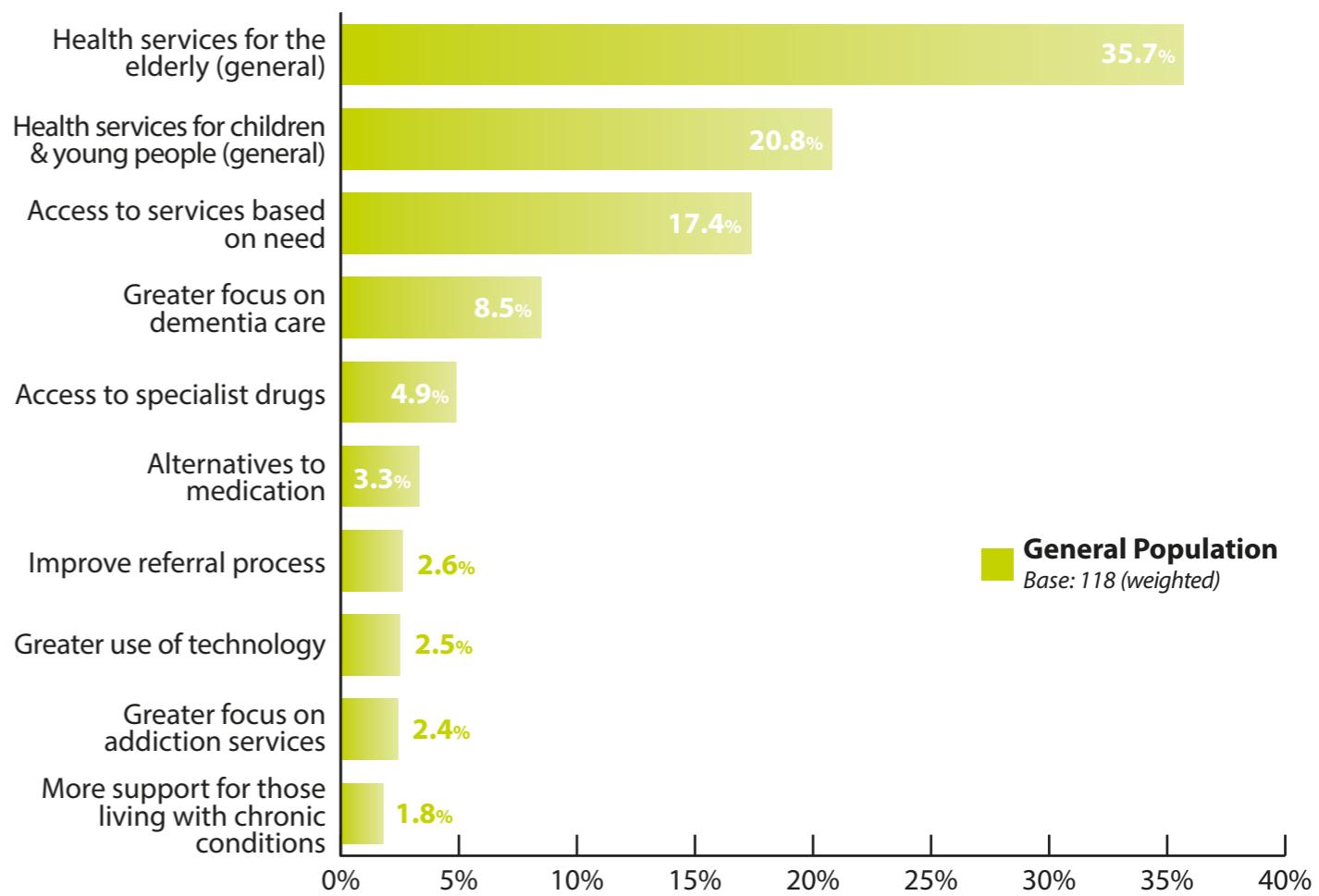
"People can act on assumptions when they realise you are not from this country and assume you don't understand the system and probably the same issues with communication... probably training (would help) but better social skills – cultural competence."

Female focus group participant, 35-44 years old, ethnic minority community group, Belfast

"I think cultural awareness needs to improve. Things like when you get an appointment it should be with a woman, because that could be something that certain cultures don't allow. Also, have interpretive services where needed."

Female participant, 25-34 years old, ethnic minority community group, Belfast

Figure 16: Key issues within 'other' priorities





Top Social Care Priorities

Base: 738 (weighted, general population, multiple response)

1 Improve domiciliary care

25.6%



2 Greater focus on social care for the elderly

21.0%

3 Improve quality of social care

18.5%



4 Greater focus on carers' needs

16.2%

5 Improve community care

16.0%



6 Increase funding and improve management of social care

15.7%

7 Increased focus on frontline social care staff

12.3%



8 Reduce waiting times for social care services

6.5%

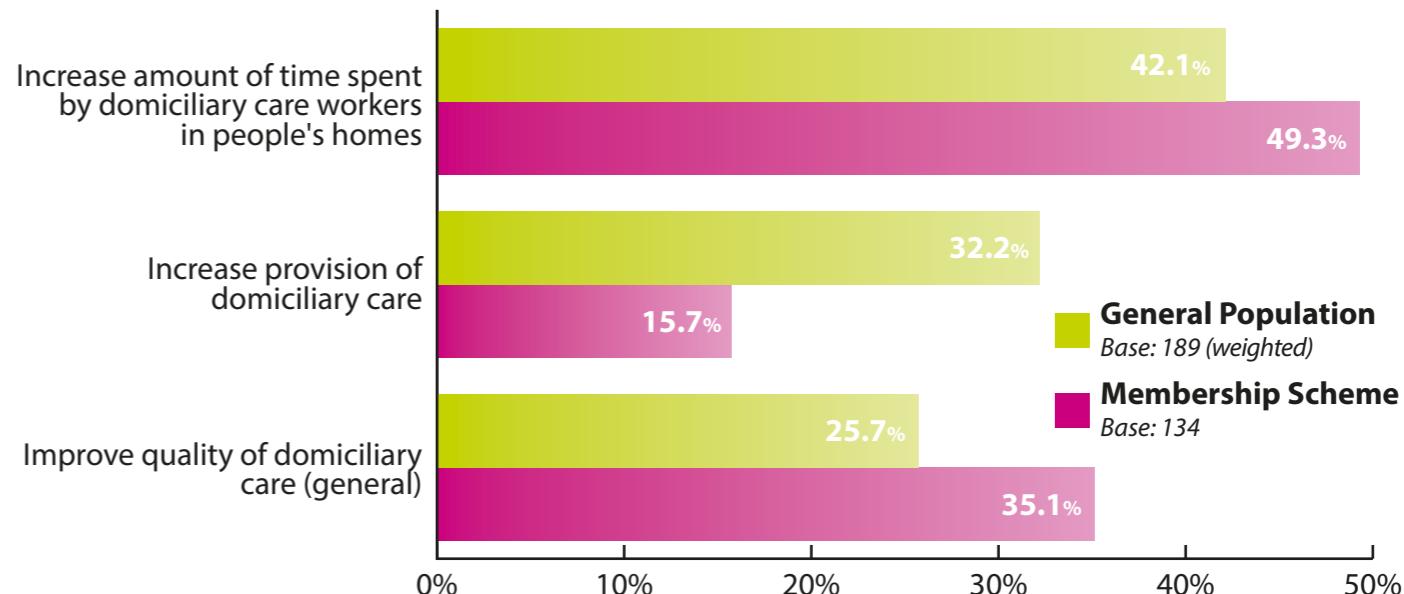
Priority 1: Improve domiciliary care

Questionnaire respondents noted that their top priority for social care was to 'improve domiciliary care' (25.6%; n=189). Care of older people (including domiciliary care) was the fourth top priority in 2014. The three key issues for people within this priority were:

- ▶ Increase amount of time spent by domiciliary care workers in people's homes;
- ▶ Increase provision of domiciliary care; and
- ▶ Improve quality of domiciliary care (general).

25.6%

Figure 17: Improve domiciliary care



There were some differences in the types of respondents who prioritised 'improve domiciliary care' by demographic group. Women were more likely than men to choose this as a top priority; 28.8% of female respondents in comparison to 22.1% of male respondents. Those over 85 years old were also much more likely to prioritise 'improve domiciliary care' than respondents in the youngest age group (61.3% of 85+ year-olds or over, compared to 15.0% of 16 to 24-year-olds).

As Figure 17 shows, over two fifths of general population respondents (42.1%) and almost half of Membership Scheme respondents (49.3%) who identified 'improve domiciliary care' as a priority felt there should be a greater focus to 'increase the amount of time spent by domiciliary care workers in people's homes'. Many respondents believed that the length of time people had with domiciliary care workers was not enough, highlighting that workers were often rushed. Some respondents believed that this meant workers were not able to address the specific needs of individuals. In focus group discussions, participants also highlighted their concerns that the short time domiciliary care workers had with people impacted on the quality of care that people received.



"My priority would be the length of time that they can spend with people - I don't think workers get enough time."

