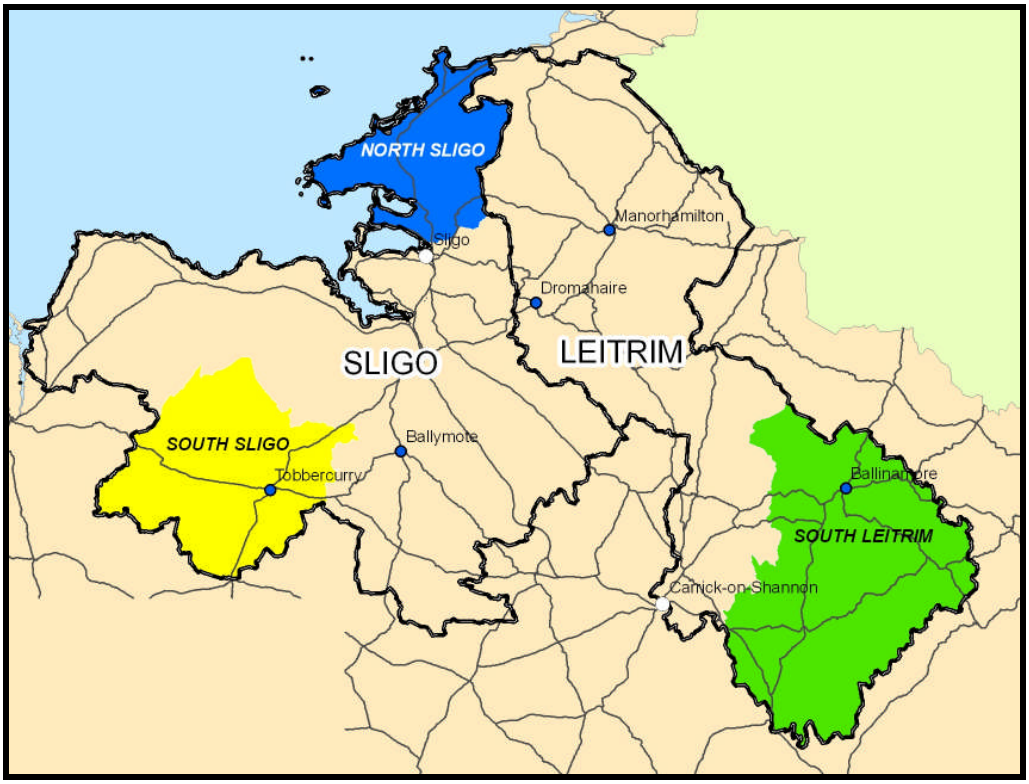
HEALTH NEEDS ASSESSMENT OF THREE PRIMARY CARE TEAM AREAS IN SLIGO/LEITRIM

North Sligo PCT Area

South Sligo PCT Area

South Leitrim PCT Area



DEPARTMENT OF PUBLIC HEALTH MEDICINE

HEALTH SERVICE EXECUTIVE WEST

Donegal/Sligo/Leitrim/West Cavan Area

NOVEMBER 2007

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

We would like to thank all those who contributed to this report for their valuable input.

In particular we would like to mention the following:

Ms. Sheila Flynn, Administrative Support, for all of her considerable help in the presentation of this report.

Mr. Eugene Murray, GIS Health Development Officer, for all of his valuable input on maps, graphs and data.

Ms. Joan O'Neill, Research Officer, for her contribution to the section on health data.

Dr. Ann Shannon, Specialist in Public Health Medicine for the information on cancer.

Dr. Peter Wright, Director of Public Health Medicine for his advice and support.

All of the other staff members of the Department of Public Health Medicine, HSE West, Donegal/Sligo/Leitrim area who helped in this work.

Mr Pat Dolan, Ms Mary Conboy, Ms Cara O'Neill and Ms Carmel Taheny of the Local Health Office who requested and supported this work.

All of those who facilitated and participated in the survey of the primary care professionals.

Authors

Dr. Fionnuala Cooney Specialist Registrar Public Health Medicine, HSE West, Donegal/Sligo/Leitrim Area

Dr. Una Fallon, Specialist in Public Health Medicine, HSE West, Donegal/Sligo/Leitrim Area up to July 2007, now Specialist in Public Health Medicine, HSE Dublin/Mid-Leinster.

Corrections/Updates contact:
Dr. Fionnuala Cooney,
Specialist Registrar in Public Health Medicine,
Department of Public Health Medicine,
Bridgewater House,
Rockwood Parade,
Sligo.

Telephone (071) 9174750
Mobile (087) 9196581
email fionnuala.cooney@hse.ie

SUMMARY

This report describes a Health Needs Assessment that was carried out on the populations of three newly established Primary Care teams (PCTs) in the Sligo/Leitrim LHO area. These PCTs are North Sligo PCT Area (population 7,766), South Sligo PCT Area (population 5,751) and South Leitrim PCT Area (population 10,988). A full review of the available data on the populations' demographics, vital statistics and health (though, data on health limited) is presented. The Needs Assessment utilised a corporate approach in which opinions were sought of the GPs and HSE health and social care professionals on the main needs of their PCT Areas.

There are differences in the demographics in the three PCT Areas. The age distribution in the North Sligo PCT Area is similar to the overall national picture, but in both the South Sligo and South Leitrim PCT Areas there are higher proportions of older people. Considerable differences were noted in the deprivation scores, with wide variation both within and between the three PCT Areas. The main causes of mortality in the Region (the former North Western Health Board area) were generally similar to the national figures, except for higher rates of death from RTAs among men under 65 years. The most frequent emergency hospital admission diagnoses were diseases of the cardiovascular system, diseases of the respiratory system and type II diabetes. The GPs and HSE health and social care professionals reported a wide variety of needs and from these four main themes emerged:

- The need for good access to health and social services;
- The need for integrated user-centred primary care services, e.g., chronic disease management programmes;
- The need for more carer support services;
- The need for primary care professionals to be supported in the further development of health promotion and disease prevention services.

In addition, the perceived needs of staff are reported and these include: additional human resources; improved facilities; improved ICT usage and systems to support teamwork within the PCT. The GPs, in particular, requested the allocation of designated protected time for non-clinical work, improved communication with secondary care services and improvements in access to diagnostic services.

The scope of this initial assessment was extremely broad. This is because information was requested on the full range of primary care needs for the entire communities of these PCT Areas. As a result of this, the conclusions are very general and it is not really possible to make specific recommendations on particular aspects of need. However, we do make generic recommendations for future focused work and these include engagement of the public, evaluation of actions on their impact on reducing health inequalities and the provision of adequate data on health. The information presented in this report will be useful, not only locally in directing the way forward, but also nationally in informing policy and the work in progress in the other LHO areas.

We have identified that the main priorities in future work:

- The inclusion of the views of the public. Ideally, this engagement will be built on existing knowledge and experience and will involve both public consultation and participation.
- The inclusion of the views of other HSE service personnel (e.g., hospital-based professionals), the non-statutory services which impact on health (e.g., voluntary organisations) as well as health and social care managers, planners and funders. Careful analysis of the wider non-healthcare factors in each PCT Area, which impact on health, (such as transport, housing, education, employment, recreation, etc.), should also be included.
- Establish systems to provide the essential information on health that is requires to inform the Needs Assessment process. Such information could be obtained by a range of methods such as surveys, national disease registers, establishment of surveillance systems within primary care etc. The work would ideally be carried out in tandem with the full implementation of the National Health Information Strategy. While awaiting these national developments, we recommend that local interim arrangements be put in place in the Sligo/Leitrim LHO area to provide the relevant data on the needs of the local population.

We recommend that the established local groups, such as the Local Implementation Group, proceed to identify and agree the main priorities in the assessment of needs at primary care level. Working with other relevant established groups, such as the Pimary Care Acute Services Interface Group, subgroups could be established to work on identified areas of need. These sub-groups should include representation from the public and, where appropriate, should also include representation from other sectors and services, such as voluntary organisations, health planners and hospital-based personnel. The remit and composition of these sub-groups should be the responsibility of the commissioning working group. This Needs Assessment Report indicates that suitable topics include: community participation, chronic disease, carers support and education, local health intelligence, communications and information technology, travel for patients, health promotion and disease prevention and diagnostic services.

We recommend that during the process of identifying the main areas for action by the Local Implementation Group (or other established groups in other localities) that careful consideration be given to integration of the following important actions in any future work:

- Engaging the public in planning primary care services;
- Evaluating all actions to assess how they impact on reducing health inequalities; and
- Planning and supporting the provision of the relevant data to inform the Needs Assessment process.

We are very grateful to all who supported and contributed so very generously to this needs assessment. The tremendous goodwill shown by all parties in the conduct of this work bodes well for future work in this process. Health care needs assessment is an important aspect of modern health care as it is a systematic methodology used to improve health and reduce health inequalities. On the basis of the evidence gathered over the twelve month period of this work, we believe that the information presented in this report provides clear direction for a way forward in the provision of high quality primary care services.

CHAPTER 1: INTRODUCTION

1.1 Primary Care Strategy

The Health Needs Assessment presented in this Report was carried out in accordance with the recommendations of the national primary care strategy, *Primary Care: A New Direction*, (2001). This strategy proposes a new model for the delivery of primary care services whereby services will be provided by a multi-disciplinary community-based team. It is envisaged that the teams will work together to provide an integrated service to a local community/population.

The Primary Care strategy states that *"…health needs assessment is central to effective primary care.…… The coverage, composition and number of primary care teams will be established on the basis of a health needs assessment consistent with a population health approach"*.

Three Primary Care Teams (PCTs) have been established within the Sligo/Leitrim/West Cavan Local Health Office (LHO) Area in North Sligo, South Sligo and South Leitrim areas (see map in Appendix A). In September 2006, senior LHO personnel made a request to the local Public Health Department to commence a Needs Assessment for these PCTs. This process commenced in November 2006 and this is an interim report on the first stage of the assessment.

1.2 Health Needs Assessment

Health Needs Assessment (HNA) is a systematic method for reviewing the health issues facing a population. The main purpose of HNA is to lead to agreed priorities and resource allocation with the aim of improvements in health and a reduction in health inequalities. HNA is the recommended public health tool to provide evidence about a population on which to plan services. It provides an opportunity to engage with specific populations and enable them to contribute to targeted service planning and resource allocation. In addition, it provides an opportunity for cross-sectoral partnership and for developing effective interventions.

This document is a summary report of a Health Needs Assessment carried out by personnel of the Department of Public Health Medicine HSE West, Donegal/Sligo/Leitrim Area. This assessment is the first step of a multi-stage and on-going process. In this report information is provided on:

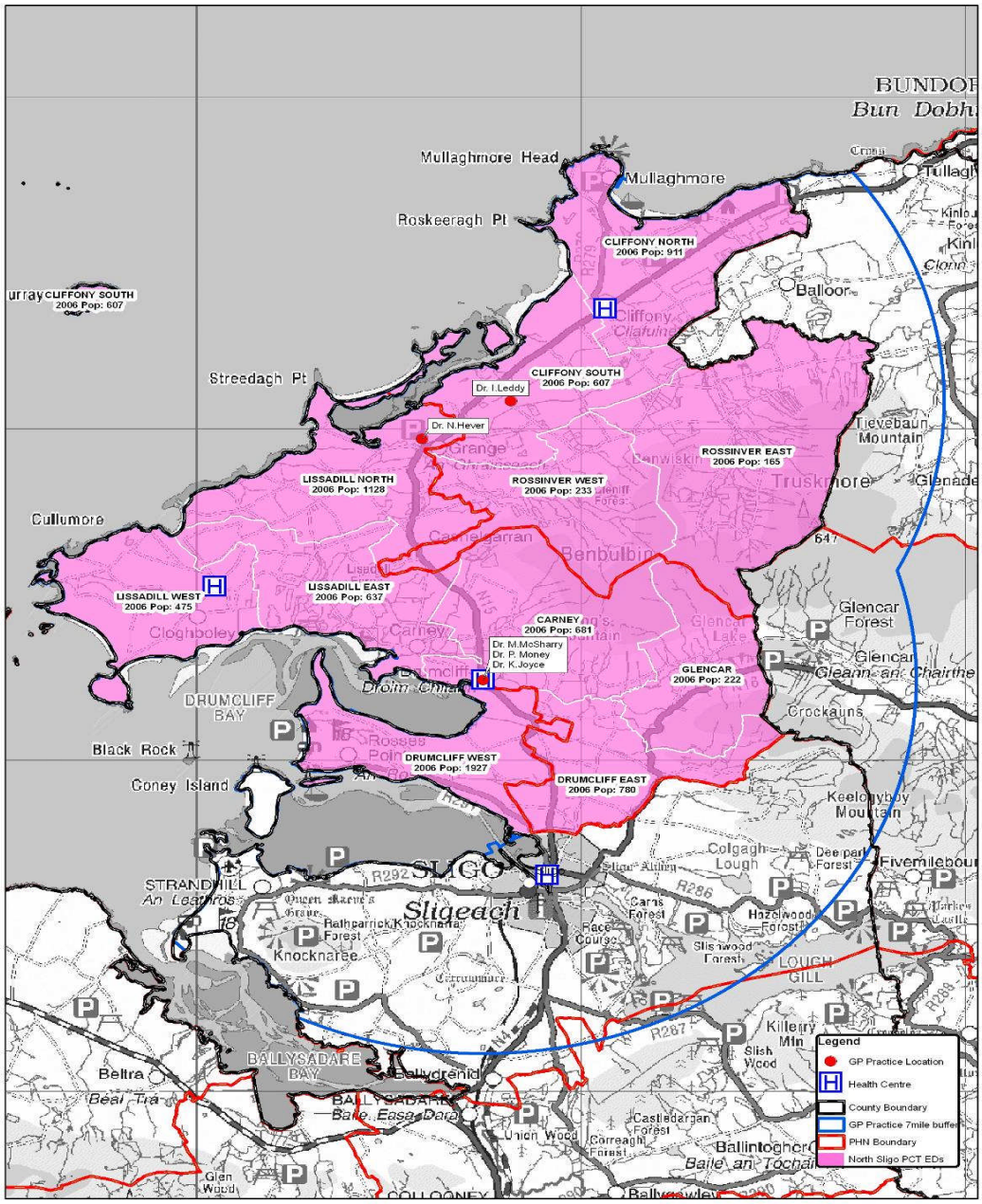
- The general health and social status of the populations in the three PCT areas.
- The needs as identified by the health and social care professionals currently providing primary care services in these PCT Areas.

