

ARMAGH PRIMARY CARE COMMISSIONING PILOT



REPORT OF LOCALITY NEEDS ASSESSMENT

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BACKGROUND

The operational plan for the Armagh Primary Care Commissioning Pilot (1999-2000) included the following objective in relation to the development of primary care;

To examine the most effective ways to identify service user and community issues in relation to primary care services and to bring forward proposals to secure effective user involvement.

In response to this objective, a three-tiered approach to user involvement was adopted by the Armagh Primary Care Commissioning Pilot.

Approach 1 – Individual practice level – Development of a GP practice based charter by patients and practice.

Approach 2 – Local community level – Focus group discussions to identify the views of primary care service users on the services available at a local level.

Approach 3 – Pilot-wide level – Establishment of a Pilot wide Community Consultative Group.

This report details the outcomes of Approach 2 - the local needs assessment which was undertaken by the Southern Health and Social Services Council and the Armagh Confederation of Voluntary Groups.

METHODOLOGY

Two meetings were held with a subgroup of the pilot-wide Community Consultative Group to discuss and plan how the local needs assessment would be conducted. The outcome of these meetings was the development of a two-staged approach:-

1. Focus group discussions with a selection of existing structured groups in the Pilot's area.
2. 'True' focus group discussions with a random selection of patients identified through GP practice lists.

A number of considerations were taken into account in deciding which groups to meet with and where to hold the 'true' focus group discussions. In addition to the local knowledge of the members of the Community Consultative subgroup, the criteria applied to facilitate the decision-making process were as follows:-

- ◆ **Targeting Social Need considerations** - Robson deprivation indices for all the wards in the Pilot's area were examined and priority given to those which were most deprived.
- ◆ **Urban/rural dimension** - It was considered important to have both urban and rural elements included as issues relating to service provision were expected to vary.
- ◆ **Religious and political considerations**
- ◆ **Infrastructure** - In relation to the focus groups with existing groups, areas with some existing community infrastructure already in place were selected.

1. Focus group discussions with existing structured groups

Four meetings with existing groups were held to identify issues relating to the provision of primary care services within the group's local area. Contact was made by the Armagh Confederation of Voluntary Groups who met with the groups on two occasions. The first meeting involved giving an overview of the work of the Armagh Primary Care Commissioning Pilot and setting out the aim of the meeting¹. The second meeting involved the discussion of the issues in detail.

The groups which were selected included two parent and toddler groups, a senior citizens group and an unemployed group. The number of participants varied from 8-19 and tended to be segregated by sex.

¹ This occurred in three of the five groups. it wasn't possible to have the introductory visit with the two parent and toddler groups.

EXISTING GROUPS		
	Number of participants	Composition
Armagh Unemployed Group	7	All men – aged between 20 - 50 years
Killylea Young at Heart Group	19	All women – senior citizens
Darkley Parent and Toddler Group	8	All young women
Keady Parent and Toddler Group	9	All young women

2. 'True' focus groups

Patients from GP practices in four locations were randomly selected to receive an invitation to take part in a focus group discussion on the provision of primary care services within their local area. Selected patients were over the age of 16 years or were a parent/guardian of a child patient and had been in contact with the GP practice within the previous month. While the focus groups were held in four locations, participants were randomly selected from 7 GP practice lists as in some cases there was more than one practice. Each participant received a £10 gift token for taking part.

The number of individuals who participated in the focus group discussions ranged from 7 in the Markethill and Tynan areas to 19 in the Armagh City area. Men and women participated in all groups and there was a wide variety of ages.

'TRUE' FOCUS GROUPS			
	Number of GP practices	Number of participants	Composition
Armagh city	3	19	Men and women – wide age range
Keady	2	11	Men and women – wide age range
Markethill	1	7	Men and women – wide age range
Tynan	1	7	Men and women – wide age range

FINDINGS

OVERVIEW

All of the groups had a good knowledge of the range of primary care services available. GPs, nurses, health visitors, midwives, physiotherapists, occupational therapists, speech therapists, social workers, pharmacists, chiropractors etc were all identified as important primary care providers in the Armagh Primary Care Commissioning Pilot's area.