Female focus group participant, 55-64 years old, women's community group, Newtownabbey

"The carers need more time with each patient in the home. They seem to always be rushing from one house to the next."

Female questionnaire respondent, Membership Scheme, 55-64 years old

In this context, some respondents also suggested that there needed to be a 'greater focus to improve the quality of domiciliary care (general)' (25.7% general population; 35.1% Membership Scheme; based on those who identified 'improve domiciliary care') and the support people received. Respondents highlighted the need for high quality personal care delivered by well-trained staff. In particular, focus group discussions highlighted that there should be a greater focus on continuity of care. It was believed that regular contact with the same workers would help improve people's experience of domiciliary care. A few respondents also emphasised that visits from domiciliary care workers may be the only contact that some elderly people have and suggested that there needed to be a greater focus on the social and emotional needs of recipients of domiciliary care.

"To have the same person each day for continuity of care. It would be less confusing for the elderly."

Female questionnaire respondent, Membership Scheme, 75-84 years old

"More time with each client in need of personal assistance - or just the opportunity to sit for a few minutes to talk to lonely ones... this can be the patient's only contact on a daily basis."

Female questionnaire respondent, Membership Scheme, 75-84 years old

"Improve help with little jobs around the house - cleaning, changing a light bulb - things like that."

Male questionnaire respondent, 25-34 years old

There were also concerns about the future provision of domiciliary care, especially with the financial constraints that Health and Social Care is currently facing. Respondents emphasised that domiciliary care was something they really valued, with a few elderly participants in focus groups stressing that they could not cope with the basic activities of daily life at home without it. Some respondents, therefore, suggested that domiciliary care is a service which should be protected from financial cuts, and there should be a greater effort to 'increase provision of domiciliary care' (32.2% general population, 15.7% Membership Scheme; based on those who identified 'improve domiciliary care' as a priority) to ensure that anyone who needs it is able to access the service.

"More domiciliary care available."

Male questionnaire respondent, 16-24 years old

Priority 2: Greater focus on social care for the elderly

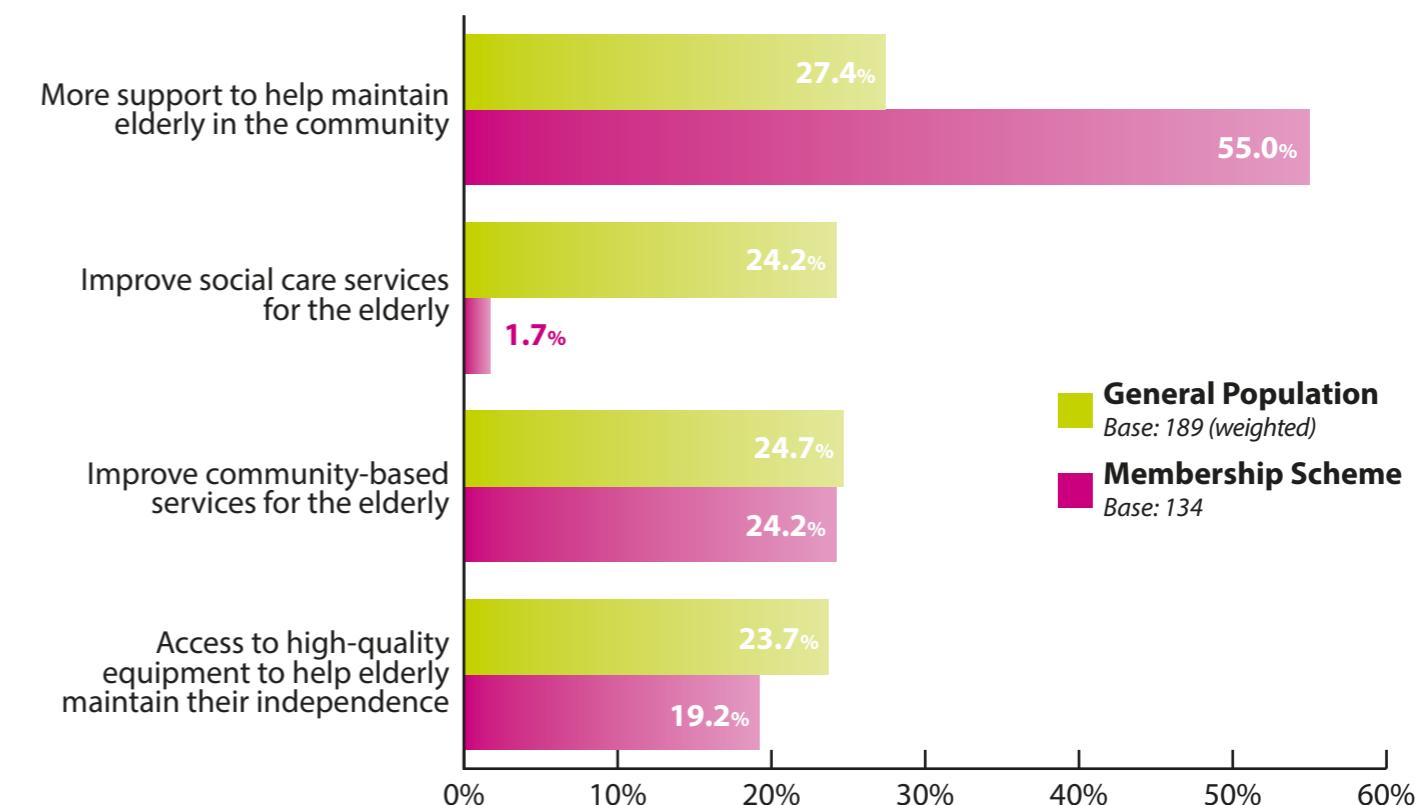
21.0% (n=155) of questionnaire respondents said that 'greater focus on social care for the elderly' should be a top priority. Care of older people was the fourth top priority in 2014.

The key issues noted were:

- ▶ More support to help maintain elderly in the community (general);
- ▶ Improve social care services for the elderly (general);
- ▶ Improve community-based services for the elderly; and
- ▶ Access to high-quality equipment to help elderly maintain their independence.



Figure 18: Greater focus on social care for the elderly



Just over a quarter of general population respondents (27.4%) and more than half of Membership Scheme respondents (55.0%) felt there needed to be 'more support to help maintain the elderly in the community'. Respondents highlighted that that there should be a greater effort to keep people in the community, especially in their own home, as much as possible. A few respondents stressed that it was important to keep people in familiar surroundings. In this context, some respondents also felt that access to high-quality equipment to help the elderly maintain their independence needed to be improved (23.7% general population, 19.2% Membership Scheme; based on those who identified 'greater focus on social care for the elderly' as a priority). In focus group discussions, some participants shared their



personal experiences where they had encountered lengthy waiting times to gain access to equipment. Participants stressed that quick access to high-quality equipment when required was particularly important to help ensure that elderly people could remain in their home for as long as possible.

"To look after as many people as possible in their own homes – old people are most happy in their own surroundings."

Male questionnaire respondent, Membership Scheme, 65-74 years old

"Quicker action to get services like stair lifts."

Female focus group participant, age unknown, older people's community group, Belfast

"(Quicker help) to get your house adapted for the patient's needs. People are having to wait far too long for work to be passed and then for the work to be carried out."

Male questionnaire respondent, 65-74 years old

Just under a quarter of general population respondents (24.2%) and a small number of Membership Scheme respondents (1.7%) felt that there needed to be a greater effort to 'improve social care services for the elderly (general)'. Respondents who identified this as a key issue did not specify any particular social care service, but highlighted that, in general, elderly people in society should be considered a priority when it came to social care. Respondents indicated that it was important to create a social care service that people can rely on and have confidence in as they grow older; and one which helps elderly people to live full and independent lives as much as possible.

"More community-based services for older people. Some of them are prisoners in their own home."

Male questionnaire respondent, 16-24 years old

Some respondents who identified greater focus on social care for the elderly also suggested that there needed to be a greater focus to 'improve community-based services for the elderly' (24.7% general population, 24.2% Membership Scheme respondents). A few respondents suggested that there should be more activities outside the individual's home to ensure that elderly people are not restricted to their house every day and that they have contact with other people. In this context, a few people highlighted that there needed to be improvements to transport services to help the elderly travel to community-based activities.