1.3 Description of the 3 Primary Care Teams

The following is a brief description of each of the three PCT Areas with maps displaying the electoral divisions showing the population sizes, the locations of the GP practices, Health Centres and Public Health Nursing areas. The blue curved lines indicate a 7 mile radius around each GP practice.

1.3.1 North Sligo Primary Care Team Area

Figure 1.1 North Sligo Primary Care Team Area

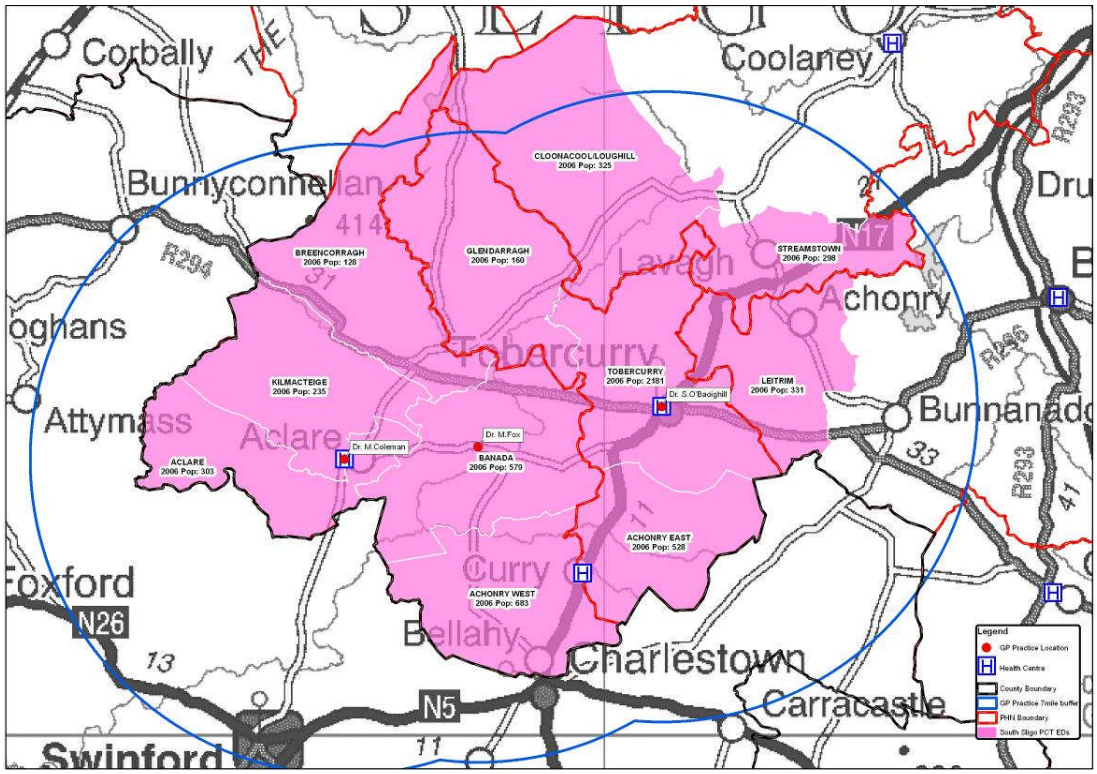


The North Sligo Primary Care Team area is bordered by Sligo town to the south, the Atlantic coast to the west and Co. Leitrim to the east. It is comprised of eleven electoral divisions and includes the villages of Drumcliff, Rosses Point, Grange and Cliffoney. Population of this PCT area is 7,766 (2006 census).

South Sligo Primary Care Team Area

South Sligo primary care team is comprised of 11 electoral districts. It is bordered to the West and South by county Mayo and to the North and East by county Sligo. It has two large towns, Tubbercurry to the South West and Charlestown to the south. Population 5,751 (2006 Census).

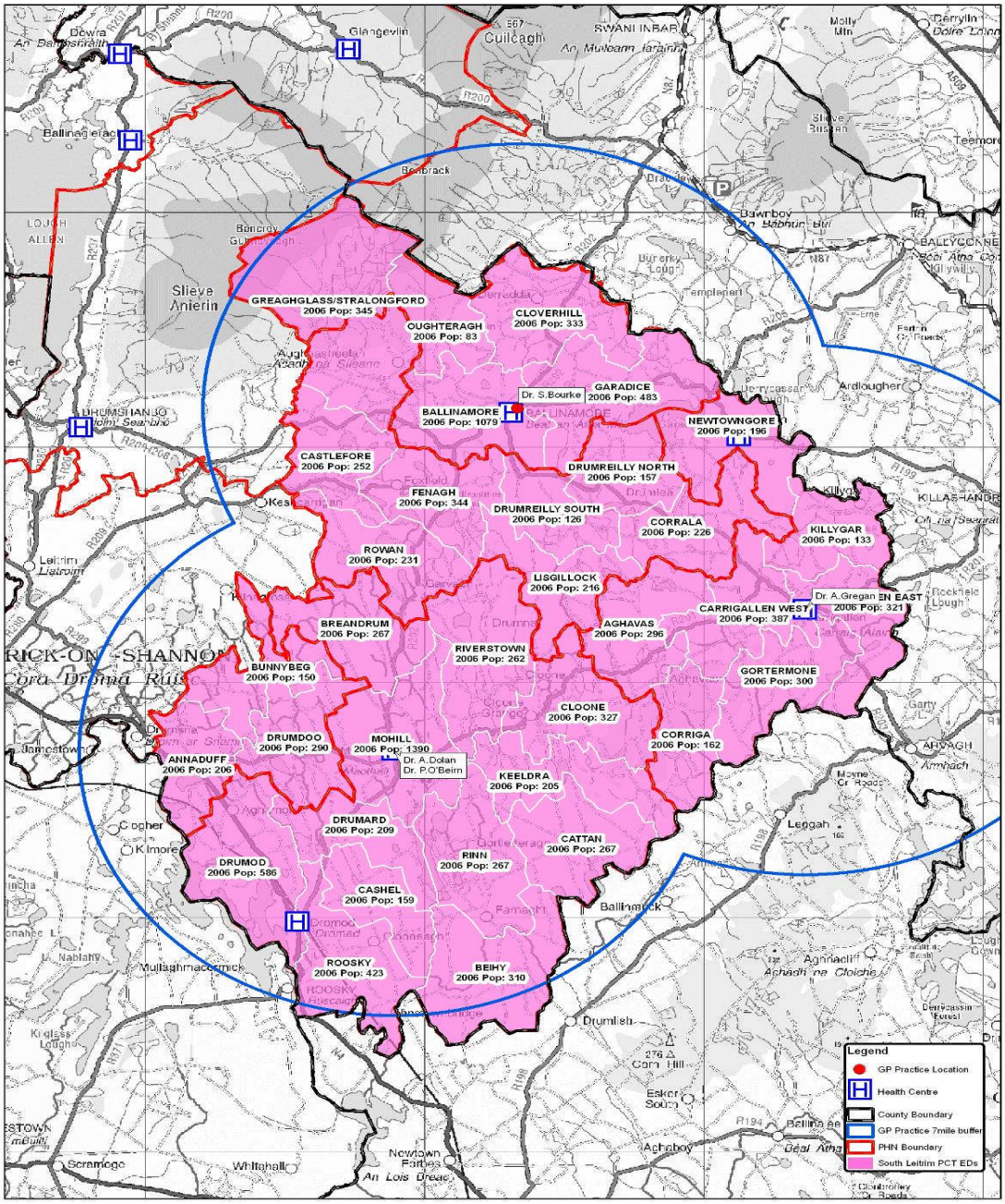
Figure 1.2 South Sligo Primary Care Team Area



1.3.3 South Leitrim PCT Area

The South Leitrim Primary Care Team area is bordered by counties Roscommon and Longford to the south, county Sligo to the west and county Cavan to the east. It is comprised of thirty five electoral divisions and the main towns are Ballinamore, Mohill and Carrigallen. Population 10,988 (2006 Census)

Figure 1.3 South Leitrim PCT Area



CHAPTER 2: AIMS AND OBJECTIVES

2.1 Aim

The aim of the Needs Assessment is to provide information for the planning of the delivery of effective, efficient and equitable clinical and social care to meet the health and social needs of the populations served by the Primary Care Teams.

2.2 Objectives

1. To describe the health status and social characteristics of the Primary Care Team populations using the data that is currently available.
2. To describe the health needs of the PCT populations as expressed by the health and social primary care professionals.
3. To identify the main priorities in the further work required to complete a Primary Care Needs Assessment.
4. To use the information obtained in this Needs Assessment to inform the development and planning of primary care services.

CHAPTER 3: METHODS

The methods used in this Health Needs Assessment are described under the following four headings:

1. Assessment of the health and social status of each PCT area using the data that is currently available.
2. Reported needs as described by the HSE's primary care providers working in the three PCT Areas.
3. Reported needs as described by the General Practitioners working in the three PCT Areas.
4. A composite summary of the results from 2. and 3. above, describing the needs of the population and the needs of the primary care service providers.

For both 2. and 3. a corporate approach was used in which the demands and wishes of the primary care professionals were sought to assess the main health needs of the PCT Area populations.

3.1 Assessment of the health and social status of each PCT area using the data sources that are currently available.

A main objective of this Health Needs Assessment is to describe what is known about the health status and health needs of the primary care team populations using routine data. We aimed to extract and present the data by Primary Care Team Area as far as possible. Relevant comparisons are made to either regional or national figures, to help with interpretation where the data are available.

The following areas were considered.

Mapping:

A map of each PCT area was made showing electoral districts (EDs), HSE health centres, Public Health Nurse boundary areas, GP practices and a seven mile radius line around each GP practice; a person living within this area can register as a GMS patient with that practice. The purpose of this was to display the PCTs pictorially.

Demographic profile:

Using census data the characteristics of the population within each PCT are described including the age-sex structure of the population, changes in age-sex structure between 2002 and 2006 census, a socio-economic profile, the prevalence of deprivation using the National Deprivation Index and other household indices such as the proportion of people in age dependency groups, the proportion living in local authority housing and the proportion who own a car. The purpose of this was to identify predominance of any particular demographic group and to identify any rapid or sudden change in profile that may require additional or an increase in services. This data was available by PCT Area with appropriate local and national comparison data.

Vital Statistics:

Life-expectancy, birth rates and age at maternity were examined. The purpose of this was to determine if there were any unique trends in the PCT areas, in counties Sligo and Leitrim or in the North West in general that require attention. This data was available by county, with regional and national comparison data.

Mortality

Mortality rates, coded by the International Classification of Diseases (ICD) are available and were selected and tabulated using the Institute of Public Health's Public Health Information System (PHiS) version 9. It was not possible to look at mortality rates by PCT area. Some data were available by county. Most data are presented by former North Western Health Board area.

- Crude and age-standardised death rates for 2004 for counties Sligo, Leitrim and the Republic of Ireland are presented. The purpose of this is to show the overall death rate.
- Cause of death by major category (ICD 9) for 2004, for all ages in both men and women are presented in order of frequency for the NWHB area and compared to all-Ireland rates. The purpose of this is to examine whether the main categories of death are similar to the rest of the country.
- The standardised mortality rates of the leading five major categories of death are presented as a trend over a five year period from 2000 to 2004. The purpose of this is to look at whether any of these main categories of death, standardised for the age-sex structure of the national population, are increasing or decreasing over time.
- Age-standardised cause-specific mortality (ICD 9) rates for 2004 for the NWHB area are compared to national rates. Cause-specific mortality rates for 2004 for men and women over and under the age of 65 years are compared to all-Ireland rates. Cause-specific rates within the region are examined in order to help determine where service activity, in the context of primary care, should be concentrated.

Morbidity / Chronic Disease

When considering morbidity there is a considerable gap between what we would like to know and what information is available. Table 3.1 displays the information required for a comprehensive assessment of chronic disease morbidity in adults, for the purposes of assessing health needs in a primary care setting in the North West.

Not all of the data presented in table 3.1 are currently available. Comprehensive cancer data, both incidence and mortality, are available from the National Cancer Registry and are presented. Expected absolute numbers of people with type I and type II diabetes, calculated using UK prevalence rates and the age-sex structure of the population in each Irish county are available on PHiS and are presented. Incidence and numbers of suicides and parasuicides by county are also available through the Institute of Public Health's Public Health information System (PHiS) based on a specific suicide register. Detailed mortality rates are available as above.

Table 3.1 Chronic disease information that would be helpful in a primary care needs assessment.

Cancer	Incidence and mortality rates
Cardiovascular disease	Incidence of coronary heart disease and stroke Mortality rates from acute MI and other diseases of the circulatory system Prevalence of heart failure and hypertension
Respiratory Disease	Prevalence of chronic obstructive pulmonary disease (COPD) Prevalence of asthma Mortality rates from pneumonia, influenza and COPD
Diabetes	Prevalence rates of type I diabetes Prevalence rates of type II diabetes
Musculoskeletal system	Prevalence of rheumatoid arthritis Prevalence of osteoarthritis
Mental Health problems	Prevalence of major depression, schizophrenia and addiction Incidence of suicide and parasuicide
Disability	Prevalence of intellectual disability Prevalence of physical and sensory disability

In order to assess need in primary care and to plan primary care services it is important to know the true prevalence rates of the chronic diseases which are predominantly managed in primary care such as chronic obstructive airways disease (COAD), hypertension, heart failure, rheumatoid arthritis and osteoarthritis.

Valid incidence rates (number of new cases of a disease by the number at risk of the disease over a specific time period) and prevalence rates (number of existing cases of a disease in a specific population) for many chronic diseases are not directly measured in Ireland. Methods of doing this would include local and national cross-sectional studies, on-going cohort studies, structures for disease registers and for systematic nationally representative primary care surveillance.