A wide range of issues were raised and discussed by participants in the 8 different focus groups. Among others, the issues raised included GP surgery times, access to homehelp services and the availability of alternative medicine on the NHS. However a number of key themes emerged across the groups. These themes were general in nature and have previously been identified as important elements of a quality service from a patients' perspective². The key themes which emerged included:-

◆ Information:

A number of issues were raised in relation to the provision of information. Some participants wanted more information on certain health matters such as epilepsy, pregnancy, breastfeeding support and parenting for young people. Others

² NHS survey of patients etc...

highlighted the need for clarification of policy and procedure issues such as obtaining repeat prescriptions or requesting a second opinion. Participants also thought it would be useful if GPs and other primary care providers in the area could refer them to other sources of help such as support groups etc.

Another area where information needs were highlighted was in relation to benefits. The needs highlighted related to the availability of grants for older people to assist them to remain in their own home and access to financial assistance for unemployed people to cover the cost of travelling to a hospital appointment.

Some participants suggested that it would be useful if information was provided on the specific expertise or areas of interest of the GPs. Participants were aware of this happening in a GP practice in the Banbridge area and thought it would be a useful model to adopt in their own area.

Some groups suggested that the provision of information to patients could be improved if health professionals would work together with community groups in the local area. The health professional could in the first instance provide the health promotion message and the group would act as the channel for the flow of that information.

Another suggested source of information was the provision of internet access. The internet was recognised as a useful source of information on health and social services issues however not everyone was able to access it – it was suggested that the Armagh Primary Care Commissioning Pilot provide an avenue for internet access for a limited number of hours a week and patients would be referred to specific websites.

◆ **Service Provision:**

A number of issues were raised in relation to the provision of services. Specific clinics which were considered to have been very useful, such as the asthma and diabetic clinics, were praised. However participants who had attended the whiplash clinic had not found it beneficial. They had expected treatment for their condition but rather they had received information about the 'theory' of whiplash.

Another issue raised, relating to service provision, was the need for certain specific services. Some of the services identified related to mental health services such as counselling for bereavement and postnatal depression. Other services related to specific clinics for weight control, arthritis and cholesterol management. Homehelp services were also mentioned - while participants acknowledged that they were provided - they considered the current provision inadequate.

Participants in the Keady area suggested that the two practices in the area should explore the feasibility of providing joint clinics for conditions such as asthma and diabetes.

Participants discussed the benefits of complementary medicine - chiropractor services were particularly found to have been useful for pain management. They suggested that alternative therapies should be available under the NHS.

Other services which participants found useful included pharmacy services. Pharmacists were regarded as a useful source of information particularly in regard to complementary medicine and some participants thought that pharmacists should have increased responsibility. Some participants voiced their support for retaining dispensing GP practices.

◆ **Accessibility:**

Access to services was raised by participants. The issues which related to access included the provision of locally accessible services, transport, waiting times for appointments and the accessibility of surgery opening hours. A large proportion of participants highlighted the need for the provision of locally accessible services. Their definition of locally accessible services related to services provided in their own local area, for example Keady rather than Armagh; Darkely rather than Keady. The services which were highlighted as being required at a local level included;

- ◆ antenatal classes, baby clinics, immunisations and dietetic services in Darkley,
- ◆ breastfeeding support, postnatal depression support, bereavement counselling and chiropodist in Keady,
- ◆ support groups/clinics for arthritis, cholesterol and smoking in Markethill, and
- ◆ local baby clinic and bereavement counselling in Tynan.

Transport was highlighted as a major issue, particularly in the rural areas where public transport was poor. Difficulties were experienced not only in travelling to GP appointments but also to clinics and support services in Armagh and

appointments at Craigavon Area Hospital. Many participants suggested the use of a social car scheme to take patients without transport to and from health and social services appointments.

Some participants highlighted that they had difficulty in accessing certain services because of lengthy waiting lists. The services mentioned included; physiotherapists, occupational therapists, chiropodists and mental health services.

Other participants said they had difficulties in accessing primary care services because of the opening hours. Specifically mentioned were the opening hours of GP surgeries which in some cases were regarded as unsuitable for people who worked full-time. Early morning, lunchtime and evening appointments were suggested to overcome this difficulty. The opening hours of pharmacists caused access difficulties for some participants, specifically mentioned were Wednesday afternoons in Darkely/Keady.

Participants who were able to access their practice nurse directly without needing a GP appointment were supportive of this arrangement whereas those participants in Armagh wanted the system of direct access re-introduced.

◆ **Continuity of care:**

A number of issues relating to the continuity of care were raised by participants. Problems with delayed discharge from hospital because of the lack of a community care package were highlighted.

Midwifery services were also mentioned. Participants found it unsatisfactory that they were visited by a number of different midwives at home after the birth of their baby. They also pointed out that they received conflicting advice regarding breastfeeding from different midwives. Participants in Keady welcomed the idea of having a dedicated midwife for pregnancy, birth and postnatal care at home afterwards.