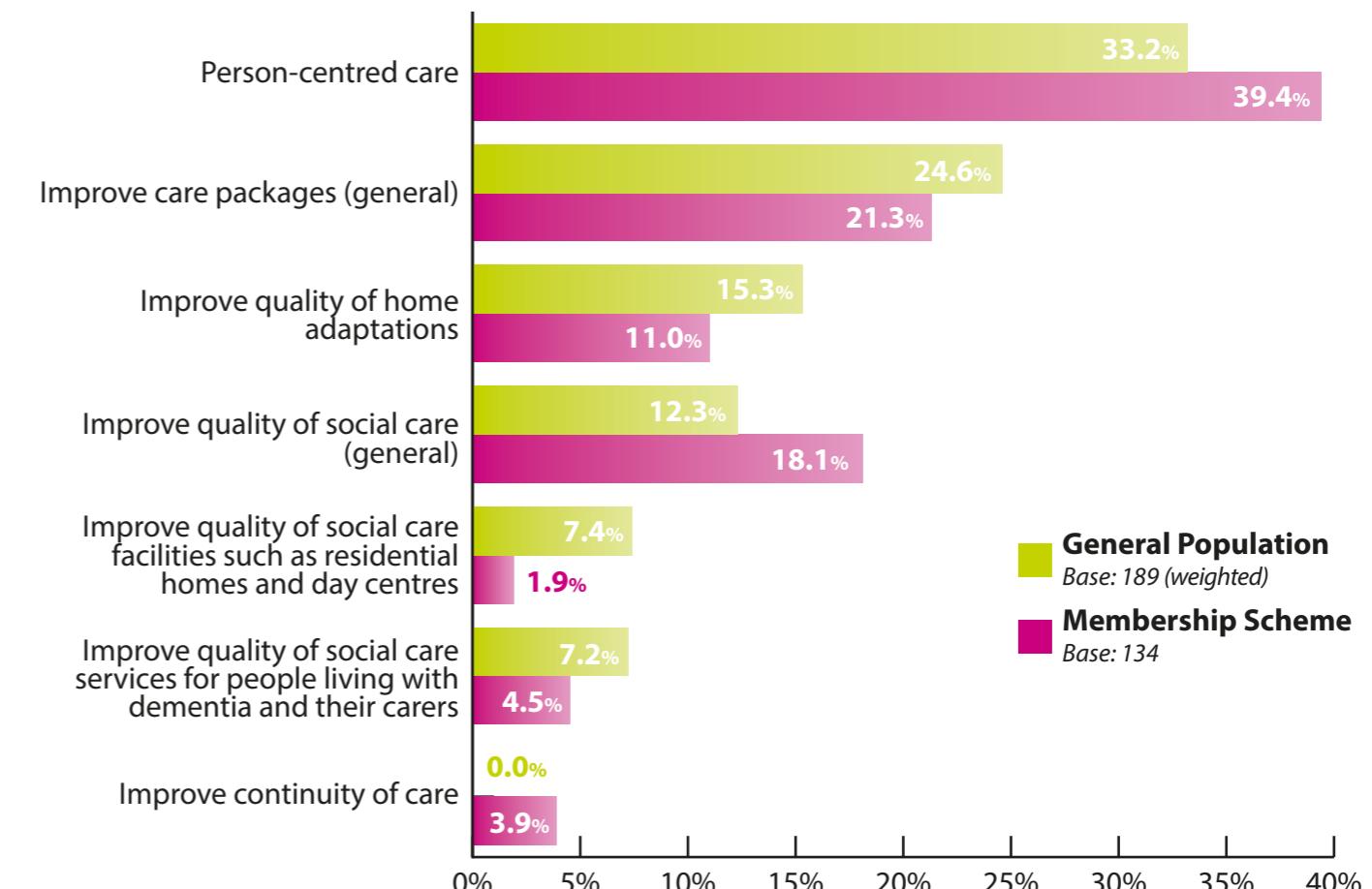
Priority 3: Improve quality of social care

'Improve quality of social care' was a top priority for 18.5% (n=137) of questionnaire respondents. Quality of care across all health and social care services was the third top priority in 2014. There were many issues around this priority, but the key issues identified were:

- ▶ Person-centred care;
- ▶ Improve care packages (general);
- ▶ Provide suitable home adaptations to meet people's needs;
- ▶ Improve quality of social care (general);
- ▶ Improve quality of social care services for people living with dementia and their carers;
- ▶ Improve quality of social care facilities, such as residential homes and day centres; and
- ▶ Improve continuity of care.

18.5%

Figure 19: Improve quality of social care





For a third of general population respondents (33.2%) and almost two fifths of Membership Scheme respondents (39.4%) 'person-centred care' was the key issue within this priority. This was also the key issue within the quality of care priority for healthcare. Respondents wanted social care services that centred on the specific needs of each individual and were delivered by staff who recognised and treated people as individuals.

Of those who identified 'improve quality of social care' as a priority, just under a quarter of general population respondents (24.6%) and slightly over one fifth of Membership Scheme respondents (21.3%) suggested there should be a greater effort to 'improve care packages (general)'. People highlighted issues around accessing care packages, with some suggesting that there needed to be a greater effort to ensure that all those who need a care package have one in place before being discharged from hospital. Some respondents also indicated the quality of care packages needed to be improved in general, with a few suggesting that increasing funding for care packages would help. It was felt this would help improve the quality of support people received. A few people also noted that care packages needed to be much more person-centred and planned around the individual, as opposed to taking a one-size-fits-all approach.

"Quicker access to care packages in the community."

Male questionnaire respondent, 55-64 years old

"Need greater availability of care packages."

Male questionnaire respondent, 25-34 years old

"Ensuring care packages are correct, quickly developed and appropriate for people."

Female questionnaire respondent, 45-54 years old

Some respondents also indicated that there needed to be an effort to 'improve the quality of social care (general)' (12.3% general population, 18.1% Membership Scheme; based on all those who indicated 'improve quality of care' as a priority). Respondents who stated this as an issue often talked about personal experiences where they felt the quality of care they, or someone they cared for, received was below a certain standard. Specifically, some people who identified this as a priority suggested there needed to be an improvement in the quality of home adaptations (15.3% general population; 11.0% Membership Scheme). In focus group discussions, participants often talked about the importance of being able to maintain their independence in the community as they got older. Respondents who identified this as a key issue highlighted that it was important for people to be provided with suitable home adaptations that cater to their needs.

"General improvement in social care."

Male questionnaire respondent, 75-84 years old

"Better standard of home adaptations that will actually make a difference for people."

Male questionnaire respondent, 35-44 years old

A few respondents also noted that there needed to be an improvement in the quality of social care facilities, such as residential homes and day centres (7.2% general population, 4.5% membership). Respondents who identified this as an issue felt that some facilities were below an acceptable standard and believed there needed to be a greater effort to improve these facilities. A small number of participants in focus group discussions also highlighted the need to improve day facilities to ensure there is more variety, particularly for people with a specific condition.

"Upgrading care facilities for people in the community, such as small centres, residential or day centres for clients."

Female questionnaire respondent, 65-74 years old

"The other thing for social care is services for people with brain injury because day centres are limited... it seems to be that, if you go into actual day centres, it's a predominately elderly group and that's very difficult if you've a young person in and, if you've been more profoundly impaired, he could be sitting in with these elderly people and that could be his life going there. There needs to be more variety, and more options and opportunities, making it more inclusive to society."

Male focus group participant, age unknown, brain injury support group, Newtownards

A small number of respondents who identified this as a priority suggested there needed to be an 'improvement in the quality of social care services for people living with dementia and their carers' (7.4% general population, 1.9% Membership Scheme; based on all those who identified 'improve quality of social care' as a priority). Respondents who identified this did not specify any aspect of social care in particular, but suggested that the care people with dementia receive needs to be more specialised. A few people also indicated that there needed to be an improvement in the support to carers of someone with dementia.

"More specialised care for the elderly with dementia."

Female questionnaire respondent, Membership Scheme, 16-24 years old





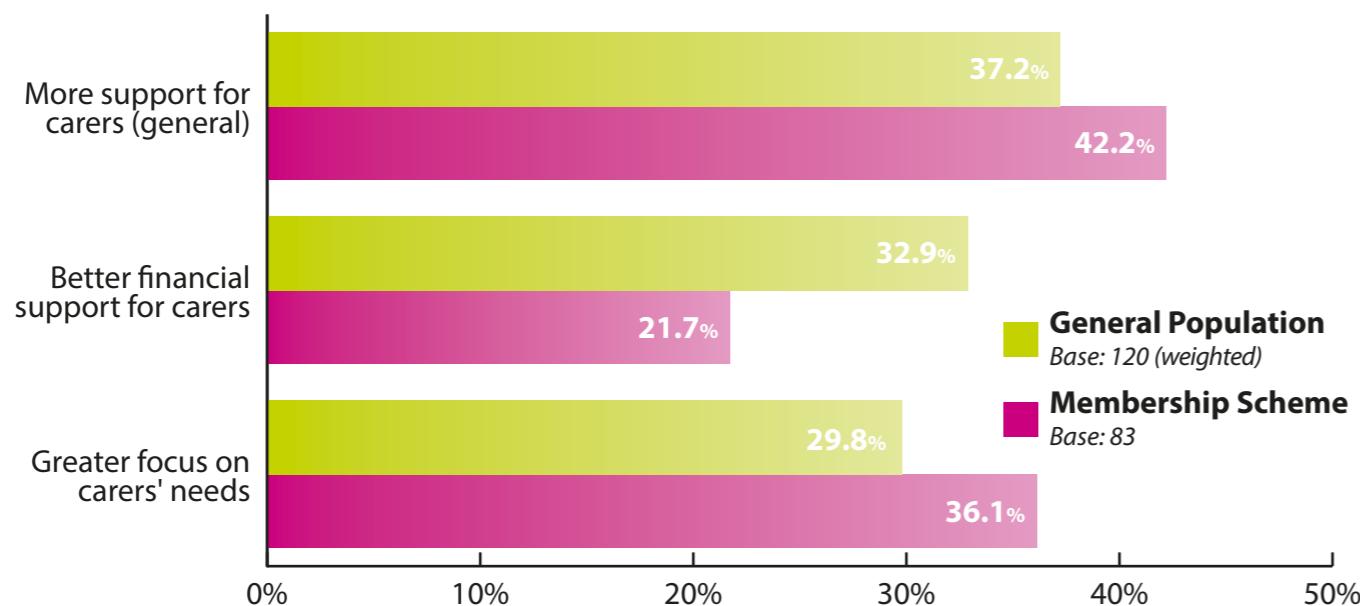
Priority 4: Greater focus on carer's needs

'Greater focus on carer's needs' was the top priority for 16.2% of general population respondents (n=120). The key issues around this priority were:

- ▶ More support for carers (general);
- ▶ Better financial support for carers; and
- ▶ Greater focus on carers' needs.