Some methods for examining disease incidence and prevalence have been developed. These include using HIPE data to look at frequency of diagnoses associated with hospital episodes. HIPE can also be used to examine numbers of particular procedures which may be disease specific e.g. coronary artery bypass graft. However, there are some limitations to using HIPE data. It is difficult to deal with duplicate patients in HIPE data and this makes it unsuitable for calculating incidence rates. Also, changes in frequency of disease and frequency of specific procedures are more likely to reflect a change in the health services as opposed to number of cases of a particular disease. One of the overall objectives of the primary care team formation is to maintain care in the community as far as possible. Considering this we looked at the most frequent in-patient emergency admission diagnoses in Sligo General Hospital and separately for those living in Co. Sligo and Co. Leitrim over the age of 65 years.

The national psychiatric in-patient reporting system (NPIRS) is maintained by the Health Research Board and reports on the service activity and on detailed 5-year census data of psychiatric units throughout the country. Information on admission prevalence for the major psychiatric diagnoses was obtained for the NWHB area for the 2001 census and for HSE West for the 2006 census. These data are presented as a proxy for true prevalence rates.

The Health Research Board also maintain and manage the National Physical and Sensory Disability Database (NPSD) and the National Intellectual Disability Database (NIDD). Primary Care Team level data is presented here. This is another example of a morbidity register from which, depending on completeness, prevalence of disability can be calculated.

3.2 Reported needs as described by the HSE's primary care providers working in the three PCT Areas.

Following discussion with both Local Health Office (LHO) personnel and with some of the clinical personnel, it was agreed that a survey of the Service Leads of the Primary Care Services would be the most efficient way to assess normative needs (i.e. the views of the professionals). In the absence of a national validated tool, we developed a questionnaire for self completion. The draft questionnaire was widely distributed for comments and following this it was piloted, reviewed again, modified and finalised (see copy in Appendix C). A separate questionnaire was used for each of the three Primary Care Team areas and to facilitate respondents, the forms were colour coded: blue for North Sligo, yellow for South Sligo and green for South Leitrim (see map in Appendix A)

The questionnaire was distributed electronically for self-completion. It included a section with specific instructions for inclusion of the views of front-line staff. It contained qualitative and quantitative questions.

A list of the HSE primary care services was provided by the LHO and the questionnaire was circulated in February 2007 to the Lead Person of the following services:

▫ Public Health Nursing	▫ Psychology
▫ Physiotherapy	▫ Mental Health Service
▫ Occupational Therapy	▫ Community Mental Health
▫ Home Support	▫ Service Older Persons
▫ Speech and Language Therapy	▫ Alcohol and Substance Misuse
▫ Smoking Cessation	▫ Counselling
▫ Community Nutrition and Dietetics	▫ Community Welfare Service
▫ Diabetes Nurse Specialist	▫ Social Work Children and Families
▫ Social Work Alternate Care	▫ Social Work Learning Disability Service
▫ Community Resuscitation Service	▫ Day Care Services
▫ Area Medical Officers	▫ Social Work Older People
▫ Dentistry	▫ Child Psychiatry
▫ Community Paediatrian	▫ Asylum seeker/refugee service
▫ Learning disability	▫ Physical and sensory disability

Analysis of the returned questionnaires commenced in May 2007 and some late responses were included up to end October 2007. Quantitative responses were analysed by estimating frequencies and cross-tabulated where appropriate. Qualitative analysis involved identifying words, concepts and themes, from free text responses to open questions. These were then assessed for frequency and importance (ranked and rated). Analysis resulted in the identification of the following six main theme areas covering most aspects of the current service provision: staffing, facilities, administrative support, information and communication technology (ICT), waiting times for the service and teamwork with other services (see Appendix E).

Following this, the responses were tabulated according to the 6 main themes and an overall summary of all of the services responses was prepared for each PCT area. During this process some additional issues specific to each PCT area were identified and have been described in the Results. In addition, the current service provision by each HSE service was described for each PCT area and the specific needs expressed by each service, both for its staff as well as for the population served, were collated and summarised. The results of this analysis were then returned to each Service Lead for validation following which were made any of the changes requested.

Finally, a table was devised listing all of the reported referral sources to the HSE primary care services as well as all of the reported onward referral destinations.

Self-completion questionnaires were sent to 28 primary care service leads/managers, and responses were obtained from 20 different services. Results of the preliminary analysis were returned to each service lead for validation prior to their inclusion in the final Results.

3.3 Reported needs as described by the General Practitioners working in the three PCT Areas.

Questionnaires were completed with 14 GPs from the 11 practices in the three PCT Areas. The GP questionnaire (see copy in Appendix D) was a modified version of the service lead's questionnaire and examined the same themes of staffing, accommodation and facilities, administrative support, information and communication technology (ICT), waiting times and teamwork. Additional themes examined included on-call rotas, disease registers, access to primary care services, access to secondary care services and access to diagnostics. The questionnaire contained both qualitative and quantitative questions and was administered by semi-structured interview.

Non-GMS assistants were not interviewed due to time constraints. The data were analysed together, as a group of 14 GPs in the first instance as opposed to examining the responses by primary care teams. There were several reasons for this. Firstly, the number of GPs was small and we wished to avoid, as far as possible, identifying any GP directly. Secondly, the findings were similar across practices and the same reply from several GPs lends more weight to the response. Finally, each GP had unique ideas and contributions that all primary care teams could potentially benefit from. Themes that were either unique to PCTs or emerging strongly from particular PCTs were then identified.

Quantitative responses were analysed by estimating frequencies and cross-tabulated where appropriate. Qualitative analysis involved identifying words, concepts and

themes, from free text responses to open questions. These were then assessed for frequency and importance (ranked and rated). GPs were interviewed between May 23rd and June 19th 2007 by a Public Health Specialist and a Specialist Registrar in Public Health.

The results of both the survey of the service leads and the GPs were then reviewed together and the main themes on needs were identified.

3.4 A composite summary of the results from 2. and 3. above, describing the needs of the population and the needs of the primary care service providers.

Following the analysis of these surveys, the results from both the HSE primary care leads/managers and those from the GPs were combined. Further analysis of this provided an overview summary on the main needs for the population and the main needs for the primary care service providers.

Chapter 4 which follows presents the results of this combined epidemiological and corporate methodology used to assess the primary care health needs.

CHAPTER 4: RESULTS

The results of this Needs Assessment are presented in the following four main sections:

4.1 Information from currently available data on demographics, health and social factors presented at national, regional, county and PCT level
4.2 Results of survey of HSE service leads/managers in three PCT Areas, presented at aggregated and at level of each PCT Area
4.3 Results of survey of GPs working in the three PCT Areas, presented at aggregated level.
4.4 Summary of results on the needs of population and the needs of the primary care providers

Each of the four main sections is further subdivided according to the type of information, the area level of the information and the main theme areas. Finally a summary is provided on the identified main needs.

4.1 Information from currently available health and demographic data.

4.1.1 Demographic information from Census 2002 at level of each PCT Area
4.1.1.1 North Sligo PCT Area
4.1.1.2 South Sligo PCT Area
4.1.1.3 South Leitrim PCT Area
4.1.2 Information on vital statistics and health.

4.2 Results of survey of HSE service leads/managers in 3 PCT Areas.

4.2.1 Results for each PCT Area on data aggregated from the survey of the HSE Service Leads.
4.2.2 Results for each HSE Service, at PCT Area level.
4.2.3 Summary description of referral sources and referral destinations to and from HSE primary care services.

4.3 Results of survey of GPs working in the 3 PCT Areas.

4.3.2 Description of current service provided by GPs in the 3 PCT Areas
4.3.3 Work with other primary care services
4.3.4 Access to diagnostic services
4.3.5 Work with secondary care services
4.3.6 Needs of the population
4.3.7 Needs of the GPs
4.3.8 Suggestions for the development of teamwork among primary care professionals

4.4 Summary of results on the needs of population and the needs of the primary care providers.

4.4.2 Needs of population in the 3 PCT Areas
4.4.3 Needs of primary care service providers

4.1 Information from currently available data on demographics, health and social factors presented at national, regional, county and PCT level.

This section firstly presents detailed demographic information for each of the 3 individual PCT Areas. Following this, there is information on the vital statistics and the health of the populations. .Much of this information is available only at county level or at the regional level (referring to the level of the former North Western Health Board).

4.1.1 Demographic information at level of each PCT Area from 2002 census.

The following is information on the demographics of the three PCT Areas, North Sligo, South Sligo and South Leitrim and includes information on population size and socio-economic profile.

4.1.1.1 NORTH SLIGO PCT AREA

The main key points on this Area's demographics are as follows:

- In North Sligo, like most rural communities, there are fewer men and women in the 20 to 29 year age group than expected.
- There is a preponderance of people in the age 45 to 55 year age band in comparison to county Sligo and all of Ireland.
- The proportion of people in age-dependency groups in North Sligo is similar to the rest of the country.
- 80% of the population of North Sligo are in the least deprived third of the population according to the National Deprivation Index.

Population Structure

The population pyramid in Figure 4.1 shows the distribution of the population by age and sex. The shape of the pyramid reflects the rate of growth and demographers use it to predict the future structure of the population.

The overall shape of the North Sligo population pyramid is square, denoting slow growth. Of particular interest is the reduced number of men and women in the 20 to 29 year age-band. This is typical of a rural area where people in their twenties may have moved to urban areas for education or employment. There is a slight preponderance of people in 45 to 55 year age bands in comparison to County Sligo and all of Ireland (see Figure 4.2).

Figure 4.1: North Sligo Primary Care Team Population Pyramid

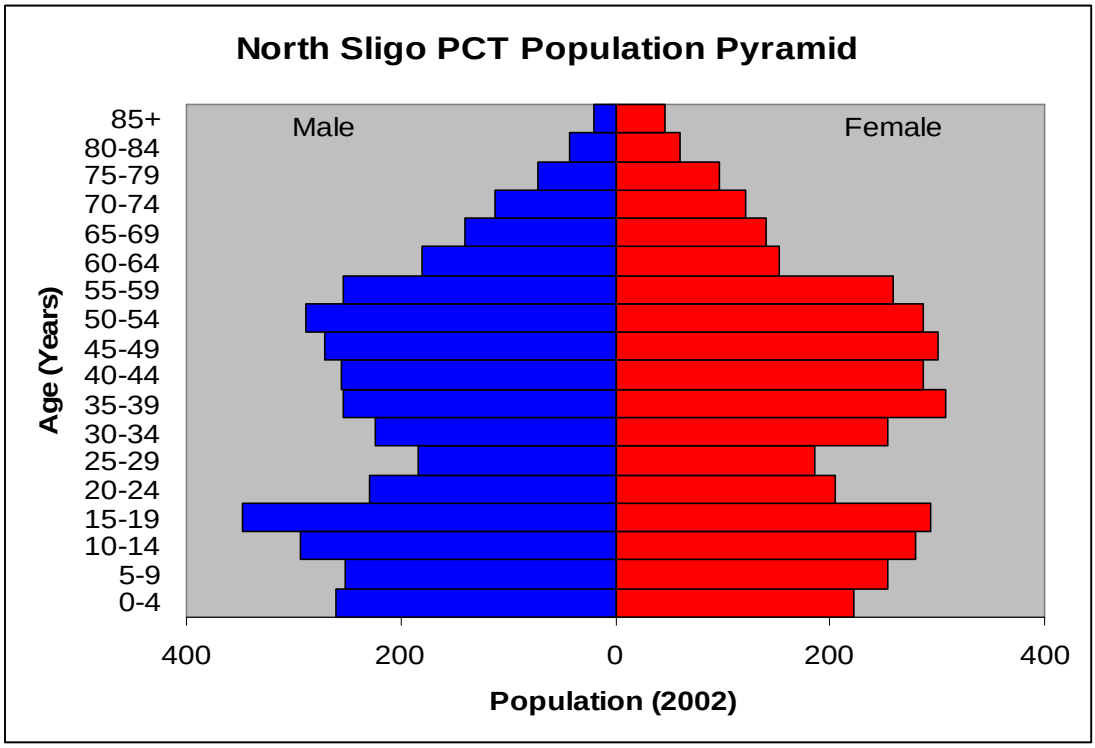
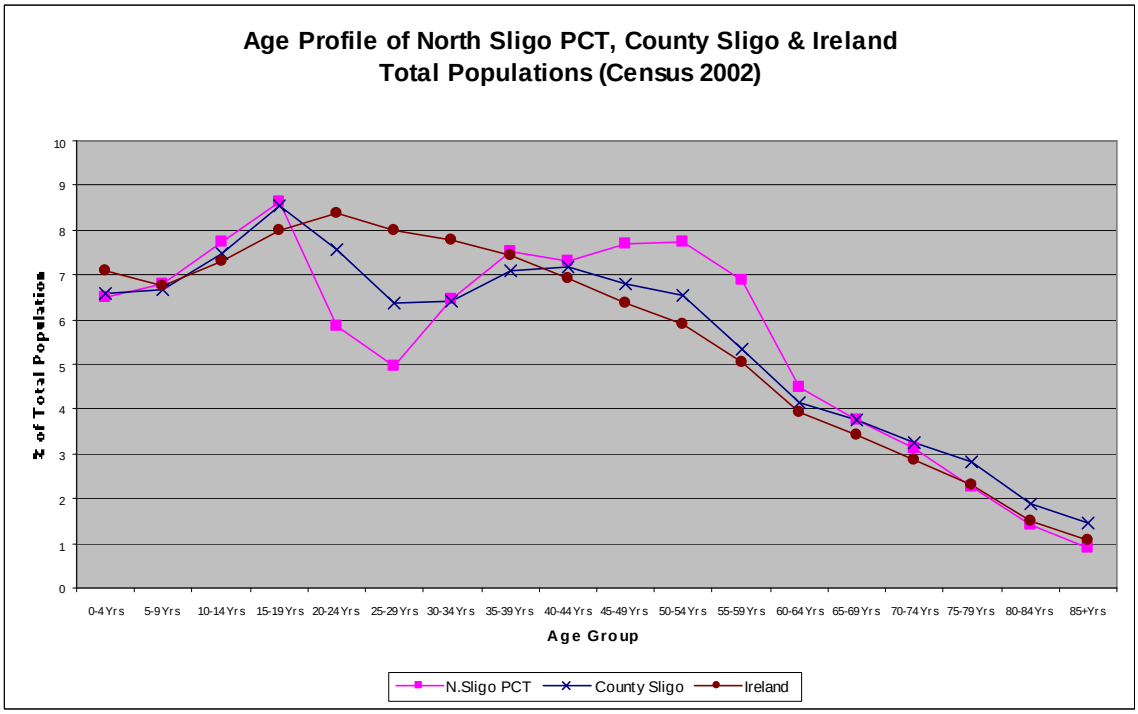


Figure 4.2 Age profile of North Sligo PCT, County Sligo & Ireland (Census 2002)



From Table 4.1 it can be seen that the population of Ireland increased by 8.2% between the 2002 census and the 2006 census. The North Sligo PCT area population grew 4.5% similar to County Sligo.