Participants were also concerned with the arrangements to provide GP services outside of surgery hours – they were generally dissatisfied with the current provision of out of hours services. They were dissatisfied at having to travel to Moy and requested a full review of the service

The above represents an overview of some of the main issues which emerged from the focus group discussions. However, as the aim of the focus group discussion was to identify the views of primary care service users on the primary care services available at a local level, the next section presents the findings of each group individually. This is so that the delivery of services can be tailored to suit these very local needs.

Armagh Unemployed Group

Service	Comments	Suggestions for improvements
GPs	<ul style="list-style-type: none"> ▪ Wait of a week or more for popular GPs. ▪ Call out – can have a very long wait. ▪ Out of hours service unsatisfactory. ▪ Patients have a fear of criticising the doctor. ▪ Extremes of quality of service in relation to listening skills, prescribing attitudes. ▪ Travelling expenses needed to get to Craigavon. 	<ul style="list-style-type: none"> ▪ Leaflet, poster giving experience, areas of expertise of all GPs in the practice. (Banbridge model) ▪ Call to inform the patient if the GP is going to be unusually late. ▪ Full review. Local station in Armagh. ▪ More information in a positive manner on how to ask for a second opinion could be provided/displayed. ▪ Compulsory training every 4 years to update GPs.

Armagh Unemployed Group (Continued)

Service	Comments	Suggestions for improvements
	<ul style="list-style-type: none"> ▪ Repeat prescriptions – patients unsure of policy. 	<ul style="list-style-type: none"> ▪ GPs need to inform patients of procedures and clearly advertise availability of advice from DHSS. ▪ Patients need to be informed when to see the Doctor to avoid embarrassment of receptionist refusing repeat prescription.
Nurses	<ul style="list-style-type: none"> ▪ Very skilled. Closed 12.30-2pm. Questionably long closure. 	<ul style="list-style-type: none"> ▪ Flexibility between practices in Armagh.
Receptionist	<ul style="list-style-type: none"> ▪ Very good. 	
Physiotherapist	<ul style="list-style-type: none"> ▪ Referral by GP can be slow and referrals can take up to three months. 	
Mental health services	<ul style="list-style-type: none"> ▪ Patients have 24 hour care in St Luke's Mon – Fri, discharged at weekends. Patients with addictions find weekdays easier to manage at home than the weekend. 	<ul style="list-style-type: none"> ▪ Should be 7 day care as discharge at weekends adds pressure to the out of hours service.
Health visitors/ baby clinic	<ul style="list-style-type: none"> ▪ Provide excellent advice and information. Very supportive for teenagers. 	<ul style="list-style-type: none"> ▪ Should be better promoted and the service expanded to include more support and information for young people on sex and parenting issues.

Armagh Unemployed Group (Continued)

Service	Comments	Suggestions for improvements
		<ul style="list-style-type: none"> ▪ Could be brought out into community facilities like the Armagh Unemployed Group premises.
Social worker	<ul style="list-style-type: none"> ▪ Provide very supportive service for the elderly. 	<ul style="list-style-type: none"> ▪ Links with DHSS re grants available. Encouraging better uptake of grants by developing a straightforward process for patients.
Pharmacist	<ul style="list-style-type: none"> ▪ Very good advice. Very well informed Limited hours. 	<ul style="list-style-type: none"> ▪ Working together to stagger hours of opening.
Community hospital	<ul style="list-style-type: none"> ▪ Needs to be better manned. Have to go to Craigavon for stitches. 	<ul style="list-style-type: none"> ▪ 24 hour doctor to complement the out of hours service.

Armagh Randomly Selected Patients

Service	Comments	Suggestions for improvements
GPs	<ul style="list-style-type: none"> ▪ Out-of Hours service very unsatisfactory. ▪ Different waiting times between practices - some well over a week. ▪ Inability to book appointments a week ahead - very inconvenient for working patients. ▪ Hours of opening generally don't suit working people. 	<ul style="list-style-type: none"> ▪ Review of service. ▪ Redirect call to daytime surgery numbers to Moy rather than message giving alternative number. ▪ Review of why three practices are needed in one health centre. ▪ Audit of waiting times for appointments. ▪ Flexibility in all aspects of work. ▪ Flexibility of opening hours. ▪ Patient charter should be displayed in the waiting rooms.