Figure 20: Greater focus on carers' needs



Women were more likely than men to prioritise 'greater focus on carers' needs' as a top priority; 22.7% of female respondents in comparison to 9.2% of male respondents. Those aged 75-84 years old were much more likely to prioritise 'greater focus on carers' needs' than respondents aged 65-74 (39.8% of 75 to 84-year-olds, compared to 1.3% of 65 to 74-year-olds).

'More support for carers' (general) was identified as the key issue within this theme by over one third of general population respondents (37.2%) and over two fifths of Membership Scheme respondents (42.2%). Comments provided in both focus group discussions and questionnaires emphasised that being a carer impacted on many aspects of people's lives, such as their own wellbeing which, at times, came secondary to the person they care for.

Being a carer also impacted on the social life of people. For many carers, their responsibilities as a carer meant they had little time for themselves and this restricted their ability to take part in activities for their own enjoyment. In this context, some respondents felt there should be a greater focus on carer's needs

(29.8% general population, 36.1% Membership Scheme; based on all those who identified 'greater focus on carer's needs' as a priority) to enable them to continue in this role. However, whilst respondents were frustrated that they were not getting enough help, they were also confused as to where they should get support from. In general, participants indicated that carers needed more help, but they did not necessarily know what type of support they required. A few respondents suggested, therefore, that there needed to be more accessible information for carers.

“...That this information is brought to the carer so that they do not have to seek it out when the need arises.”

Female questionnaire respondent, Membership Scheme, 75-84 years old

In general, comments provided within questionnaires and focus group discussions indicated that carers felt unsupported financially. Specifically, a few people indicated that they felt that the carer's role often went unnoticed and, at times, they felt like an unpaid workforce. A few participants described how the demands of being a carer meant they were forced to give up their job and this impacted on them financially. Just under a third of general population respondents (32.9%) and over one fifth of Membership Scheme respondents (21.7%) who identified 'greater focus on carers' needs' as a priority felt there should be an increase in the financial support that carers receive.

“Social care for me would be taking care of carers out in the community because they save an absolute fortune. So for people looking after their disabled kids, disabled parents, whoever it might be under whatever circumstances... if they are a full-time carer then they should be treated as if that's their job... what carers need is to be paid better and more support.”

Female focus group participant, 45-54 years old, fibromyalgia support group, Lisburn





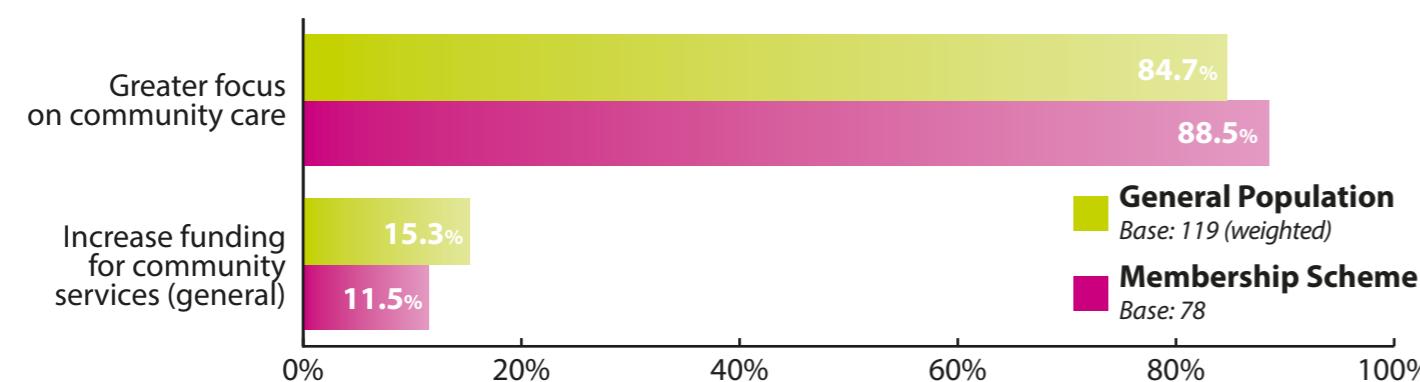
Priority 5: Improve community care

16.0% (n=119) of questionnaire respondents identified 'improve community care' as their top priority if they were the Minister. The two key issues noted were:

- ▶ Greater focus on community care; and
- ▶ Increase funding for community services (general).

16.0%

Figure 21: Improve community care



As Figure 21 shows, most questionnaire respondents who identified this as a priority felt there should be a greater focus on community care in general (84.7% general population; 88.5% Membership Scheme). Generally speaking, respondents felt that more focus on community care was necessary in order to maintain people in the home rather than in a hospital setting. This was an area of concern in focus group discussions, with some participants highlighting that maintaining care for their loved one in familiar surroundings was important to them.

"More care in the community."

Female questionnaire respondent, 35-44 years old

"More emphasis to keep people in their own homes."

Male questionnaire respondent, 55-64 years old

However, some respondents recognised that living at home may not always be a realistic or practical option and emphasised the importance of other options which would enable people to live in the community, such as residential care and supported living. Respondents specified that these options needed to cater for a range of people with different needs.

"Supported housing for those with complex needs, such as mental illness and drug offenders."

Female questionnaire respondent, 45-54 years old

"Another important thing there is the statutory care homes... there was talk about closing the homes over the last two or three years, but I don't think they should. My priority is to leave the statutory homes alone."

Male focus group participant, 65-74 years old, Asian community group, Ballymena

Other respondents who suggested there needed to be a greater focus on community care also made specific comments in relation to providing more practical support to people who had an illness, were disabled, had a low income or the elderly in the community. Some respondents who identified this as a priority also noted that there needed to be an improvement in community services in general, such as community transport services and community activities, to enable people to continue to maintain an active life. In this context, a few respondents suggested that there should be an 'increase in funding for community services (general)' (15.3% general population; 11.5% Membership Scheme).

"More community care – more clubs and activities."

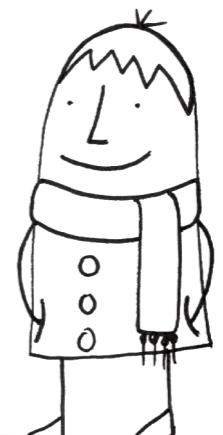
Female questionnaire respondent, 25-34 years old

"More community-based programmes for disadvantaged families."

Male questionnaire respondent, 35-44 years old

"Additional funding for community care."

Male questionnaire respondent, Membership Scheme, 75-84 years old





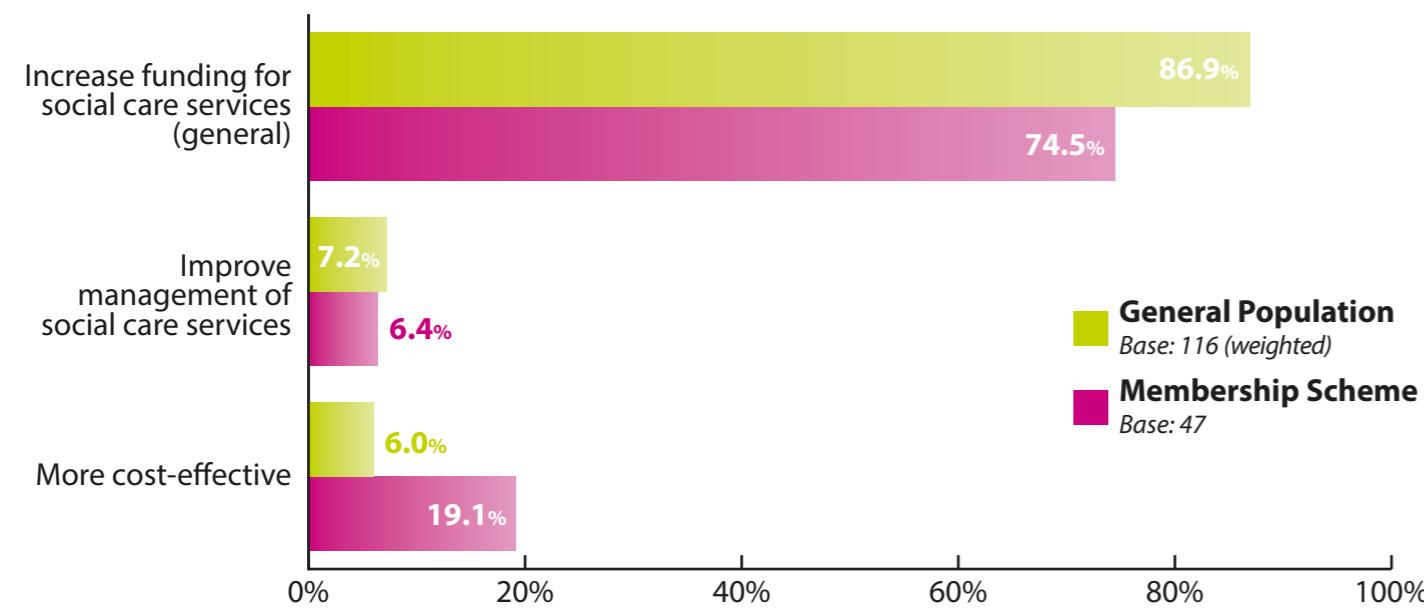
Priority 6: Increase funding and improve management of social care services