Table 4.1: Change in population by sex from census 2002 to 2006

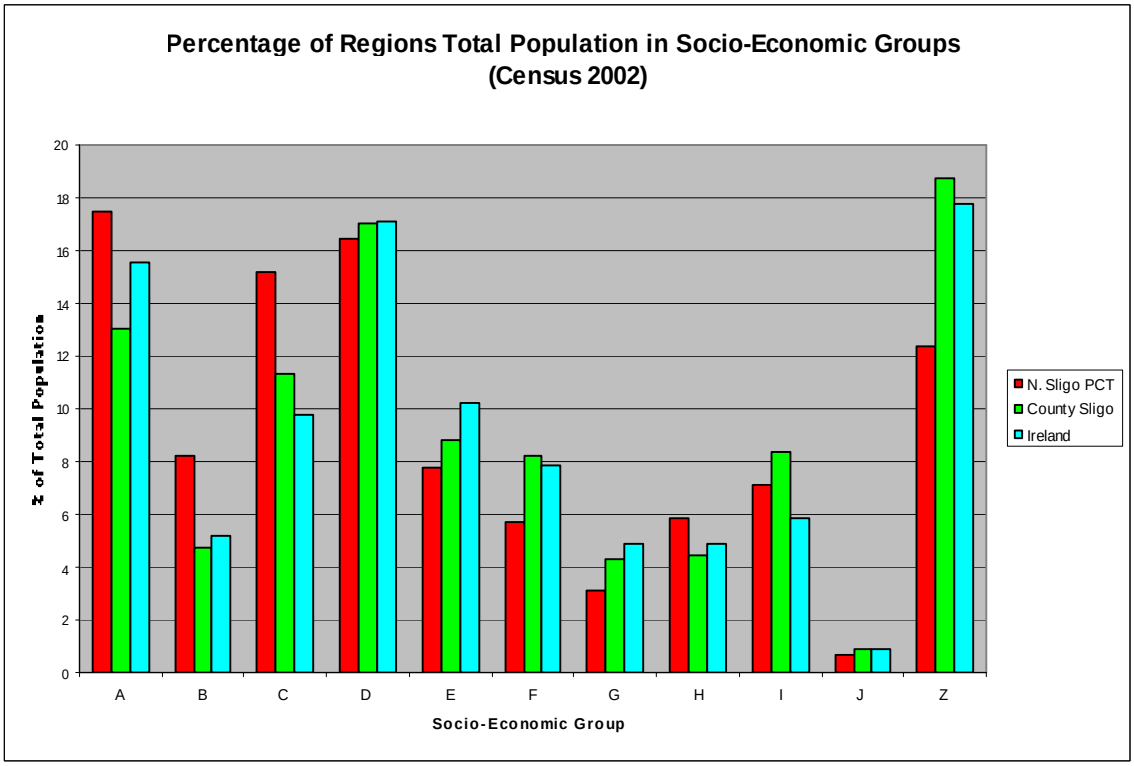
		North Sligo PCT	Sligo	Ireland
2002 census	Male	3681	28,771	194,6164
	Female	3749	29,429	1,971,039
	Population	7430	58,200	3,917,203
2006 census	Male	3825	30,189	2,121,171
	Female	3941	30,674	2,118,677
	Population	7766	60,863	4,239,848
Population change	N	336	2,663	322,645
	%	4.5	4.6	8.2

In the North Sligo PCT area, 94% of the population describe themselves as Irish, 3.1% as British and 2.8% as 'other'. This is similar to the national picture.

Socio-Economic Group

The socio-economic group (SEG) of all persons aged 15 years and over who are at work is determined by their occupation and, in some cases, additionally by their employment status. Unemployed or retired persons are classified by socio-economic group according to their former occupation. All other persons are classified according to the SEG of the person on whom they are deemed to be dependent.

Figure 4.3: Proportion of PCT population in Socio-Economic Groups (Census 2002)



A = Employers and managers
B = Higher professional
C = Lower professional
D = Non-manual
E = Manual skilled
F = Semi-skilled
G = Unskilled
H = Own account workers
I = Farmers
J = Agricultural workers
Z = All others gainfully occupied and unknown

Figure 4.3 illustrates the North Sligo PCT area SEGs from the 2002 census. The most common socio-economic group in this area is 'employers and managers', followed by 'non-manual workers', 'lower professionals' and 'higher professionals'. The first three socio-economic groups are over represented in comparison to Sligo county and all of Ireland, indicating that the North Sligo PCT area is relatively affluent.

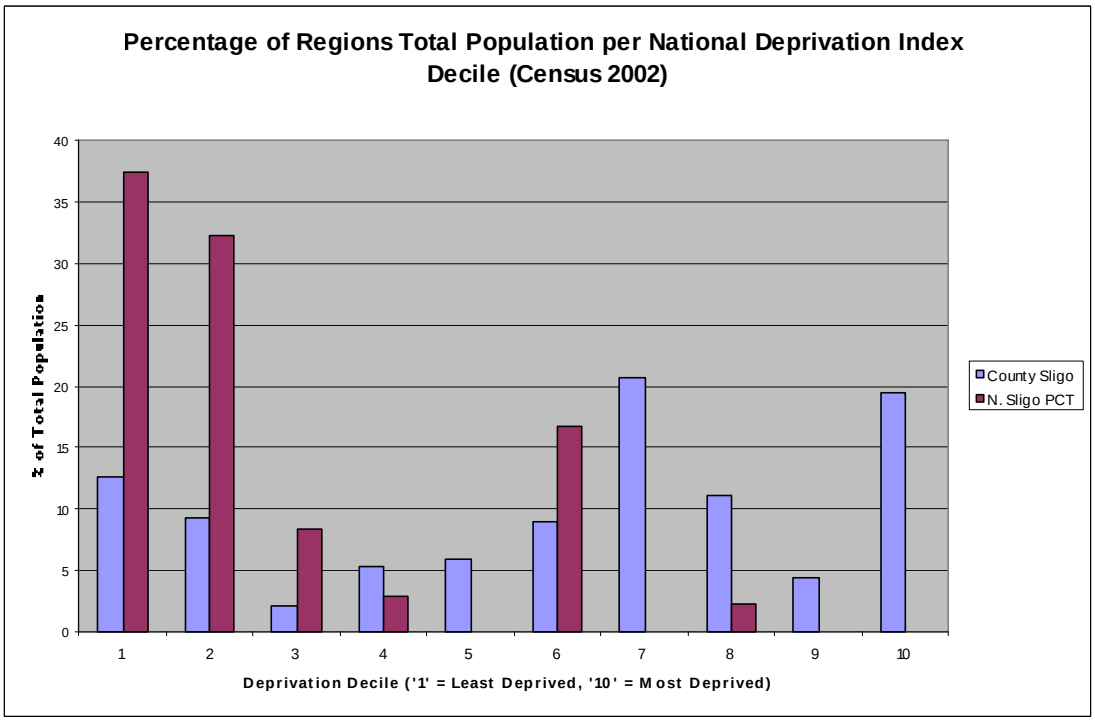
Deprivation and the Small Area Health Research Unit (SAHRU) index

The SAHRU deprivation index is based on five census indicators; unemployment, social class 5 and 6, no car ownership, renting accommodation and overcrowding. Each electoral district (ED) receives a score based on a weighted combination of the five indices. These scores are then ranked and divided into tenths or deciles.

In the North Sligo PCT Area 80% of the population are in the bottom third or least deprived third of the National Deprivation Index (figure 4.4); only 6.7% of the population ceased education under the age of 15 years in comparison to 10.6% in county Sligo and 11% nationally. Only 2.6% live in local authority housing in comparison to 6.4% in county Sligo and 7% nationally.

The most densely populated electoral division in the area, West Drumcliff (pop 1,929), is the most affluent with a national deprivation score of 1. This has the greatest effect on the aggregate figure. However there are deprived pockets within the PCT. Rossinver East, a large area with a small population (pop=175) i.e. a very low population density, has a national deprivation score of 8.

Figure 4.4: Proportion of PCT population per National Deprivation Index decile (Census 2002)

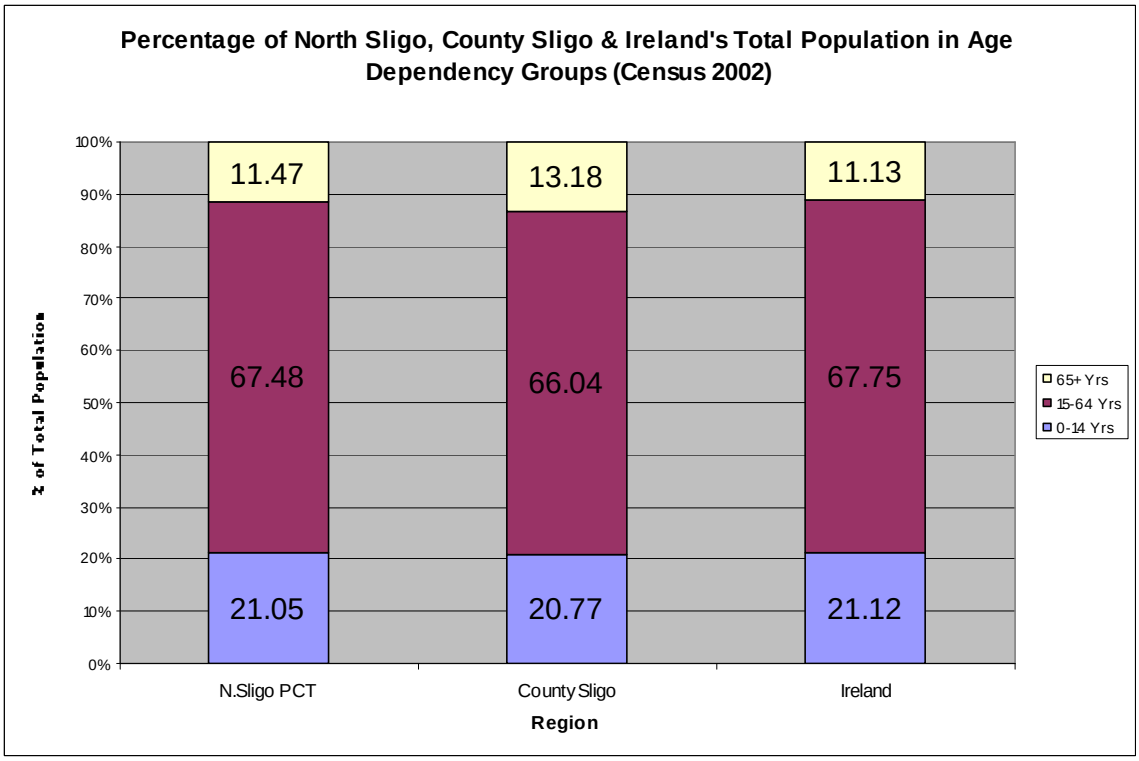


Other Household Classifications

Other census household classifications that describe the demographic and social profile of the PCT area including the proportion of lone parents, the proportion of the population in age dependency groups, the proportion of adults who ceased education under the age of 15 years and various housing indicators.

In the 2006 census there were 1,976 family units in this PCT Area, 599 of which had at least one child under the age of 15 years. The North Sligo PCT has fewer family units headed by a lone parent (11.3%) in comparison to county Sligo (16.3%) and in comparison to the whole country (16.6%). Consequently relatively fewer children are living with lone parents (North Sligo PCT 12.2%; county Sligo 17.7%; Ireland 18.6%). North Sligo PCT has a similar proportion of the population in age dependency groups as the rest of the population.

Figure 4.5: Percentage of Population in Age Dependency Groups



Other housing indicators (Table 4.2) suggest that North Sligo PCT is relatively more affluent than the general population.

Table 4.2 Other Housing Indicators (Census 2002)

	North Sligo	County Sligo	Ireland
Rented from local authority	2.6%	6.4%	6.9%
No central heating	9.3%	14.9%	13.2%
No internet access	57.3%	68.2%	63.7%
No car ownership	1.6%	21.5%	21.5%

Carers

The census collects data on carers but is confined to unpaid carers. In the 2006 census, a total of 322 adults in this PCT Area described themselves as unpaid carers and of these, 75 cared for 43 hours or more per week.

4.1.1.2 SOUTH SLIGO PCT AREA

The main key points on this Area's demographics are as follows:

- In South Sligo, as in most rural communities, there are fewer men and women in the 20 to 34 year age group than expected.
- The proportion of people in age-dependency groups in South Sligo is 16.7% in comparison to 11.1% nationally.
- There are more older women (age 75 to 79) than expected.
- Tubbercurry, the South Sligo electoral district with the largest population, has a national deprivation index of 8, indicating high relative deprivation

Population Structure

The population pyramid in Figure 4.6 shows the distribution of the population by age and sex. The shape of the pyramid reflects the rate of growth and demographers use it to predict the future structure of the population.

The overall shape of the South Sligo population pyramid is square, denoting slow growth. There is a reduced number of men and women in the 20 to 39 year age-bands. This is typical of a rural area where young adults may have moved to urban areas for education or employment. The population pyramid for county Sligo shows some reduction in the 20 to 34 years age-bands in comparison to the whole country but this 'waisting' is not as marked as in South Sligo PCT. Also of note is the greater than expected number of elderly women in the 75 to 79 year age band. There are 129 women in this age group versus 78 men. There are similar numbers of men and women in both 5 year age-bands on either side of the 75-79 year age band. This excess in older women is not present in either of the other two PCT Areas.