Armagh Randomly Selected Patients (continued)

Service	Comments	Suggestions for improvements
		<ul style="list-style-type: none"> ▪ More information generally on health issues.
Receptionists	<ul style="list-style-type: none"> ▪ No confidentiality. Less than there was in the old building. 	<ul style="list-style-type: none"> ▪ Patient privacy consideration.
Community hospital	<ul style="list-style-type: none"> ▪ Long waiting time before being seen. 	
Treatment Room	<ul style="list-style-type: none"> ▪ Quality of service deteriorated after moving to the new building. ▪ Now no direct access, no treatment room receptionist. 	<ul style="list-style-type: none"> ▪ Reintroduce old system. Give nurses more responsibility for nursing, not administration.
Mental health team	<ul style="list-style-type: none"> ▪ Refusal to engage with carers without the patient present. ▪ Mental health assessment/treatment waiting time unacceptable. 	<ul style="list-style-type: none"> ▪ Carers have opportunity to speak to nurses/consultants without the patient being present. ▪ Carers be included as part of the care team.

Armagh Randomly Selected Patients (continued)

Service	Comments	Suggestions for improvements
	<ul style="list-style-type: none"> ▪ Also very positive experience of the mental health support services in the group. ▪ Patients of CPN now have to get injections at home or Tower Hill as no room in the new clinic. 	<ul style="list-style-type: none"> ▪ Information, support and development for carers.
Social worker	<ul style="list-style-type: none"> ▪ Elderly living alone are an extremely vulnerable group. ▪ Conflicting information from social worker and GP on support available. 	<ul style="list-style-type: none"> ▪ Clarification of the roles and responsibilities of agencies in relation to the elderly. ▪ Clear channels of communication between social workers and GPs.
Physiotherapist	<ul style="list-style-type: none"> ▪ Whiplash group session of no value. 	<ul style="list-style-type: none"> ▪ Evaluate whiplash group session.
Chiropodist	<ul style="list-style-type: none"> ▪ 3-4 week wait for appointment. 	<ul style="list-style-type: none"> ▪ Introduce prioritisation procedure for e.g. diabetic patients.
Home Helps	<ul style="list-style-type: none"> ▪ Valuable service. Too short time. Too many restrictions. 	<ul style="list-style-type: none"> ▪ Evaluate and increase service.

Armagh Randomly Selected Patients (continued)

Service	Comments	Suggestions for improvements
Pharmacists	<ul style="list-style-type: none"><li data-bbox="817 403 1420 483">▪ Excellent. More responsibility could be taken as they are highly skilled.	

Keady Parent & Toddler Group

Services	Comments	Suggestions for improvements
GPs	<ul style="list-style-type: none"> ▪ Very flexible. ▪ More information needed on: antenatal classes, breastfeeding support groups, pregnancy in general, parenthood. ▪ GPs specialise in different areas – advantages and disadvantages. ▪ Out of hours service many problems. 	<ul style="list-style-type: none"> ▪ Receptionist to take responsibility for display of information in accessible areas – corridors, notice-boards, display stands by seating area. ▪ Internet Access in Keady IT Centre, for say 2 hours per week, for health issues. Pilot to pay for this service. ▪ Sharing information between GPs and also informing patients of areas of specialisation. ▪ Review of out of hours service.
Midwife	<ul style="list-style-type: none"> ▪ Impersonal as different staff usually. 	<ul style="list-style-type: none"> ▪ Same midwife for home visits.

Keady Women's Group - Parent & Toddler Group (continued)

Service	Comments	Suggestions for improvements
	<ul style="list-style-type: none"> ▪ Can be conflicting advice from hospital and midwife on breastfeeding. 	<ul style="list-style-type: none"> ▪ Advice on breastfeeding prior to birth. Need local support group and local breastfeeding mothers involved.
Health visitor	<ul style="list-style-type: none"> ▪ Great service. 	<ul style="list-style-type: none"> ▪ Establish local postnatal depression support group and local support service for mothers. Respite care needed for mothers with no family network.
Pharmacist	<ul style="list-style-type: none"> ▪ Give very good advice. Very flexible. 	
Nurse	<ul style="list-style-type: none"> ▪ Excellent service. Direct access, very co-operative and well informed. ▪ Run a number of specialised clinics. 	
Bereavement Counselling	<ul style="list-style-type: none"> ▪ No local delivery. Many people in the area with need for the service. 	<ul style="list-style-type: none"> ▪ Local high quality service needed. Self-help as well as one-to-one counselling.