15.7% (n=116) of questionnaire respondents said that 'increase funding and management of social care services' should be a top priority. This was also a top priority for healthcare. Funding, management and cost-effectiveness across all health and social care services was also the sixth top priority in 2014. The key issues noted were:

- ▶ Increase funding for social care services (general);
- ▶ Improve management of social care services; and
- ▶ More cost-effective.



Figure 22: Increase funding and management of social care services and facilities



There were some differences in the types of respondents who prioritised 'increase funding and improve management of social care services' by demographic group. Men were more likely than women to choose this as a top priority; 18.9% of male respondents in comparison to 12.7% of female respondents. Those aged 45-54 years old were also more likely to prioritise this than respondents in the oldest age group (22.1% of 45 to 54-year-olds, compared to 7.5% of 85+ year-olds).

As Figure 22 shows, most people who identified this as a priority stressed that there needed to be an 'increase in funding for social care services' in general (86.9% general population, 74.5% Membership Scheme). This was also the key issue for respondents who identified this as a top priority for healthcare. Generally, respondents felt that social care services, like health services, were struggling and required further investment. Some respondents felt that budget constraints impacted more on social care, and stressed that funding for social care needed to be prioritised as a whole to ensure that a high-quality service is provided that meets the individual needs of service users and clients.

"More money for all social care services."
Female questionnaire respondent, 35-44 years old

"Prioritise social care as it is always getting cuts."
Male questionnaire respondent, 35-44 years old

"More money to be given to the social care fund so that the needs of service users can be met as, due to lack of financial resources, their needs are often unmet."
Female questionnaire respondent, Membership Scheme, 35-44 years old

Many respondents spoke specifically about more funding for social care facilities, such as day centres and residential homes. Respondents believed that there was currently an underinvestment in these facilities and this was affecting the quality of care that people received. Others suggested that the provision of social care facilities was not enough, in particular, a few respondents commented on the lack of suitable day facilities for people with a learning disability. A few respondents also referred to the recent closure of facilities, which they were unhappy about. It was therefore emphasised that there needed to be further investment in facilities, such as day centres and residential homes, to ensure there was an adequate provision which catered for people's needs.

"More investment in day centres."
Male questionnaire respondent, 25-34 years old

"Stop the proposed closures of day centres for those with a learning disability."
Female questionnaire respondent, 35-44 years old

"More variety and more options for day centres, especially for young people."
Male focus group participant, age unknown, brain injury support group, Newtownards

A few people recognised that there needed to be more effective decision-making to sustain social care services in the long term. A small number of respondents who identified this as a priority highlighted that there needed to be a greater focus to 'improve the management of social care services' (7.2% general population, 6.4% Membership Scheme) and that more cost-effective (6.0% general population, 19.1% Membership Scheme) decisions were made. In this context, one respondent suggested there needed to be more forward-planning.

"The money available should be more clearly set out as to how much and how to use it."
Male questionnaire respondent, Membership Scheme, 35-44 years old



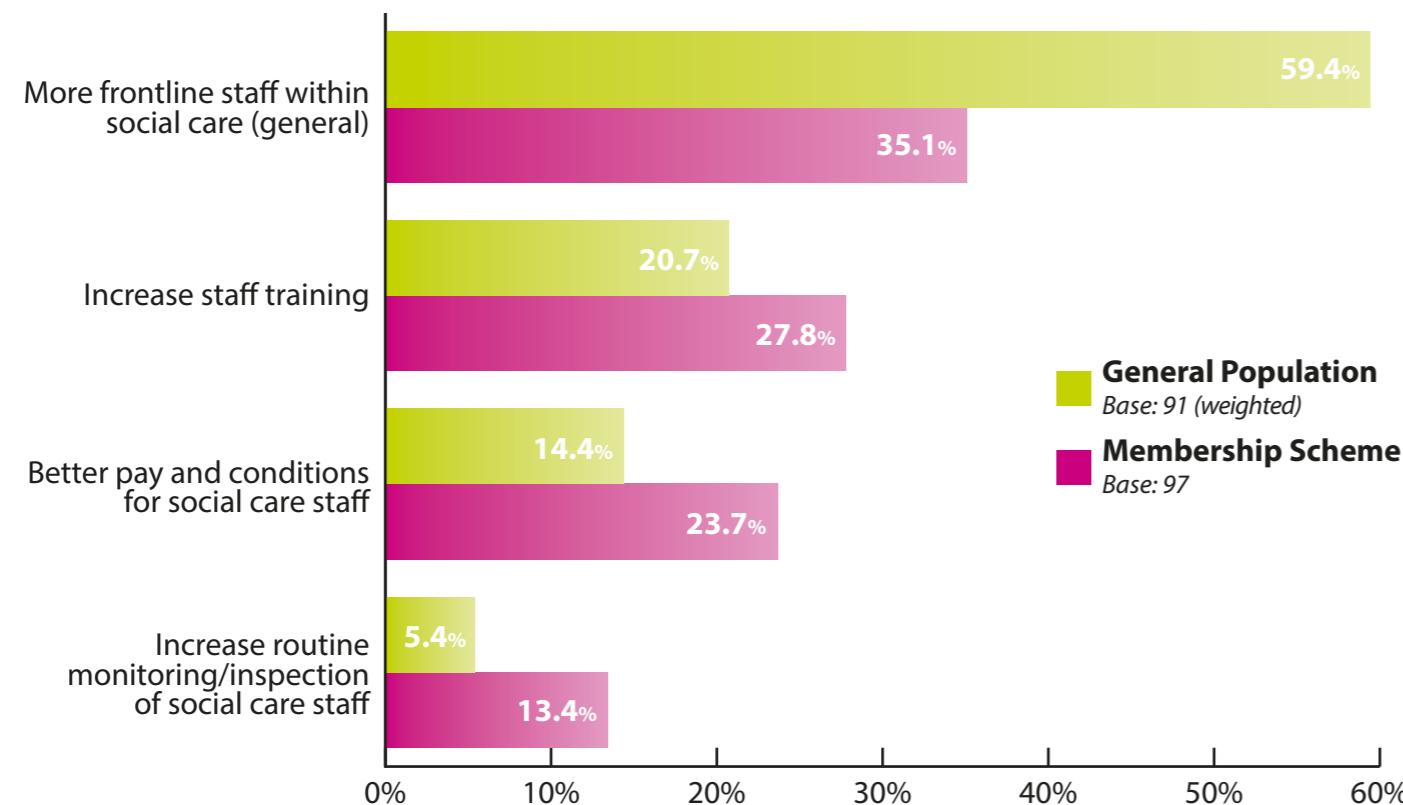
Priority 7: Increased focus on frontline social care staff

'Increased focus on frontline social care staff' was identified as a top priority for 12.3% of general population respondents (n=91). This was also a priority identified for healthcare. Frontline health and social care staff was also the second top priority in 2014. The key issues identified within this priority were:

- ▶ More frontline staff within social care (general);
- ▶ Increase staff training;
- ▶ Better pay and conditions for social care staff; and
- ▶ Increase routine monitoring/inspection of social care staff.



Figure 23: Increased focus on frontline social care staff



More than half of general population respondents (59.4%) and over a third of Membership Scheme respondents (35.1%) who identified 'increased focus on frontline social care staff' as a top priority indicated that there should be an increase in frontline staff across all social care services. Respondents believed that increasing staff would help to relieve current pressure on services. An increase in staff was also the top issue for those who also identified frontline staff as a priority for healthcare. Respondents also emphasised how much they value social care staff, in particular, domiciliary care workers. They did, however, highlight concerns about the pressure which staff are under. In this context, some respondents suggested there needed to be better pay and conditions for social care staff (14.4% general population,

23.7% Membership Scheme; based on all those who identified 'increased focus on frontline social care staff' as a priority).

"Increase employees into social care services."