Figure 4.6: South Sligo Primary Care Team Population Pyramid

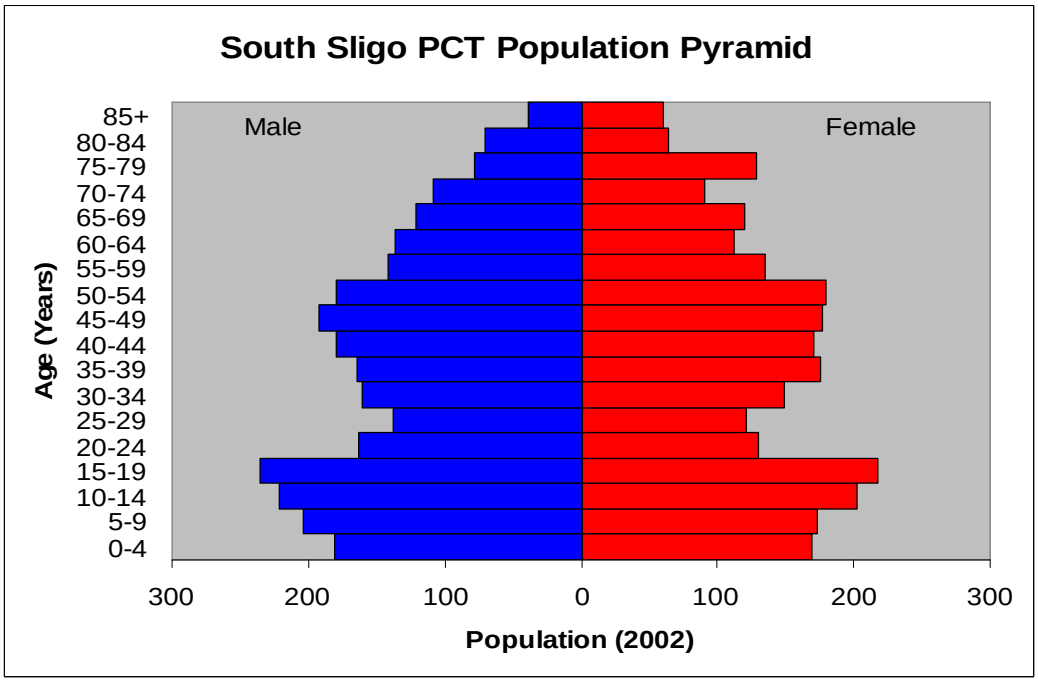
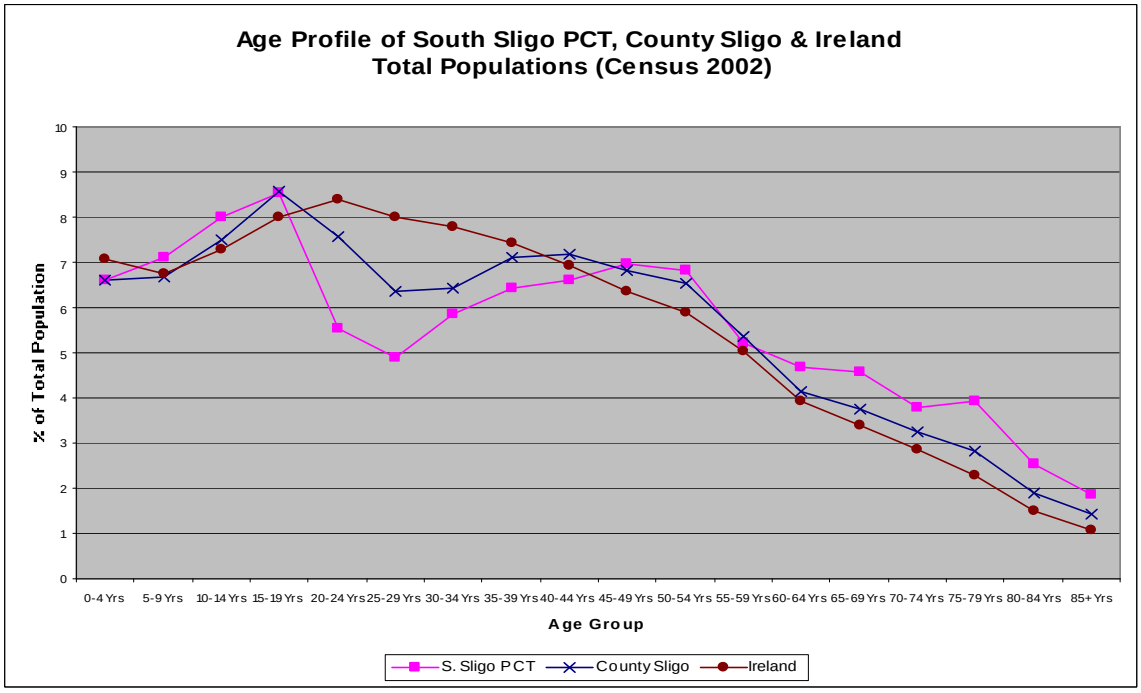


Figure 4.7 Age profile of South Leitrim PCT, County Sligo & Ireland (Census 2002)



The population of Ireland increased by 8.1% between the 2002 census and the 2006 census. Growth in the South Sligo PCT was similar (8.8%) to the rest of the country and considerably greater than the county as a whole (4.6%).

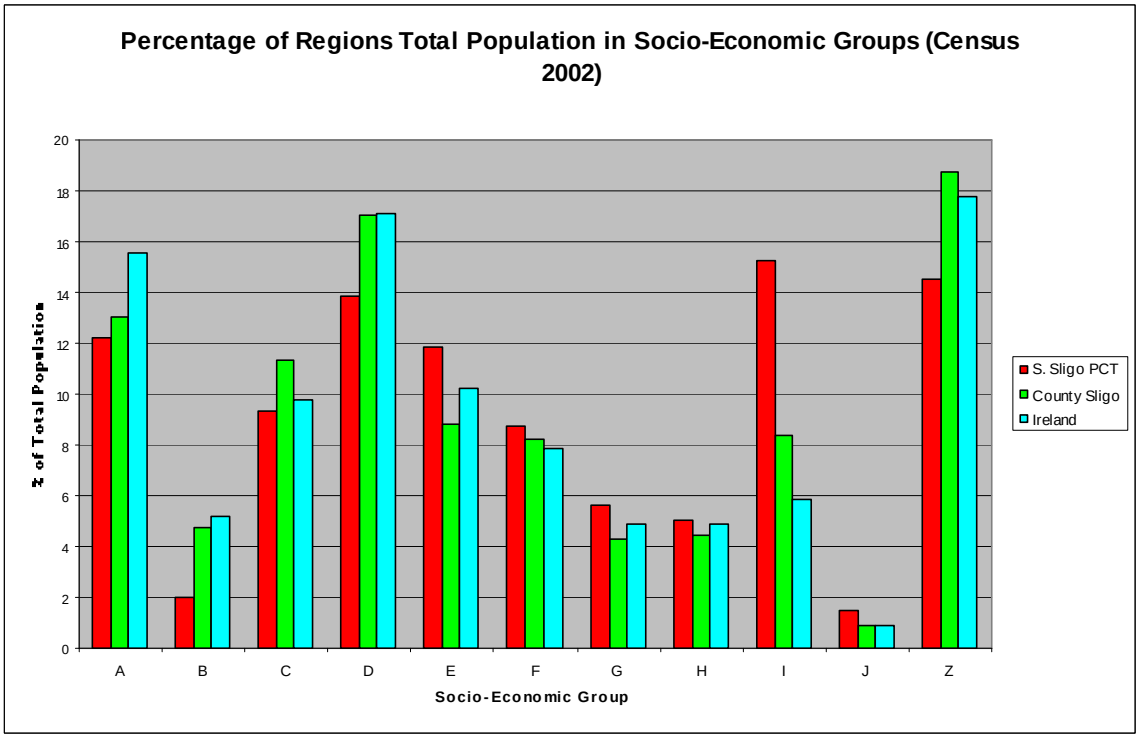
Table 4.3 Change in population by sex from census 2002 to 2006

		South Sligo PCT	Sligo	Ireland
2002 census	Male	2710	28,771	1,946,164
	Female	2575	29,429	1,971,039
	Population	5285	58,200	3,917,203
2006 census	Male	2834	30,189	2,118,209
	Female	2791	30674	2,116,716
	Population	5751	60863	4,234,925
Population change	N	466	2663	317,722
	%	8.8	4.6	8.1

Socio-economic group

The socio-economic group (SEG) of all persons aged 15 years and over who are at work is determined by their occupation and additionally in some cases by their employment status. Unemployed or retired persons are classified by socio-economic group according to their former occupation. All other persons are classified according to the SEG of the person on whom they are deemed to be dependent.

Figure 4.8: Socio-Economic Groups (census 2002)



A = Employers and managers
B = Higher professional
C = Lower professional
D = Non-manual
E = Manual skilled
F = Semi-skilled
G = Unskilled
H = Own account workers
I = Farmers
J = Agricultural workers
Z = All others gainfully occupied and unknown

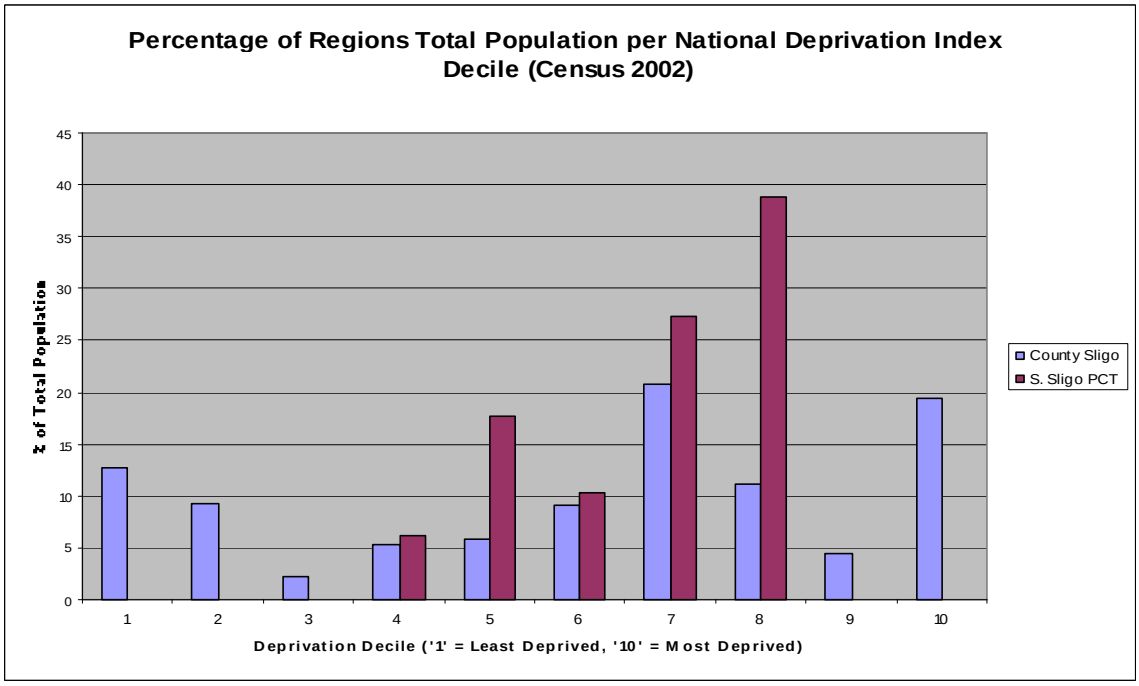
Figure 4.8 illustrates the South Sligo PCT area SEGs from the 2002 census. The most common socio-economic group in this area is 'Farmers' (15.5%) followed by 'all others gainfully occupied and unknown' (14.5%).

Deprivation and the Small Area Health Research Unit (SAHRU) index

The SAHRU deprivation index is based on five census indicators; unemployment, social class 5 and 6, no car ownership, renting accommodation and overcrowding. Each electoral district (ED) receives a score based on a weighted combination of the five indices. These scores are then ranked and divided into tenths or deciles.

All of South Sligo electoral districts have a national deprivation index of between 4 and 8. There are no relatively affluent EDs in South Sligo PCT. Tubbercurry electoral district has a population of 2,177 and a national deprivation index of 8.

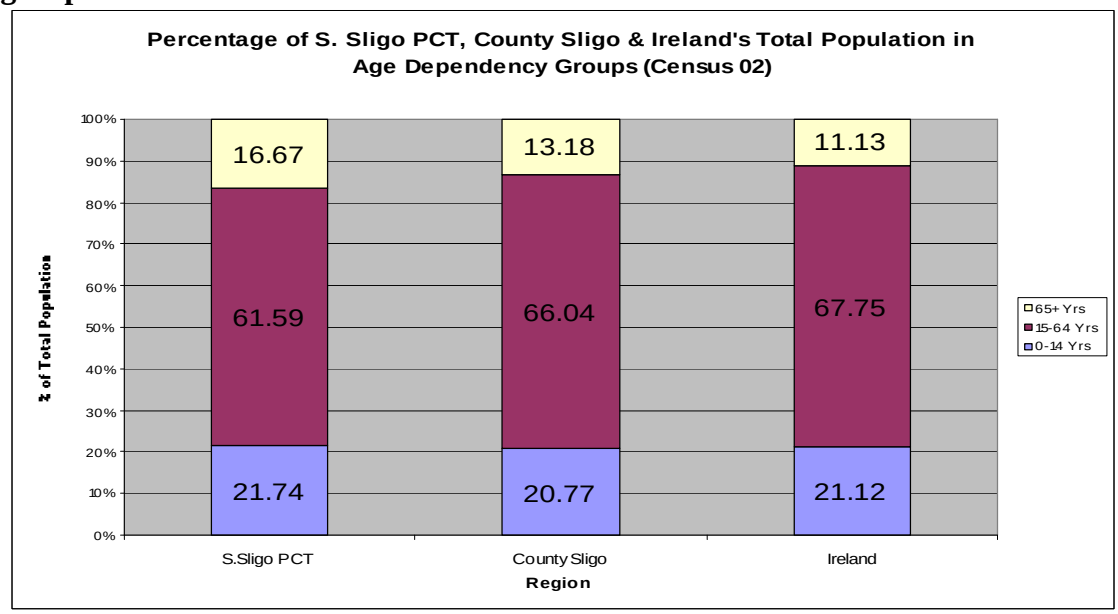
Figure 4.9: SAHRU Deprivation index in South Sligo PCT and Co. Sligo



Other Household Classifications

Other census household classifications that describe the demographic and social profile of the PCT area including the proportion of lone parents, the proportion of the population in age dependency groups, the proportion of adults who ceased education under the age of 15 years and various housing indicators.