Keady Women's Group - Parent & Toddler Group (continued)		
Service	Comments	Suggestions for improvements
Keady Women's Group	<ul style="list-style-type: none"> ▪ Provides a channel for information flow. 	<ul style="list-style-type: none"> ▪ Health promotion, development of support groups etc. through making links with the group.

The group also identified district nurses, occupational therapists, chiropodists, physiotherapists, behavioural therapists and social workers as primary care providers. None of the group has used the services provided so did not give an opinion on them.

Keady Randomly Selected Patients		
Service	Comments	Suggestions for improvements
GP	<ul style="list-style-type: none"> ▪ Two surgeries in Keady. Appointments systems are different but both are generally satisfactory to their patients. ▪ Hours don't suit working people who may work some distance from Keady. ▪ Out-of-hours location needs reviewed. ▪ No problems with prescriptions – can conveniently be phoned through to the chemist. ▪ Transport is provided by family or home-helps. 	<ul style="list-style-type: none"> ▪ Investigate possibility of practices working together on specialist clinics. e.g. diabetic clinic, asthma clinic. ▪ Review of 9-5 routine. Open to 6pm? ▪ Shift work? ▪ 2 stations - Moy and Armagh. ▪ Information advertising this service – not everyone is aware of it.
Practice nurses	<ul style="list-style-type: none"> ▪ Confidentiality not assured due to lack of privacy. (Willowbank) 	

Keady Randomly Selected Patients (continued)		
Service	Comments	Suggestions for improvements
Receptionist	<ul style="list-style-type: none"> ▪ Confidentiality not assured due to lack of privacy. 	
Chemist	<ul style="list-style-type: none"> ▪ Confidentiality not assured due to lack of privacy. More information needed on areas of expertise. 	<ul style="list-style-type: none"> ▪ Appropriate information displayed.
Midwives	<ul style="list-style-type: none"> ▪ Appear rushed. ▪ Different midwives on a daily basis a disadvantage. New system of dedicated midwives for pregnancy, birth and afterwards very welcome. 	
Health visitors	<ul style="list-style-type: none"> ▪ Limited time per patient. ▪ Appears to be little liaison between GPs and health visitors. 	<ul style="list-style-type: none"> ▪ Assessment of GP/Health visitor interaction.
Carers/home helps	<ul style="list-style-type: none"> ▪ Very good service but cutbacks too severe. Friendship and social support needs to be valued. ▪ ACE scheme is badly missed. Transport is needed to bring the elderly into the centre. 	<ul style="list-style-type: none"> ▪ Increase the service. ▪ Social car scheme.

Keady Randomly Selected Patients (continued)		
Service	Comments	Suggestions for improvements
Social worker	<ul style="list-style-type: none"> ▪ Assessment of needs by primary care and secondary care social workers can differ, confusing the patient. 	<ul style="list-style-type: none"> ▪ Review of procedures for assessment.
Physiotherapist	<ul style="list-style-type: none"> ▪ 4 week waiting period for Armagh. ▪ Whiplash clinic needs to include practical exercises for the neck not just the theory of the whiplash effect. ▪ Willowbank physiotherapist very good. 	<ul style="list-style-type: none"> ▪ Evaluate value of the whiplash clinic.
Chiropractor	<ul style="list-style-type: none"> ▪ Excellent service in Armagh. Services purchased privately. 	<ul style="list-style-type: none"> ▪ Include under NHS.
Chiropodist	<ul style="list-style-type: none"> ▪ No provision in Keady (used to be). 	<ul style="list-style-type: none"> ▪ Services need to be provided locally.
Pharmacists	<ul style="list-style-type: none"> ▪ Experts in their field. Could be better used. 	<ul style="list-style-type: none"> ▪ Delegate more responsibility.
Occupational therapists	<ul style="list-style-type: none"> ▪ Cumbersome referral system when leaving hospital. ▪ 7-8 week wait for a wheelchair. 	<ul style="list-style-type: none"> ▪ Review procedures.

Keady Randomly Selected Patients (continued)

Service	Comments	Suggestions for improvements
	<ul style="list-style-type: none"> ▪ Equipment not collected when no longer needed. ▪ Some equipment has to be paid for 	
Carelines	<ul style="list-style-type: none"> ▪ Useful for the elderly. 	<ul style="list-style-type: none"> ▪ Should be available without means testing.
Mental health team	<ul style="list-style-type: none"> ▪ Patients have to wait too long before being seen by a specialist. 	<ul style="list-style-type: none"> ▪ More staff needed.