Female questionnaire respondent, Membership Scheme, 25-34 years old

"Care is great. The only downside is that care staff are treated poorly, they are sent to work and only have 10 minutes for a visit to get someone up and dressed. Their conditions are terrible, but they still provide a brilliant service."

Female focus group participant, 45-54 years old, fibromyalgia support group, Lisburn

Over one fifth of general population respondents (20.7%) and over one quarter of Membership Scheme respondents (27.8%) who identified this as a priority also suggested that there should be an increase in staff training to ensure that all clients received the highest quality care, delivered by well-trained and supportive staff. A small number of respondents who identified this as a priority also noted that there should be an 'increase in routine monitoring/inspection of social care staff', particularly of those staff who provide personal care to elderly people (5.4% general population, 13.4% Membership Scheme respondents).

"More specified training for staff who take care of people with special needs or disabilities."

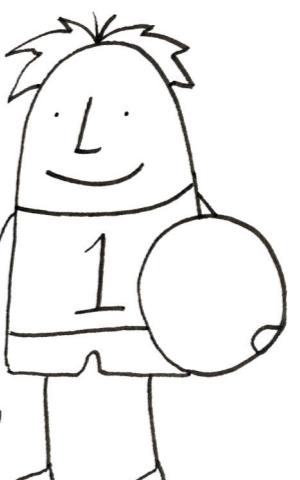
Male questionnaire respondent, 16-24 years old

"Relevant training for those who provide care. Frequent assessment of care being provided is necessary to ensure people's needs are being met."

Female questionnaire respondent, 35-44 years old

"More supervising and monitoring of carers; appraisal of those doing the caring is not being done."

Female questionnaire respondent, 55-64 years old





Priority 8: Reduce waiting times for social care services

'Reduce waiting times for social care services' was the top priority for 6.5% of questionnaire respondents (n=48). Waiting times across all health and social care services was the second top priority in 2014, and third top priority in 2011. The key issue for people was that there needed to be quicker access to social care services in general.

In focus group discussions a few participants shared personal experiences, emphasising that they had to go through a time-consuming process of filling out paperwork to gain access to services. In general, respondents highlighted that there needed to be quicker access to all social care services to ensure that all people had the right support they needed, in a timely manner. Specific comments were made in relation to home adaptations and care packages.



"Access to these services quickly. People wait too long."

Female questionnaire respondent, 35-44 years old

"Quicker access to support packages."

Male questionnaire respondent, 35-44 years old

"Not having to wait so long for adaptions to be made."

Male questionnaire respondent, 25-34 years old

A small number of respondents also suggested waiting times could put people off from attempting to gain support and suggested any paperwork needs to be more accessible.

"Make social care services easier to access. Paperwork is too complicated and puts elderly off asking."

Female questionnaire respondent, 45-54 years old

"It is a fight to get anything at home... I think the system in which you are assessed for equipment at home needs to change. You cannot wait that long for a small item."

Male questionnaire respondent, 75-84 years old

Other priorities

Questionnaire respondents identified some other priorities (n=160) for social care that are not reflected in the top eight priorities (see Figure 24).

'More support for those with a disability' was a top priority for general population respondents and it was one of the top eight priorities identified by Membership Scheme respondents. People highlighted that there needed to be more support for those with a disability and their families in general. However, a few respondents also made specific comments relating to supported housing and financial support for those with a disability.

"Suitable supervised accommodation for adults with a learning disability."

Male questionnaire respondent, Membership Scheme, 25-34 years old

"More help needs to be available for people with a disability, especially money."

Female questionnaire respondent, 35-44 years old

"More emotional support available for families with a child with a disability."

Male questionnaire respondent, 25-34 years old

Some respondents also identified 'access to services based on need' as a top priority within general population questionnaires. Other respondents indicated that there needed to be improved 'access to social care services and facilities locally'; whilst a small number also indicated that there needed to be improved 'access to respite services'.

"Ensure those most in need of social care services get them and are re-evaluated if necessary to properly allocate limited resources."

Male questionnaire respondent, 45-54 years old

"Ensure help is directed to people who really need it and when they need it."

Male questionnaire respondent, 45-54 years old

A small number of general population respondents also highlighted that there needed to be 'more information on available social care services'. People highlighted that there was a lack of awareness and knowledge of social care and as a result, people often did not get what they were entitled to. In particular, a few participants from ethnic minority groups emphasised there needed to be more accessible information and improved communication on the services they are entitled to.

"People don't even know that the services are there so really a voice for the services... let people know that they are there."

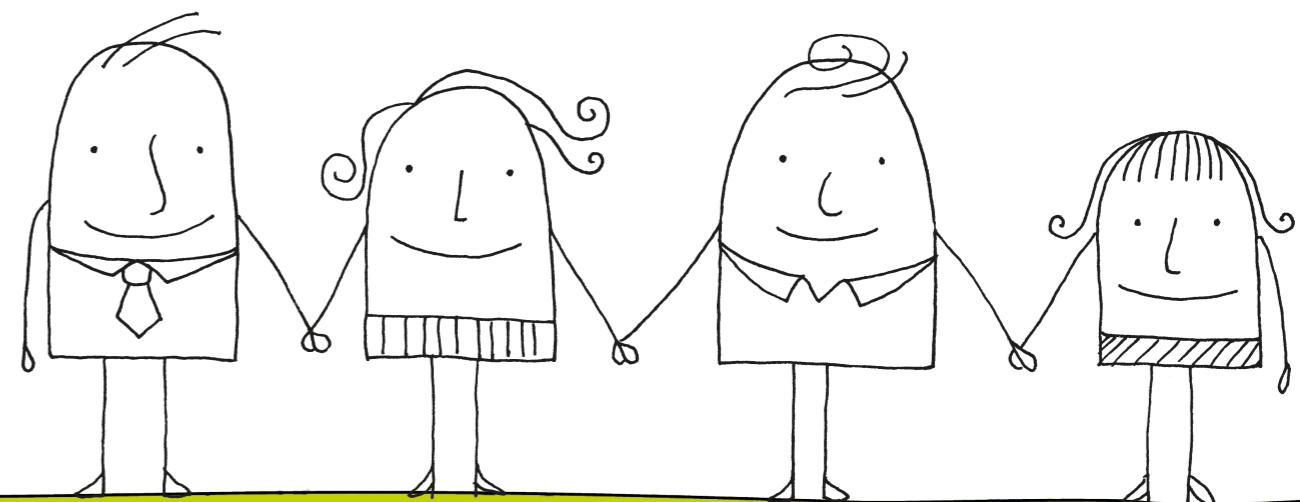
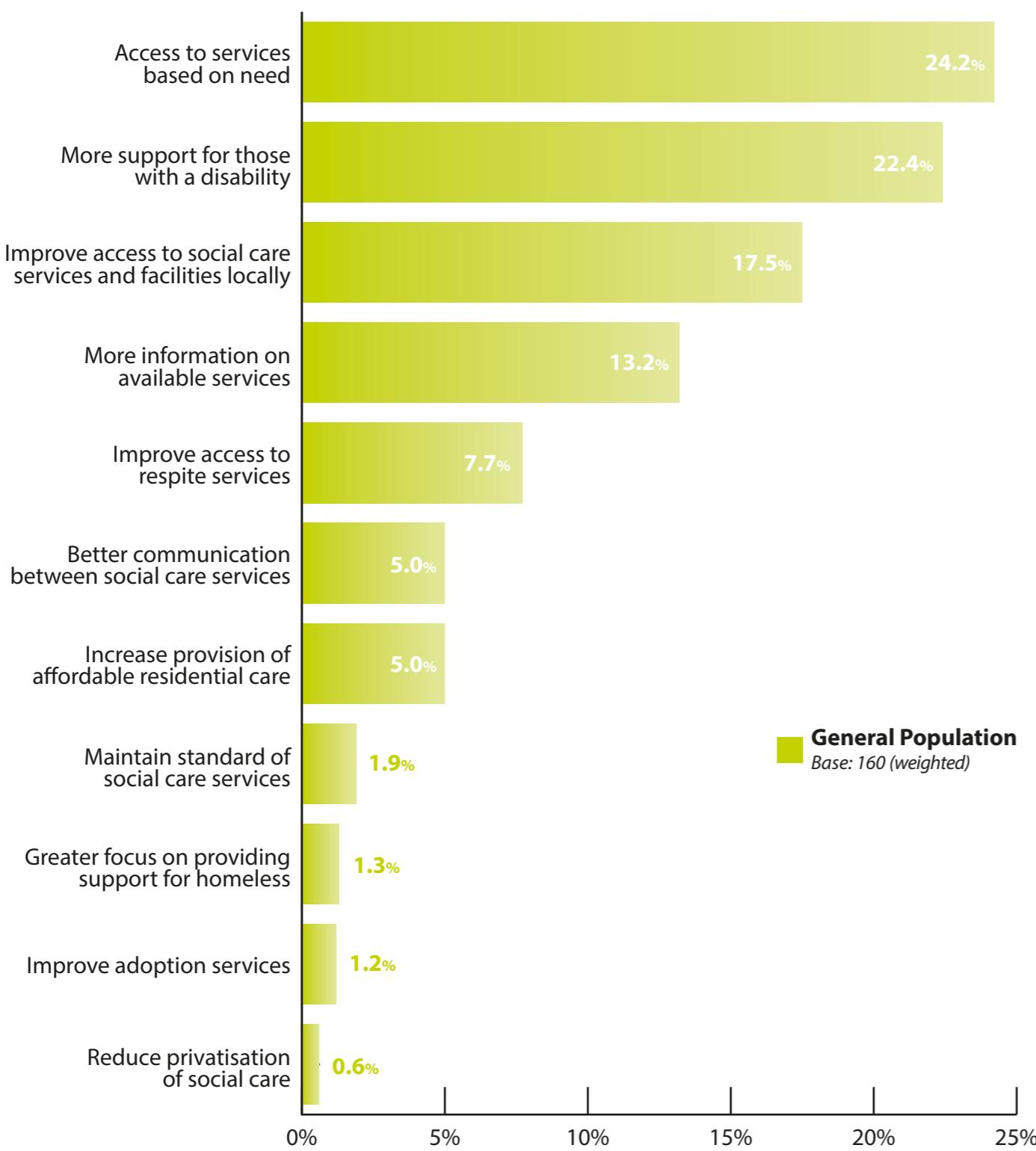
Female focus group participant, age unknown, SureStart group, Armagh