Figure 4.10: Age Dependency groups



In the 2006 census there were 1,447 family units in this PCT Area, 426 of which had at least one child under the age of 15 years. In the South Sligo PCT, 15.6% of family units are headed by a lone parent in comparison to 16.3% in county Sligo and 16.6% in Ireland. The proportion of children living with lone parents is 16.1% in South Sligo PCT, 17.7% in county Sligo and 18.6% in Ireland.

Children up to 14 years of age and adults greater than 65 years of age are considered to be in age dependency groups. South Sligo PCT and County Sligo have similar proportions of children age up to 14 years as the rest of the country. However, South Sligo PCT has a greater proportion of the population over the age of 65 years - 16.7% v 11.1% nationally and 18% female versus 12.5 female nationally. (Figure 4)

Other indicators of material well-being include housing indicators show a high number of households with no central heating and no access to the internet relative to national figures.

Table 4.4: Percentage of population by Housing Indicators in Leitrim and Ireland

	South Sligo PCT	**County Sligo**	**Ireland**
Rented local auth. accommodation	6.0%	6.4%	6.9%
No central heating	15.4%	14.9%	13.2%
No internet access	72.8%	68.2%	63.7%
No Car	19.5%	21.5%	21.5%

22.5% of men and 14.9% of women, in this PCT Area ceased education under the age of 15 years in comparison to 13% and 8.3% respectively in county Sligo and 12% and 10% respectively nationally.

Carers

The census collects data on carers but is confined to unpaid carers. In the 2006 census, a total of 207 adults in this PCT Area described themselves as unpaid carers and of these, 69 reported caring for 43 hours or more per week.

4.1.1.3 SOUTH LEITRIM PCT AREA

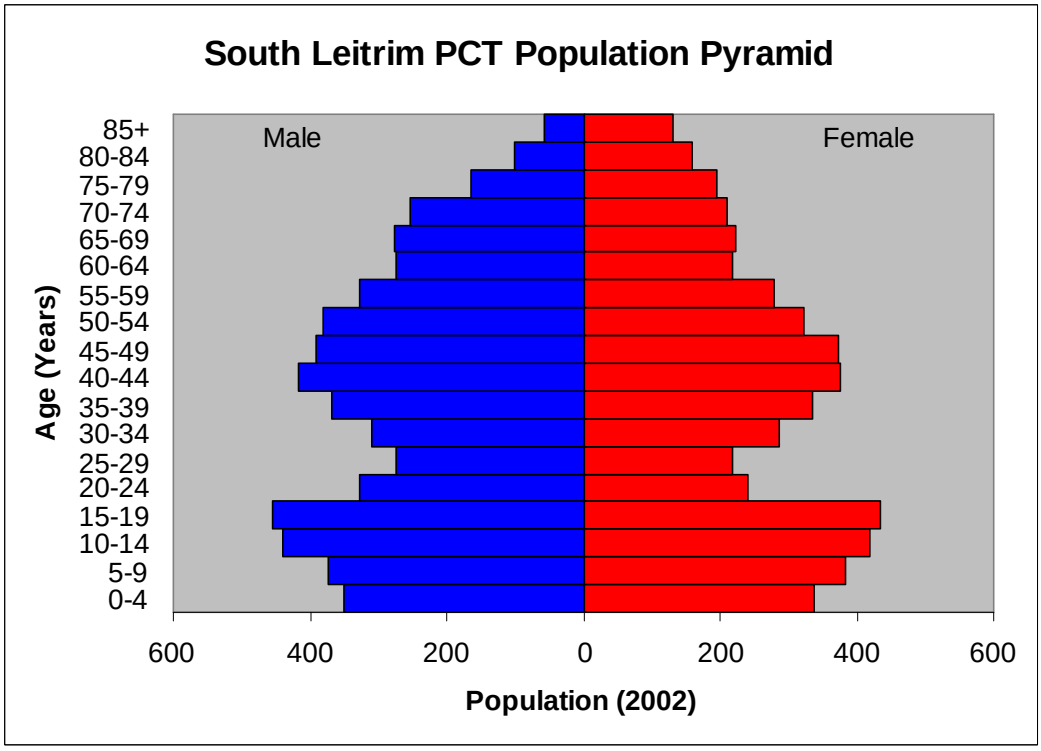
The main key points on this Area's demographics are as follows:

- In South Leitrim, as in most rural communities, there are fewer men and women in the 20 to 39 year age group than expected.
- The proportion of people in age-dependency groups in South Leitrim is 16.8% in comparison to 11.1% nationally.
- There is a wide range of deprivation scores in South Leitrim. The largest electoral district Mohill, is relatively deprived with a deprivation score of 9 while the next most population electoral district Ballinamore, is relatively affluent with a deprivation score of 1.

Population Structure

The population pyramid in Figure 4.11 shows the distribution of the population in the South Leitrim PCT Area by age and sex. The shape of the pyramid reflects the rate of growth and demographers use it to predict the future structure of the population.

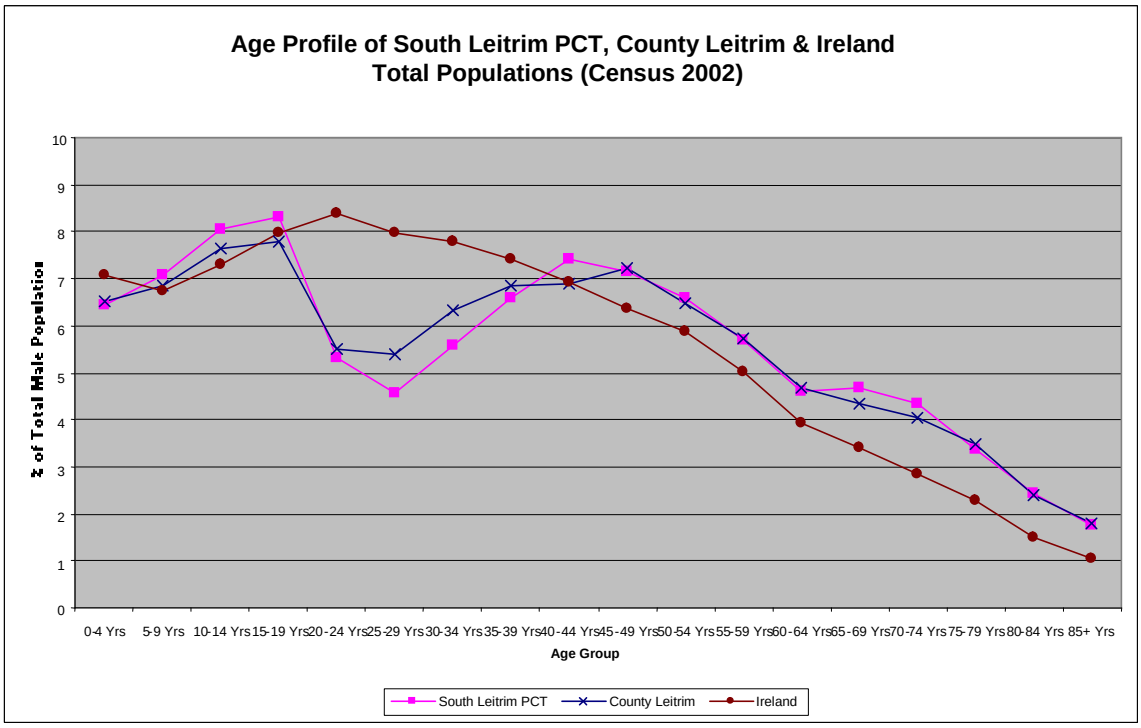
Figure 4.11: South Leitrim Primary Care Team Population Pyramid



The overall shape of the South Leitrim population pyramid is square, denoting slow growth. Of particular interest is the reduced number of men and women in the 20 to 39 year age-bands. This is typical of a rural area where young adults may have moved to urban areas for education or employment. This is the demographic pattern for all of County Leitrim and is markedly different from the country as a whole. County Leitrim has the lowest population density in Ireland

Figure 4.12:

Age profile of South Leitrim PCT, County Sligo & Ireland (Census 2002)



From Table 4.5 it can be seen that the population of Ireland increased by 8.1% between the 2002 census and the 2006 census. The 2006 census showed that County Leitrim had the fastest growing population in the country. However, this rapid growth has not been in the South Leitrim PCT area where the population grew by only 2.8%, less than County Leitrim (12.2%) and less than all of Ireland (8.1%).

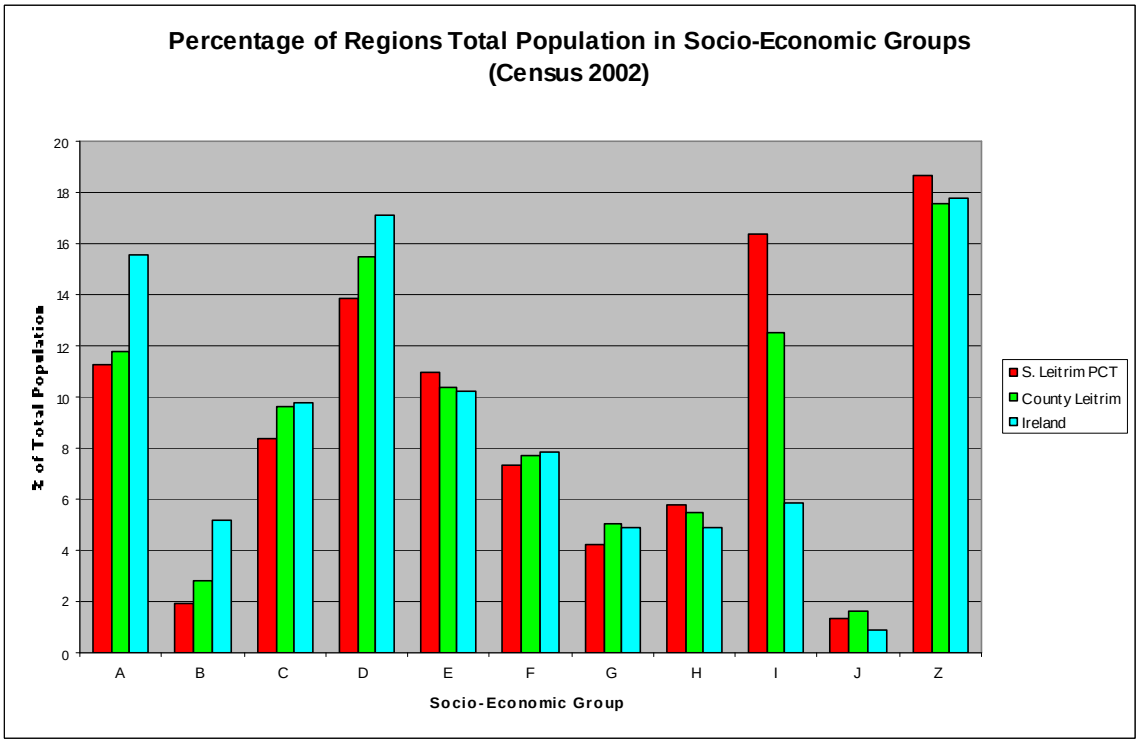
Table 4.5: Change in population by sex from census 2002 to 2006

		South Leitrim PCT	Leitrim	Ireland
2002 census	Male	5,542	13,324	1,946,164
	Female	5,145	12,475	1,971,039
	Population	10,687	25,799	3,917,203
2006 census	Male	5,672	14,903	2,118,209
	Female	5,316	14,047	2,116,716
	Population	10,988	28,950	4,234,925
Population change	N	301	3151	317,722
	%	2.8	12.2	8.1

Socio-Economic Group

The socio-economic group (SEG) of all persons aged 15 years and over who are at work is determined by their occupation and additionally in some cases by their employment status. Unemployed or retired persons are classified by socio-economic group according to their former occupation. All other persons are classified according to the SEG of the person on whom they are deemed to
be dependent.

Figure 4.13: Socio-Economic Groups (census 2002)



A = Employers and managers
B = Higher professional
C = Lower professional
D = Non-manual
E = Manual skilled
F = Semi-skilled
G = Unskilled
H = Own account workers
I = Farmers
J = Agricultural workers
Z = All others gainfully occupied and unknown

Figure 4.13 illustrates the South Leitrim PCT area SEGs from the 2002 census.
The most common socio-economic group in this area is 'all others gainfully occupied and unknown' (18%), followed by 'Farmers' (15%), 'non-manual workers' (14%) and 'Employers and Managers' (11%). The graph shows that the PCT area is predominantly an agricultural community and suggests that it is less affluent than all of County Leitrim and Ireland as a whole.

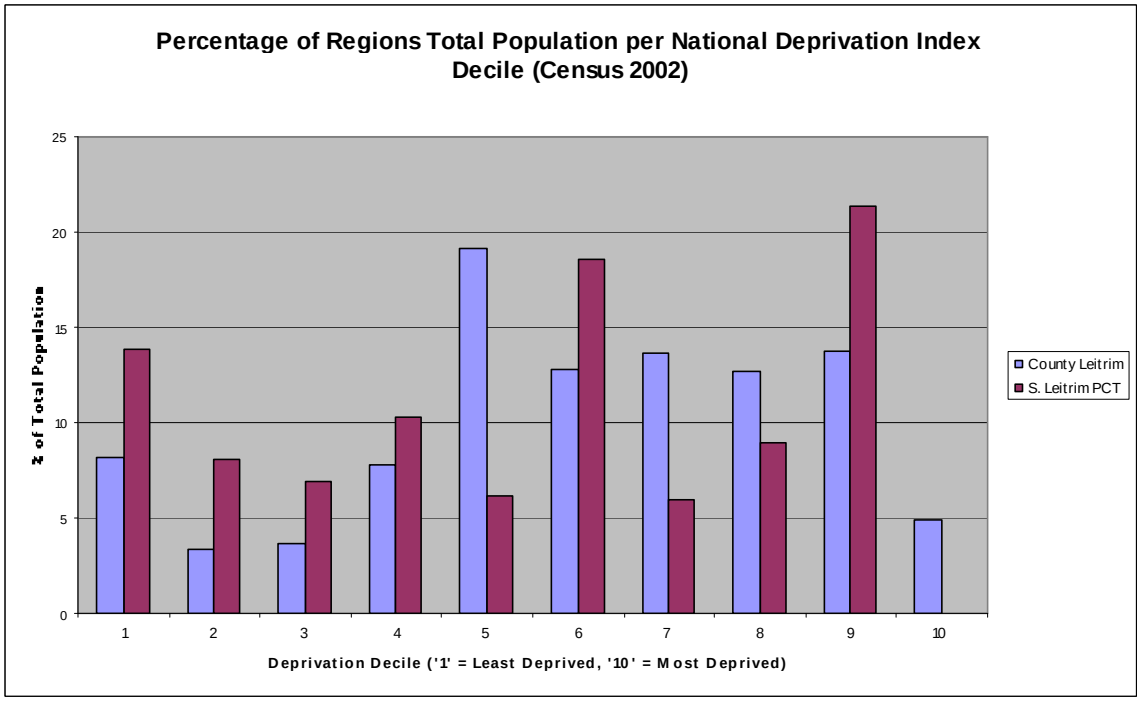
Deprivation and the Small Area Health Research Unit (SAHRU) index

The SAHRU deprivation index is based on five census indicators; unemployment, social class 5 and 6, no car ownership, renting accommodation and overcrowding.