Darkley Parent & Toddler Group

Services	Comments	Suggestions for improvements
GPs	<ul style="list-style-type: none"> ▪ Surgeries all in Keady. Open surgery am, appointments pm. 4- day wait for appointment. ▪ Difficulties with public transport. Surgery 9-11am Bus from Darkley 10 am, return 1pm ▪ No problem for home visits in emergencies. ▪ Information on how to deal with epilepsy lacking. ▪ Antenatal classes are in Armagh which are not taken up because of the travelling involved. 	<ul style="list-style-type: none"> ▪ Books for children in the waiting area. ▪ Social car scheme for surgeries. ▪ Provide information to carers on how to deal with epilepsy. Also provide information on other support services available. ▪ Local delivery in Darkley.
Midwife	<ul style="list-style-type: none"> ▪ Very good. 	
Health visitor	<ul style="list-style-type: none"> ▪ Very good quality service. ▪ Baby clinics and immunisations are very good but in Keady. 	<ul style="list-style-type: none"> ▪ Local delivery of immunisations and assessments in Darkley.

Darkley Parent & Toddler Group (continued)

Services	Comments	Suggestions for improvements
Occupational therapists	<ul style="list-style-type: none"> ▪ Very good when contact made. ▪ Musgrave link to primary care services slow. Patient home 3 weeks before OT visit. 	<ul style="list-style-type: none"> ▪ Ensure seamless transition between primary and secondary care.
Physiotherapist	<ul style="list-style-type: none"> ▪ In Armagh - very good. Transport the problem. 	<ul style="list-style-type: none"> ▪ Social car scheme for Armagh appointments.
Social worker	<ul style="list-style-type: none"> ▪ Very supportive - both for childcare and home help. 	
Pharmacist	<ul style="list-style-type: none"> ▪ Very good both face to face and over the phone. ▪ Both Keady chemists closed Wednesday afternoon. If a prescription is urgent, the patient has to go to Armagh to get the medication. 	<ul style="list-style-type: none"> ▪ Flexible hours.
District nurse	<ul style="list-style-type: none"> ▪ Very good service provided. 	
Practice nurse	<ul style="list-style-type: none"> ▪ Very good. Direct access and good hours. 	

Darkley Parent & Toddler Group (continued)

Services	Comments	Suggestions for improvements
	<ul style="list-style-type: none"> ▪ Asthma and diabetic clinics are very useful. ▪ Cervical screening – some of the group have not been invited for screening. 	<ul style="list-style-type: none"> ▪ All women be invited to be screened on a regular basis.
Dietician	<ul style="list-style-type: none"> ▪ In Armagh. 	<ul style="list-style-type: none"> ▪ Local delivery in Darkley.
Speech therapist	<ul style="list-style-type: none"> ▪ Very good service. 	
Home -help	<ul style="list-style-type: none"> ▪ Very flexible and necessary service but time short. 	<ul style="list-style-type: none"> ▪ More hours.

Killylea Young at Heart Club

Service	Comments	Suggestions for improvements
Home Help Crossroads Care	<ul style="list-style-type: none"> ▪ Very good service but time is very limited. ▪ Sometimes no weekend help. ▪ Provide not only practical help but social interaction. 	<ul style="list-style-type: none"> ▪ More Hours. ▪ Help needed in explaining 'attendance allowance' function. ▪ Transport for senior citizens to senior citizens groups for social interaction.
GP	<ul style="list-style-type: none"> ▪ Very satisfactory service in general. ▪ Open surgery am, appointments pm. Sometimes a 2 hour wait in the morning but satisfactory system. ▪ Sometimes difficulty getting to the surgery. Home visits made when required. 	<ul style="list-style-type: none"> ▪ Transport to appointments.

Killylea Young at Heart Club (continued)		
Service	Comments	Suggestions for improvements
	<ul style="list-style-type: none"> ▪ Not much backup for patients with depression. 	
Careline	<ul style="list-style-type: none"> ▪ Useful for people living alone. 	<ul style="list-style-type: none"> ▪ Should not be means tested.
Social worker	<ul style="list-style-type: none"> ▪ Good management of future living options. ▪ Not an easy procedure for home adaptations - means testing is off-putting. 	<ul style="list-style-type: none"> ▪ Should not be means tested.
Alternative therapies	<ul style="list-style-type: none"> ▪ Use alternative therapies for pain management e.g. chiropractor. 	<ul style="list-style-type: none"> ▪ Include under NHS.