"For me it is how do I know what I am entitled to, especially as I am coming from another country. People who can't speak English, there is no point giving them a leaflet. Who will sit down and explain it?"

Female focus group participant, 55-64 years old, Chinese community group, Derry

Figure 24: Key issues within 'other' priorities





7.0 Comparison with previous years

For the first time, this year's People's Priorities asked people to specifically identify priorities for both healthcare and social care. This means it is not possible to directly compare findings from previous years. General similarities were, however, identified.

Table 4 shows the top priorities identified in 2016 (based on general population questionnaire responses), alongside the top priorities identified in 2010, 2011 and 2014.

Table 4 demonstrates that people's priorities have remained consistent since 2010. However, the order of importance has changed. Waiting times, health and social care staff, and care of older people continue to be important to people. Quality of care and access to services are also recurring priorities.

Specific services, such as cancer services, and primary care, particularly GP services, have been identified as top priorities for people in every People's Priorities reports to date.

Table 4: People's Priorities

2010, 2011, 2014 and 2016

	Top Priorities 2010	Top Priorities 2011	Top Priorities 2014
1	The protection of frontline staff, particularly nurses	Access to and quality of hospital care	Frontline health and social care staff
2	Concerns about increasing waiting times	Care of the elderly, including domiciliary care	Waiting times
3	Care of the elderly, including domiciliary care	Waiting times (hospital care and treatment)	Quality of care
4	Mental health and learning disability services	Cancer services	Care of older people
5	Funding for health and social care	Mental health and learning disability services	A&E services
6	Access to local hospital services, including A&E	Health and social care staffing levels	Funding, management and cost-effectiveness
7	Access to and quality of GP services	Access to GPs and primary care	GP services
8	Access to and quality of cancer services	Children's services	Access to a full range of health and social care services locally
9	Improving communication between staff and patients/service users	Reducing the costs of administration and management	Cancer services
10	Rising cost of prescriptions	Quality assurance of health and social care services	Health and social care services for children and young people

	Top Healthcare Priorities 2016	Top Social Care Priorities 2016
1	Reduce waiting times for healthcare	Improve domiciliary care
2	Increased focus on frontline healthcare staff	Greater focus on social care for the elderly
3	Increase funding and improve management of health services	Improve quality of social care
4	Improve quality of healthcare	Increase funding and improve management of social care services
5	Improve mental health care	Improve community care
6	Improve GP services	Greater focus on carers
7	Improve A&E services	Increased focus on frontline social care staff
8	Greater focus on health promotion/public health	Reduce waiting times for social care services
9	Access to a full range of health services locally	
10	Improve cancer services	



8.0 Conclusion

The people that we spoke to in this project provided a wide range of views on health and social care. It is clear people really value health and social care services, with many participants in this study sharing their positive experiences, such as the high-quality treatment and care they had received. People also took the opportunity to discuss aspects of health and social care services with which they were less satisfied. In most instances, people used these experiences to identify their priorities for health and social care.

Whilst there were numerous issues discussed in this project, there are consistencies between what participants identified as priorities for healthcare and social care, and the priorities that were identified from previous People's Priorities projects, which span the last five years.

Waiting times across all services were of particular concern to people and have constantly been in the top three priorities between 2010 and 2014. In this year's People's Priorities waiting times was the top priority for the healthcare category. It was evident that people want timely care, delivered by well-trained staff who are employed in sufficient numbers. GP services was also an area where people wanted quicker access and a more flexible service, especially given the central role GPs had in referring onwards to other services. It was also important to people that they received high-quality, person-centred care. People did recognise that health and social care faces increasing challenges and difficult decisions need to be made. Issues in relation to the cost of services and appropriate management of services within a constrained financial environment were also raised. Many people commented on the need for services to be more cost-effective to ensure that they continue to meet the needs of people in the future.

People also highlighted the importance of providing support for vulnerable groups, particularly the elderly. Care in the community was an area which many people commented on in this year's People's Priorities. People felt there needed to be a greater focus on maintaining the elderly in their own homes for as long as possible if this was their choice. Specific comments were made in relation to enhancing community services, improving home adaptations and improving domiciliary care. A number of comments were also made in focus groups around ethnic minority groups, including improving awareness of different cultures to ensure their specific needs were met by health and social care services.

The recent publication 'Systems not structures'¹⁴ outlines the findings of an expert panel, commissioned by the Northern Ireland Executive, who were tasked with exploring the configuration of health and social care services in Northern Ireland and with producing proposals for its remodelling in order to deliver safe, high-quality and sustainable services for the population. While this year's People's Priorities project was conducted before the publication of 'Systems not structures', it was interesting to see that there was a feeling among the majority of respondents that a move towards providing more services in the community would improve health and social care services.

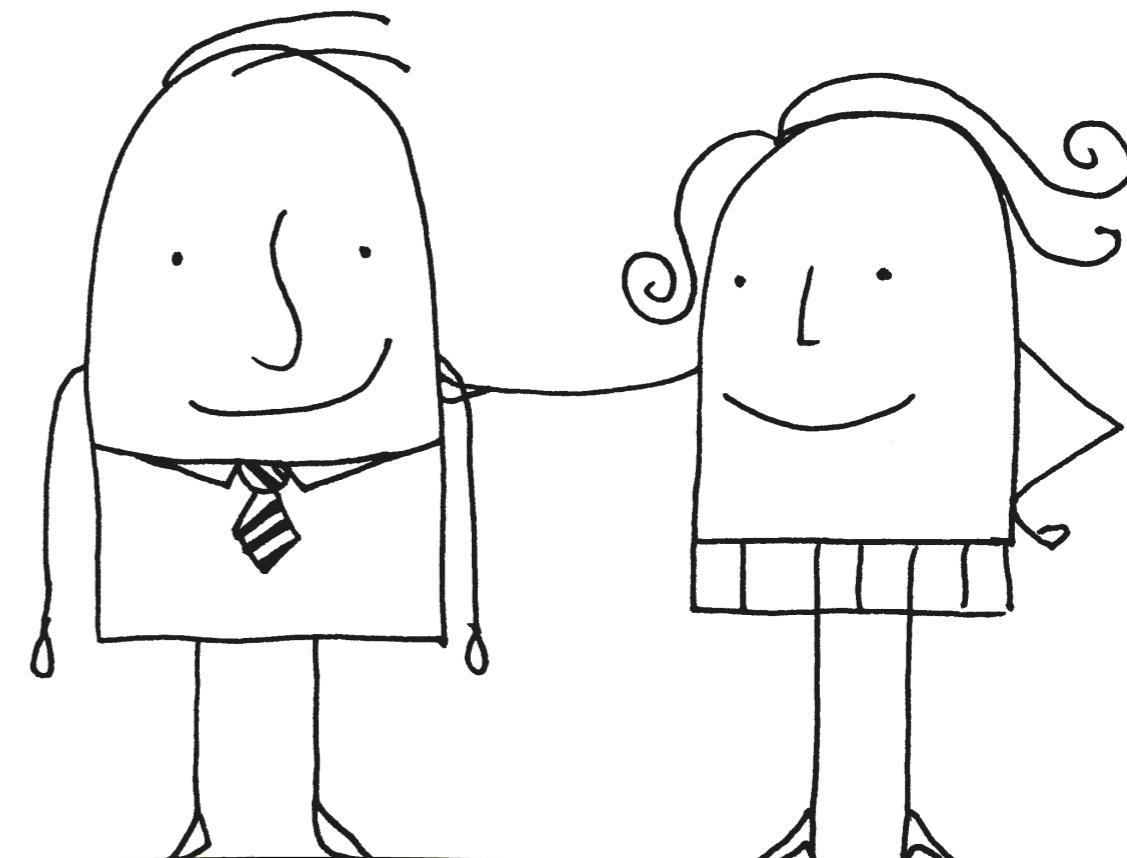
There were, however, many different views and opinions on the provision of care in the community, and conflicting views from respondents on whether they would be prepared to travel further for better care if it meant their local hospital would close, such as the need for support mechanisms to be in place in local areas in relation to emergency services and better access to GPs. The PCC also knows from previous work that we have conducted that there are a number of issues people face with regards to transport in accessing health and social care services, such as difficulties with car parking, cost of travel, availability and reliability of public transport and dependence on family and friends for travel to appointments.¹⁵ The participants in this project felt that, on the whole, there are many things that need to be taken into consideration when making the decisions around restructuring services, and that it was necessary to

involve people to ensure changes reflect the views of those who use the services. The findings would also suggest that there will be a need to educate the public on the benefits of centralising services if this is the intended direction of service remodelling.