Each electoral district (ED) receives a score based on a weighted combination of the five indices. These scores are then ranked and divided into tenths or deciles.

56% of South Leitrim PCT residents live in EDs with a deprivation score of between 5 and 10, i.e. in more deprived areas (Figure 6). This is broadly similar to county Leitrim although the distribution is slightly different.

Figure 4.14: SAHRU Deprivation index in South Leitrim PCT and Co. Leitrim



There is a wide range of deprivation scores in the PCT area. The ED with the largest population, Mohill, (pop1,350) has a national deprivation index score of 9. The ED with the next largest population, Ballinamore (1,080) has a national deprivation score of 1.

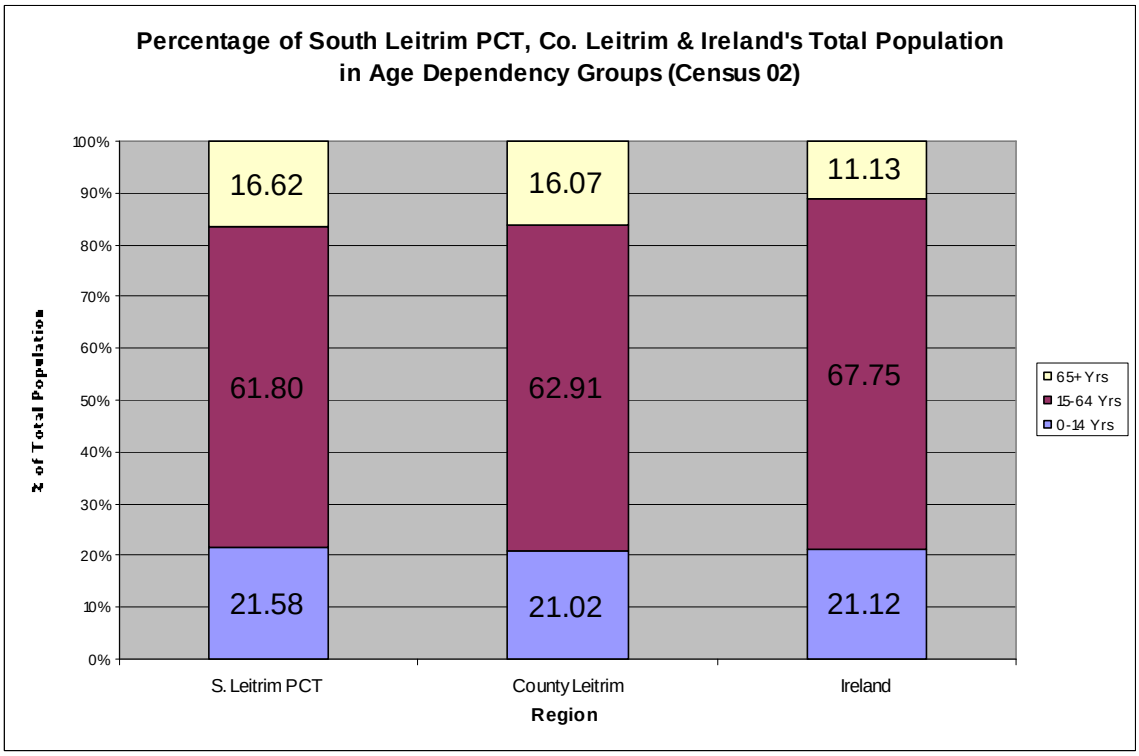
Other Household Classifications

Other census household classifications that describe the demographic and social profile of the PCT area including the proportion of lone parents, the proportion of the population in age dependency groups, the proportion of adults who ceased education under the age of 15 years and various housing indicators.

In this PCT Area there were 2,708 family units reported in the 2006 census, 751 of which had at least one child under the age of 15 years. In South Leitrim PCT, 14% of family units are headed by a lone parent in comparison to 15% in county Leitrim and 16.6% in Ireland. The proportion of children living with lone parents is 14% in South Leitrim PCT, 15.7% in county Leitrim and 18.6% in Ireland.

Children up to 14 years of age and adults greater than 65 years of age are considered to be in age dependency groups. South Leitrim PCT and County Leitrim have similar proportions of children age up to 14 years as the rest of the country. However, both the PCT and County have a greater proportion of men (15.4%) and women (18%) over the age of 65 years compared to all of Ireland (16.6% v 11.1% respectively.

Figure 4.15: Age Dependency groups



Other indicators of material well-being include housing indicators which show a high number of households with no central heating and no access to the internet relative to national figures.

Table 4.6: Percentage of population by Housing Indicators in Leitrim and Ireland

	South Leitrim PCT	County Leitrim	Ireland
Rented local auth. accommodation	5.9%	7.0%	6.9%
No central heating	18.0%	17.6%	13.2%
No internet access	73.1%	72.8%	63.7%
No Car	17.8%	18.5%	21.5%

17% of men and 11.5% of women, in both this PCT Area and in the county, ceased education under the age of 15 years in comparison to 12% and 10% respectively, nationally.

Carers

The census collects data on carers but is confined to unpaid carers. In the 2006 census, a total of 511 adults in this PCT Area described themselves as unpaid carers and of these, 126 reported caring for 43 hours or more per week.

4.1.2 Information on vital statistics and health.

In this section information is presented on the following main areas: vital statistics, mortality, cancer, diabetes, suicide and deliberate self harm, hospital in-patient episodes, mental health and disability. The key points from the data available on vital statistics and health are as follows:

- The overall birth rate is slightly less in counties Sligo and Leitrim in comparison to the national birth rate.

- The age-sex standardised death rate in counties Sligo and Leitrim in similar to the national rate.

- The cause of death by ICD 9 major category is no different to that of the rest of the country. The most common causes are; all diseases of the circulatory system, all malignant neoplasms and all respiratory diseases.

- The most common specific cause of death in men under the age of 65 years in the region is myocardial infarction, followed by motor vehicle accidents and suicide.

- Breast Cancer is the leading cause of death in women under the age of 65 years in the region.

- The standardised mortality rates for motor vehicle accidents in men under the age of 65 years in the former North Western Health Board are is 165 (95% CI 133.7 to 198.0)

- The Standardised Mortality Rate for the major category (ICD-9) 'Injuries and Poisonings' has increased gradually from 110 to 117.5 during the period from 2000 to 2004 in the North West region.

- Cancer incidence and mortality rates, when standardised for age and sex are no less or no greater than expected. The greatest challenge for cancer care in the North West is the elderly population. South Sligo and South Leitrim already have proportionally more elderly than in other parts of the country and population projections predict that this will increase significantly. Travel to cancer care may well be an issue in the future.

- Chest pain is the most frequent emergency admission principal diagnosis (HIPE) in adults in Sligo General Hospital.

- For both men and women over the age of 65 years, pneumonia and unspecified lower respiratory tract infection are the most frequent emergency admission principal diagnosis for those resident in counties Sligo and Leitrim.

- Considering not just principal HIPE diagnoses but <u>all</u> diagnoses, essential hypertension, atrial fibrillation, atherosclerotic heart disease, type II diabetes and congestive heart failure are among the most frequent emergency admission diagnoses. These are the main chronic diseases managed in primary care.

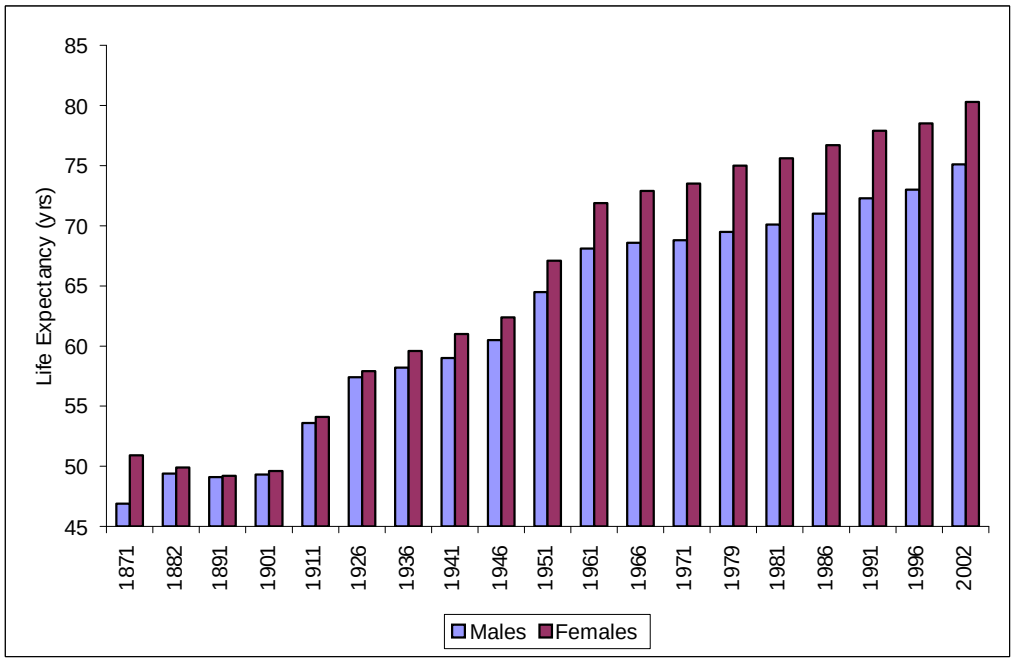
- Detailed information on the needs of those with disabilities is available from the disability team in the Health Research Board.

4.1.2.1 Vital Statistics

Life expectancy in Ireland

More people are living longer. For children born in 2002 the estimated life expectancy at birth is 80.3 years for girls and 75.1 years for boys. For middle–aged and older women in Ireland life expectancy has increased steadily from 1950 to the present time. However, it is still below the EU 15 average. In 2002 average life expectancy for men at age 65 years was 15.4, and for women 18.7 years.

Figure 4.16: Life Expectancy at Birth 1870-2002



Source: CSO Irish life Tables No14

Birth rates

The birth rate in Sligo and Leitrim is slightly less than the national birth rate.

Table 4.7 Births to Mothers in the North West in 2005 by Area of Residence of Mother

	Birth Rate/1000 Population	No. Children Born	Change 2004 – 2005
Sligo	12.3/1000	755	-14
Leitrim	13.3/1000	363	-7
Donegal	13.3/1000	1,926	+29
North West	12.9/1000	3,044	+8
State	14.4/1000	61,042	-42

* Calculated using the 2006 Census Population

Age at maternity

In 2005 the average age at maternity for mothers in Co. Sligo was 31.2 years and in Co. Leitrim was 31.9 years.

Births outside marriage

Single mother births in the former North Western Health Board area doubled from 443 in 1995 to 938 in 2004. However, in 2005 births outside marriage fell to 857, accounting for 28% of all births. Nationally, births outside marriage have also fallen by 2%, accounting for 32% of all births.

Table 4.8: Births outside marriage 2005

Area	Births outside marriage 2004	Births outside marriage 2005	Rate/1000 Population 2005	% outside marriage 2005
Donegal	624	585	4.00/1000	30.4%
Sligo	227	192	3.15/1000	25.4%
Leitrim	87	80	2.77/1000	22.0%
North West	938	857	3.60/1000	28.0%
National	19,938	19,528	4.60/1000	32.0%

* Calculated using the 2006 Census Population

Source: CSO Yearly Summary 2005 (Health Profile)

4.1.2.2 Mortality

The crude and age-sex standardised death rates for counties Sligo and Leitrim are shown below. The standardised death rate is similar to that of the rest of the country.

Table 4.9: Crude and standardised all-cause death rate

		Sligo	Leitrim	Rep. of Ireland
All causes	Crude	8.47	10.70	7.09
	Standardised	7.03	7.5	7.09

For the purposes of reporting, cause of death is often grouped into the major international classification of disease (ICD) categories of death such as ‘all circulatory system diseases’, ‘all malignant neoplasms’ and ‘all injuries and poisonings.