The group also identified district nurses, pharmacists and practice nurses as primary care providers who give a very satisfactory service.

The dentist and optician were also identified as providers of services relating to health.

Tynan Randomly Selected Patients

Service	Comments	Suggestions for improvements
GP	<ul style="list-style-type: none"> ▪ First class service provided. Patients get adequate time with the GPs. ▪ Medicines available in the practice- very convenient. ▪ Plenty of information is displayed and toys and TV keep children amused. ▪ Private transport is almost essential –public transport is completely inadequate. 	<ul style="list-style-type: none"> ▪ Early morning or late evening opening to suit working patients. ▪ Don't loose this service! ▪ Emergency slots in the afternoon for children. ▪ Social car scheme needed for attendance at the surgery and also referrals to clinic etc in Armagh.
Nurses	<ul style="list-style-type: none"> ▪ Well skilled. Direct access queuing system – works well. 	
Midwife	<ul style="list-style-type: none"> ▪ Variety of midwives per baby. 	<ul style="list-style-type: none"> ▪ Same midwife per baby.

Tynan Randomly Selected Patients (continued)

Service	Comments	Suggestions for improvements
		<ul style="list-style-type: none"> ▪ Should visit before the baby is born as well as after.
Chest, Heart & Stroke Club	<ul style="list-style-type: none"> ▪ In Armagh Orchard Leisure Centre. Transport provided. Excellent service. 	
Health visitor	<ul style="list-style-type: none"> ▪ In Armagh. 	<ul style="list-style-type: none"> ▪ Local baby clinic in Tynan.
Crossroads Care/home helps	<ul style="list-style-type: none"> ▪ Very good but time is too short. Provide a bit of company for isolated vulnerable patients. 	<ul style="list-style-type: none"> ▪ Value needs to be put on social contact and interaction. Need more time.
Social worker	<ul style="list-style-type: none"> ▪ Liaison between primary and secondary care good. ▪ Provides respite care for relatives. 	
Pharmacists	<ul style="list-style-type: none"> ▪ Gives good advice. ▪ Prescriptions can be collected in Armagh and Killylea. 	

Tynan Randomly Selected Patients (continued)

Service	Comments	Suggestions for improvements
Mental health services	<ul style="list-style-type: none">▪ Well co-ordinated but stigma attached.	<ul style="list-style-type: none">▪ Local counsellors needed- CRUSE.▪ New part-time CPN's need to have privacy.

Markethill Randomly Selected Patients

Service	Comments	Suggestions for improvements
GP	<ul style="list-style-type: none"> ▪ All day appointments system has recently been introduced- proving very satisfactory. Staff is very amenable to the needs of the patients. GP makes arrangements for transport if required. ▪ Repeat prescriptions - need information on when to see the GP after a number of repeat prescriptions. ▪ When can a patient have a referral to a consultant? ▪ Encouragement needed to help with weight problems (both over and under weight). ▪ GPs provide accurate diagnosis but could encourage patient towards self help and preventative action. 	<ul style="list-style-type: none"> ▪ Bessbrook surgery has workers appointments 1-2pm. Worth considering. ▪ Standard procedure on repeat prescriptions - information sharing with patients. ▪ Clear information available on being referred to consultants in surgery. ▪ Counselling on weight issues for all age groups. ▪ Contact numbers for recognised support agencies, information leaflets, etc.

Markethill Randomly Selected Patients (continued)

Service	Comments	Suggestions for improvements
		<ul style="list-style-type: none"> ▪ Local support groups/clinics for common issues e.g arthritis, cholesterol, smoking.
Nurse/practice nurse	<ul style="list-style-type: none"> ▪ Access by referral through GP which is proving satisfactory. 	
Breast screening	<ul style="list-style-type: none"> ▪ Age restriction. 	<ul style="list-style-type: none"> ▪ Should be available for young women if requested.
Social worker Care in the community	<ul style="list-style-type: none"> ▪ Poor link between primary and secondary care. e.g very effective care in the community package in place (under mental health), patient in hospital for a short period, can't get home because resources not available for home care (EMI). Patient ready for home over 3 weeks at time of consultation. Very stressful for patient and family (carer). ▪ Generally concerned about ageism. 	<ul style="list-style-type: none"> ▪ Co-ordination between primary care and secondary care. ▪ Development of quality control system for the elderly.