Next steps

The Patient and Client Council will review in detail all the priorities that people talked to us about in this study and, where appropriate, explore further the particular issues and concerns that people have raised. The Patient and Client Council will ensure that its 2016/17 work plan focuses on the particular priorities noted by people within this report.

Previous People's Priorities reports have provided a robust evidence base for key decision makers in Health and Social Care. Recent Commissioning Plans have reflected directly the priorities as identified in People's Priorities. This demonstrates a commitment to developing services based on the patient voice. The Patient and Client Council will use this report to continue to influence how the planning and commissioning of services can be better informed by people.





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Appendix 1 - Top priorities for Membership Scheme respondents

Healthcare priorities (Base: 428; multiple response*)			Social care priorities (Base: 429; multiple response*)		
1	Reduce waiting times for healthcare	31.1%	1	Improve quality of social care	36.1%
2	Increase funding and improve management of health services	25.7%	2	Improve domiciliary care	31.2%
3	Increased focus on frontline healthcare staff	25.5%	3	Greater focus on social care for the elderly	28.0%
4	Improve quality of healthcare	22.2%	4	Increased focus on frontline social care staff	22.6%
5	Improve GP services	19.4%	5	Greater focus on carers' needs	19.3%
6	Improve mental health care	14.5%	6	Improve community care	18.2%
7	Improve A&E services	10.0%	7	Increase funding and improve management of social care services	11.0%
8	Health services for the elderly (general)	8.6%	8	More support for those with a disability	6.5%
9	Greater focus on preventative care/health promotion	6.8%	9	Other	20.7%
10	Access to a full range of health services locally	6.3%			
11	Other	8.6%			

*Respondents were able to choose more than one area that worked well for them and, therefore, total percentages do not equate to 100.



Appendix 2 - Questionnaire

Patient and Client Council
Your voice in health and social care

The People's Priorities Questionnaire

Everyone uses health and social care services at some time in their lives and we would like to hear your views on the services you have received and how you would improve them.

In this questionnaire we will ask some questions about you. This information will help us to find out the views of different groups of people and will be used only for the purposes of this study. This is an anonymous questionnaire and your responses will be treated in confidence.

If you have any questions about this questionnaire, or would like more information, please contact Nigel Warburton on 07789554083 or email: nigel.warburton@hscni.net.

Tell us about you...

Q1 Are you male or female?

Male
Female

Q2 What age are you?

Q3 What is your full postcode?

Q4 A carer is someone who, without payment, looks after a partner, child, other family member or friend who has an illness or disability and would not be able to manage without this help.

Do you consider yourself to be a carer of a partner, child, other family member or friend?

Yes
No

What do you think?

Q5 Have you, or the person you care for, used a health and social care service in the last 12 months?

Yes Go to Q6
No Go to Q8

Q6 In general, how would you rate the health and social care services you, or the person you care for, have received in the last 12 months? (Tick one only)

Very good
Good
Average
Poor
Very poor

Q7 When using health and social care services in the last 12 months, what has worked well for you?

Please turn over

Q8 If YOU were the Minister what would your top priority for health care be?

Your views on the future of health and social care services...

Q10 It is anticipated that services traditionally provided in hospitals will be increasingly provided in the community. How much better or worse do you think this will make services for the people that use them? (Tick one only)

Much better
A little better
Neither better or worse
A little worse
Much worse
Don't know

Q11 Would you be prepared to travel further away from your home for better care if this meant that your local hospital or clinic was at risk of being closed? (Tick one only)

Yes
No
Don't know

Thank you for taking the time to complete this questionnaire.



Appendix 3 - Topic guide for focus groups

Section	Question/Action	Time (indicative)
Introduction	<p>Introductions</p> <p>Purpose of the project as outlined above</p> <p><Note to facilitator – Discussion is about health and social care services. This can include sensitive discussions / things that people wish to remain private. Explain to the group that, whilst the discussion will ask about use and views on health and social care, people don't need to discuss anything that they wish to remain private></p>	5 mins
Recent experience of health and social care services	<p>Have you used health and social care services recently? In the last 12 months? Longer? For yourself? Someone you care for? Both?</p> <p>What type of services did you use?</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Primary care – GP, dentist, opticians? • Secondary care – Emergency department, seeing a doctor in a hospital setting? • Social care services – either for yourself, family member / someone you care for? E.G. equipment, help in the home, day centres, home adaptations, residential care, financial support, support for carers. <p><Note to facilitator - Definitions to be used only if confusion over different type of services> – Health services can refer to a range of services:</p> <p>Primary care services, includes health care provided in the community for people making an initial approach to a health professional, such as a GP, dentist, opticians or pharmacist. Health services can also include secondary care services which are health care services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example cardiologists, urologists and dermatologists. It also includes acute care (necessary treatment for a short period of time, including using a hospital emergency department).</p> <p>Social care may be used less often for some people, while others use it often for support. These services help people who are in need of practical support due to reasons such as illness, disability old age or a low income. It can include having a personal assistant to help around the home, day centres, residential care, financial support, support for carers or structural changes to help move around and manage at home e.g. equipment / home adaptations></p>	10 mins

Section	Question/Action	Time (indicative)
Level of satisfaction with recent use of health and social care services	<p>How satisfied were you using these services? Rating, excellent, good, average? Poor, very poor? Why do you say that?</p> <p><Note to facilitator – Record the type of service, specific service used and rating. Use below prompts to explore reasons behind levels of satisfaction></p> <p>When using any health and social care services recently (last 12 months) what has worked well for you? Why do you say that</p> <p><Note to facilitator – Prompt participants to think about whole healthcare experience – making/getting an appointment, the consultation, attitude of staff, hospital food & cleanliness, visiting hours, travel times.></p> <p>Do you feel that the general standard of care improved over previous five years? Better, worse, about the same? Why do you say that?</p> <p>Thinking about health and social care services, what would make the biggest difference in improving patient experience?</p> <p><Note to facilitator – Prompt participants to think about whole healthcare experience – making/getting an appointment, the consultation, attitude of staff, hospital food & cleanliness, visiting hours, travel times.></p>	10 mins
Present priorities	<p>Now imagine you have a chance to make changes in Health and Social care...</p> <p>If YOU were the Minister what would your top priority for Health Care be?</p> <p>If YOU were the Minister what would your top priority for Social Care be?</p> <p><Note to facilitator – Do not prompt, but definitions to be used only if confusion over different type of services></p> <p>Primary care services, includes health care provided in the community for people making an initial approach to a health professional, such as a GP, dentist, opticians or pharmacist.</p> <p>Health services can also include secondary care services which are health care services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example cardiologists, urologists and dermatologists.</p>	20 mins



Section	Question/Action	Time (indicative)
	<p><i>It also includes acute care (necessary treatment for a short period of time, including using a hospital emergency department).</i></p> <p><i>Social care may be used less often for some people, while others use it often for support. These services help people who are in need of practical support due reasons such as illness, disability old age or a low income. It can include having a personal assistant to help around the home, day centres, residential care, financial support, support for carers or structural changes to help move around and manage at home e.g. equipment / home adaptations.</i></p>	
<p><i>I would now like to ask you about your views about the future of Health and Social Care.</i></p> <p><Note to facilitator – Briefly explain to group the changes and challenges Health and Social Care will face.></p> <p>The population in Northern Ireland is growing and people are living longer; therefore, an ageing population will result in an increased need for health and social care. With advances in medical technology (new drugs/treatments) and rising costs due to inflation, this will also increase future spending requirements. Funding of HSC will also be a concern in the future.</p>		
Views on the future of health and social care services	<p>It is anticipated that services traditionally provided in hospitals will be increasingly provided in the community. Do you feel this is a better or worse model for providing services in the future? Why do you say that? Would you agree if this meant that it closed your local hospital? Why?</p> <p>Do you feel that you have access to good health and social care services locally? Why do you say that?</p> <p>Would you be prepared to travel further away from home for improved treatment for A&E, GP services, maternity services, mental health, specialist & complex services? Why? Would you travel away if it meant local service(s) might close? Why do you say that?</p>	15 mins
Conclusion	Would anyone like to add anything further which we have not covered? Thank and close	



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