Markethill Randomly Selected Patients (continued)		
Service	Comments	Suggestions for improvements
Home Help	<ul style="list-style-type: none"> Provide an excellent service and do much more than expected in extremely limited time allocations. They provide a social function in the community which should be valued. 	<ul style="list-style-type: none"> Increase in this service.
Pharmacist	<ul style="list-style-type: none"> Provides an excellent service. Widely known that the pharmacist provides expert advice. Also provides valuable information on alternative therapies. 	
Nursing Homes	<ul style="list-style-type: none"> Very strict daily routine in the home to fit with staff requirements, little choice for the individuals involved. 	
Day Centres	<ul style="list-style-type: none"> Transport to day centres is no longer provided by the Trust. Voluntary group is providing this service. 	
Meals on Wheels	<ul style="list-style-type: none"> Some of the group were aware of Meals on Wheels service running successfully in the Bessbrook area. 	<ul style="list-style-type: none"> Research the service and assess feasibility in this area.

The group also identified health visitors, chiropodists, nursing staff, midwives, dietician, asthma clinic nurse, mental health team, district nurses, physiotherapists and the speech therapists as primary care providers who give a very satisfactory service.

CONCLUSIONS AND RECOMMENDATIONS

Altogether 87 people took up the opportunity to give their opinions on the primary care services provided in their own local area and a wide variety of issues were raised. Overall the participants had many positive comments and experiences of the services but they were also able to identify areas where changes could be made. There was a great deal of overlap across the groups as to the primary care issues of concern and issues peculiar to particular localities were also identified. However 4 general themes were readily extracted from the discussions. These centred on: -

- ◆ information,
- ◆ service provision,
- ◆ accessibility, and
- ◆ continuity of care.

Recommendation

The Pilot should feed-back the issues raised by the focus group participants to the primary care service providers involved with the work of the Pilot and the Community Consultative Group.

Some of the issues identified were not peculiar to one particular locality, rather they are relevant across the Pilot's area and indeed even wider. Some of these issues related to continuity of care, such as having a dedicated midwife for pregnancy, labour and delivery and preventing delayed discharges from hospital. Other issues related to the provision of

information, support groups, specialist clinics, prescribing alternative therapies, GP appointment times, pharmacy opening hours and the effectiveness of the whiplash clinic.

Recommendation

The Pilot's management structure should consider the issues and themes identified by focus group participants and develop an action plan which can be taken forward.

The issues raised by participants have relevance and implications for individual GPs and other primary care service providers in the Pilot's area. Some issues may be quite easily addressed and may not have any resource implications however others will. Some proposed actions suggested by focus group participants may not be feasible because of these financial implications or other constraints and others such as an examination of patients' views of the GP out of hours service at Moy are already ongoing. However, regardless of whether actions can be taken forward in either the short or the long term, expectations of the focus group participants will have been raised by their participation in identifying the primary care issues of concern to them. The majority expressed willingness for further involvement in any follow-up actions. As such it is important that the process does not conclude at this stage with the end product being a list of the issues identified. The process undertaken to date offers the opportunity to continue to develop the relationships between health and social service providers and users. It is important that there is joint planning and some feedback mechanism between the pilot and the focus group participants as to what changes can be implemented, how and when.

Recommendation

The GP practices and other relevant health professionals should invite focus group participants and other members of the local community to discuss the issues identified as pertinent to their local area. This will afford the opportunity for joint planning of the agenda for action and informing users of what can realistically be achieved and any constraints which may impede progressing other proposed actions.

The major challenge for all health and social care organisations, as set out in recent policy documents is how to address health and social inequalities. "Well into 2000 - Regional Strategy for Health and Social Wellbeing 1997-2002" promotes a drive towards equity and inclusion not just within health and social services but as a central vision running throughout all government policy and across all government departments. "Working in Partnership - A strategy for public participation, equity and inclusion" sets out a strategy for community development in the Southern Health and Social Services Board's area. Community development has a significant role to play in ensuring the delivery of targeted, more responsive and locally accessible primary care services. Elements within the four themes identified by focus group participants could lend themselves very well to a community development approach. Participants suggested that health professionals should link with existing community groups to provide a channel for the flow of health promotion information and the development of support groups. Transport difficulties were also highlighted and participants suggested the use of a social car scheme to take patients to health and social services appointments. There is also the opportunity to link with other organisations such as the Citizens Advice Bureau to address the identified gap in the provision of information regarding benefit entitlements.

Recommendation

Health and social service providers, including GP practices, should develop links and work in partnership with community groups and other local organisations (such as Armagh Rural Transport Initiative and Citizens Advice Bureau) to facilitate the delivery of locally accessible services and the provision of information.