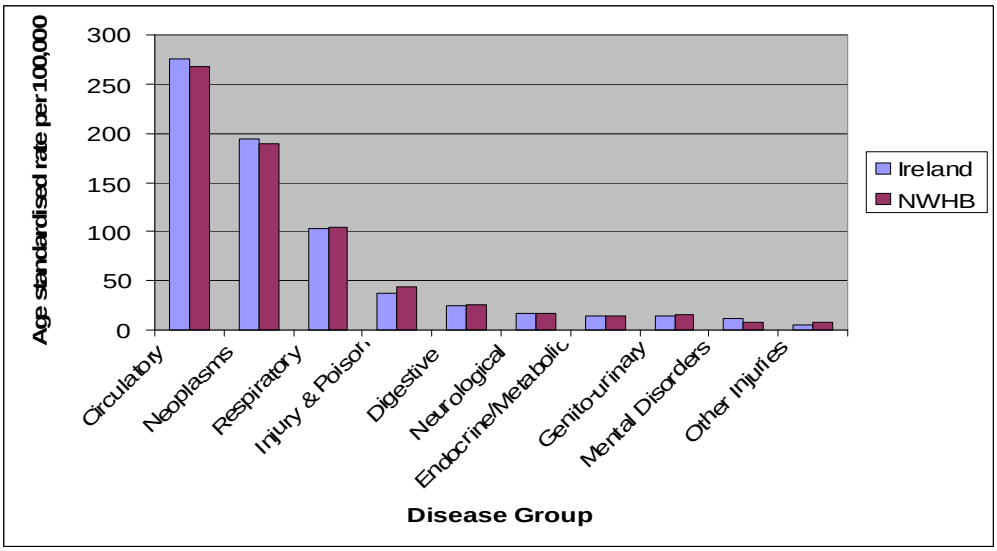
The ten most frequent major categories of death, in the former North Western Health Board area, in order of frequency, for 2004, for all ages in both men and women, are shown in the table below. The frequency of death as a result of each major disease group is no different in the former North Western Health Board area in comparison to the rest of the country. Circulatory diseases are the most common cause of death followed by malignant neoplasms and respiratory disease. This is represented in the table 4.10 and figure 4.17 below.

Table 4.10: Age-standardised mortality rate by major category (ICD 9) in the former NWHB area and Ireland

	ICD 9	Ireland %	NWHB %
All circulatory system diseases	390-459	40.0	40.3
All malignant neoplasms	140-208	26.5	25.2
All respiratory system diseases	460-519	15.4	16.4
All injuries and poisonings	800-999	5.2	5.3
Digestive system diseases	520-579	3.5	3.7
Nervous system/sensory organs disease	320-389	2.4	2.3
Endocrine/metabolic/immunity disorder	240-279	2.1	2.1
Genito-urinary system diseases	580-629	2.1	2.5
Mental disorders	290-319	1.6	1.1
All other injuries	e-codes	0.7	0.9

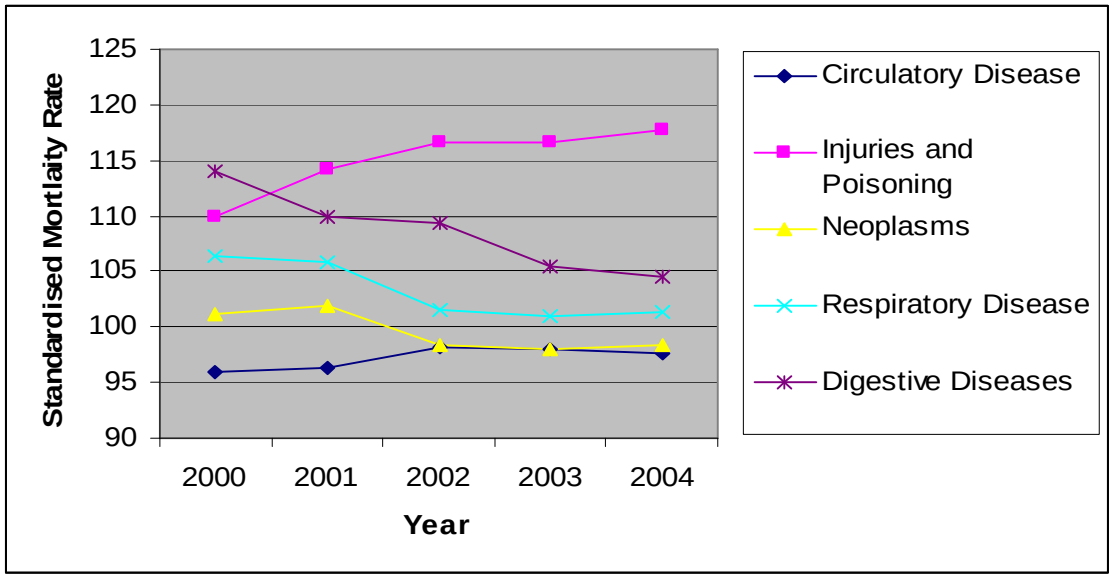
PHIS v 9

Figure 4.17: Age-standardised mortality rates by major category (ICD 9) in Ireland and NWHB 2004



We looked at the standardised mortality rates (SMRs) for the five most frequent major cause of death categories (as depicted above), over a five-year period. The standardised mortality rate is standardised for the age-sex structure of the whole population. An SMR of 100 indicates a death rate similar to the Ireland as a whole, less than 100 indicates a rate which is less than expected. An SMR over 100 is a death rate greater than expected given the population. Figure 4.18 below shows that deaths from all neoplasms, respiratory diseases and diseases of the digestive system appear to have fallen slightly. There has been a small increase in death from diseases of the circulatory system. However death due to injuries and poisonings has increased. The confidence intervals around these rates (not shown here) indicate that these differences are not statistically significant. However an increasing trend over time is demonstrated.

Figure 4.18: Standardised mortality rates by major category of death (ICD 9) in the former NWHB area



Looking at the major causes of death does not tell us about the cause of death within younger age groups or the difference in cause of death between men and women. While the major group 'all circulatory system diseases' remains the leading cause of death in men under the age of 65 years, motor vehicle accidents and suicide are the second and third most common cause of death after myocardial infarction. The standardised mortality rate (SMR) for motor vehicle accidents in men under the age of 65 years, if similar to the rest of the country would be 100, but in fact is 165.8 (95% CI 133.7 to 198.0). This rate is significantly elevated.

For women under the age of 65 years, the major cause of death is 'All malignant neoplasms' with breast cancer as the leading specific cause of death.

Table 4.11: Cause-specific death rate and standardised mortality rate (SMR) for those causes in men under 65 years in the NWHB in 2004

	ICD 9	Death rate No/ 100,000	Number of cases	SMR	95% confidence interval
Acute myocardial infarction	410	35.4	160	136.5	115.4 to 157.7
Motor vehicle accidents	E 810-819	21.3	102	165.8	133.7 to 198.0
Suicide and self-inflicted injury	E 950-E959	20.4	98	101.2	82.0 to 123.1
Rest of circulatory system diseases	390-459	19.2	87	98.2	78.6 to 121.1
Cancer lung / trachea / bronchus	162-163.9	19.1	86	103.0	82.4 to 127.1
Other malignant neoplasms	140-208	18.9	86	93.3	74.6 to 115.2
Fracture of the skull & vertebrae	800-804, 850-854	13.4	65	139.4	107.6 to 177.7
Internal chest injury	860-869	10.4	50	121.2	89.9 to 159.8
Cerebrovascular disease	430-438	9.0	41	106.6	76.5 to 144.7
Chronic obstructive pulmonary disease	490-496	7.6	34	139.95	107.6 to 177.7

Table 4.12: Cause-specific death (ICD 9) in women under 65 years in the former NWHB in 2004

	ICD 9 code	Death Rate No/100,000	Number of cases	SMR	95% confidence interval
Breast cancer	174	20.2	87	102.5	82.1 to 126.5
Other malignant neoplasms	140-208	13.5	58	103.6	78.7 to 133.9
Cancer lung / trachea / bronchus	162-163.9	8.8	37	93.0	65.4 to 128.1
Rest of circulatory system diseases	390-459	7.4	32	83.7	57.3 to 118.2
Acute myocardial infarction	410	6.6	28	122.8	81.6 to 177.4
Cancer of the ovary	183	6.1	26	95.1	62.1 to 139.4
Cerebrovascular disease	430-438	5.8	25	83.5	54.1 to 123.3
Suicide and self-inflicted injury	E 950-E959	5.6	26	110.6	72.3 to 162.1
Motor vehicle accidents	E 810-819	4.0	19	113.5	68.3 to 177.2
Congenital Abnormalities	740 to 759	3.9	17	70.0	70.0 to 112.0

Specific cause of death in order of frequency for the 10 main causes are listed in the tables below for both men and women over the age of 65 years. For both men and women rates of diseases of the circulatory system, malignant neoplasms and diseases of the respiratory system increase rapidly with increasing age. It is noteworthy that motor vehicle accidents, suicide and violent deaths do not feature in 10 most frequent causes of death for people over age 65 years. For women, breast cancer, despite being the leading cause of death in women before the age of 65 years and despite increasing in incidence rate with age, is ranked as the ninth among the 10 leading causes of death among women aged 65 years and over.

Table 4.13: The ten most frequent specific cause of death in men, age 65 and over, in the NWHB in 2004

	ICD 9 code	Rate per 100,000
Acute myocardial infarction	410	921.01
Rest of circulatory system diseases (excludes 393-398, 410-414, 430-438)	390-459	607.5
Pneumonia and influenza	480-487	547.7
Cerebrovascular disease	430-438	490.8
Chronic obstructive pulmonary disease	490-496	490.4
Cancer of the trachea/bronchus/lung	162- 163.9	347.1
Cancer of the prostate	185	291.0
Other malignant neoplasms (excludes 17 site-specific cancers)	140-208	289.3
Rest of digestive system diseases (excludes 571)	570-579	180.5
Genito urinary system diseases	580-629	156.7
Cancer of the colon	153	124.8

PHIS v 9

Table 4.14: The ten most frequent specific cause of death in women, age 65 and over, in the NWHB in 2004

	ICD 9 code	Rate per 100,000
Acute myocardial infarction	410	524.71
Cerebrovascular disease	430-438	437.95
Rest of circulatory system diseases (excludes 393-398, 410-414, 430-438)	390-459	423.91
Pneumonia and influenza	480-487	358.7
Chronic obstructive pulmonary disease	490-496	204.54
Other malignant neoplasms	140-208	164.83
Cancer of the trachea/bronchus/lung	162-163.9	158.4
Rest of digestive system diseases (excludes 571)	570-579	145.83
Breast Cancer	174	116.18
Genito urinary system diseases	580-629	105.88

PHIS v 9

4.1.2.3 Cancer

Cancer trends in Ireland

While the number of new cases of cancer in Ireland is increasing by about 3% per year and the number of new cases is expected to double between 2000 and 2020, most of this increase is explained by our ageing population. The actual age-adjusted incident rate is increasing very little.

Despite these overall trends for all cancers, the risk of developing some cancers continues to increase. These cancers include, for men, cancer of the prostate (7% annual increase in risk), kidney (4%), melanoma (4%) and lymphoma (2%) and, for women, cancers of the kidney (4%), uterus (2%), breast (2%) and lung (2%).

The continuing upward trend in lung cancer in women is due to increased smoking rates in women and the trends in melanoma of the skin are related to sun exposure. Cancer of the kidney, breast and uterus have been linked to overweight and obesity (World Cancer Fund Report), which are increasing in Ireland.

The increase in prostate cancer is most likely due to screening with the prostatic specific antigen (PSA) blood test – small, slow growing cancers, which would not normally affect a man during his lifetime are now being detected. Given that the death rate from prostate cancer is falling, it is unlikely that there is a real increase in the rate of this cancer.

Cancer risk in general is evenly spread throughout the country with no significant geographical differences.

Cancer trends in the North West

The National Cancer Registry of Ireland (NCRI) has been collecting comprehensive cancer information for the whole population of the Republic of Ireland since 1994. Cancer data is collected at the level of electoral district (ED) and it is therefore possible to look at the incidence and mortality of all cancers and of site-specific cancers at primary care team (an aggregation of EDs) level. However we have chosen to present cancer data at county level and not to make a specific request to the NCRI for cancer data at PCT level for the following reasons.

- The numbers of uncommon cancers within an ED or even a PCT is likely to small and therefore occurrence rates will be imprecise. These imprecise rates may then be subject to misinterpretation. This should be avoided.
- Given a data set of a relatively small area or a not very densely populated area, there are several ways in which it may be possible, inadvertently, to identify individuals with cancer. This would be unacceptable breach of the patient confidentiality and the Data Protection Act.
- We already know that cancer rates at county level are not any higher than expected and for some cancers are slightly lower. It is therefore not likely that detailed analysis at PCT level will yield useful information that can be acted upon for patients benefit. The benefits of analysing the data are therefore not likely to outweigh the risks of misinterpretation and identification.

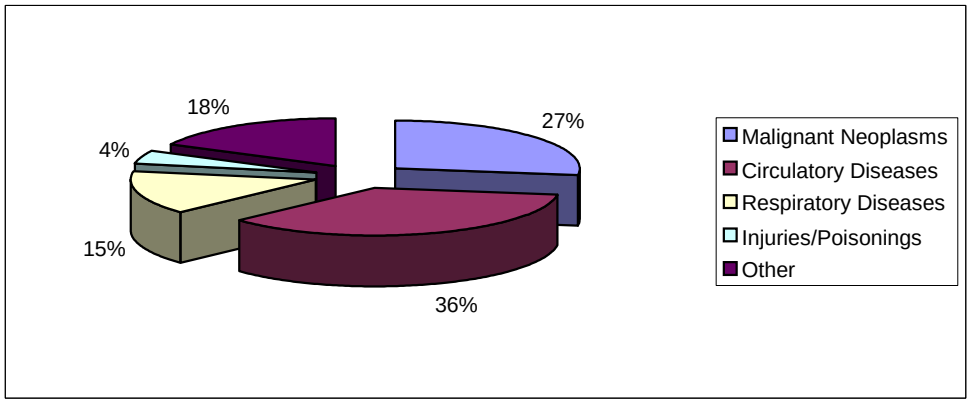
All of the above principals are governed by the NCRI document (2007) *Data confidentiality in the National Cancer Registry – General Policy and procedures for the release of data and staff guidelines.*

Cancer in the North West of Ireland

In the Northwest the most common incident cancers in women are breast cancer, then colorectal cancer followed by lung cancer. In men the most common is prostate cancer, then colorectal cancer followed by lung cancer.

While diseases of the circulatory system remains the principal cause of death, cancer is the second most frequent cause of death. In 2005, 511 (27%) deaths from cancer occurred in the HSE North West area. There were 299 deaths from cancer in Donegal, 128 cancer deaths in Sligo and 84 cancer deaths in Leitrim.

Figure 4.19: Principal causes of death in the Northwest in 2005



Source CSO: Vital Statistics – Yearly Summary 2005

When describing cancer rates, the age and sex structure of a population must be accounted for. The convention is to standardise to the European Standardised Population and expressed rates per 100,000 population. This allows comparison of incidence and mortality rates between regions within a country and comparison between countries.

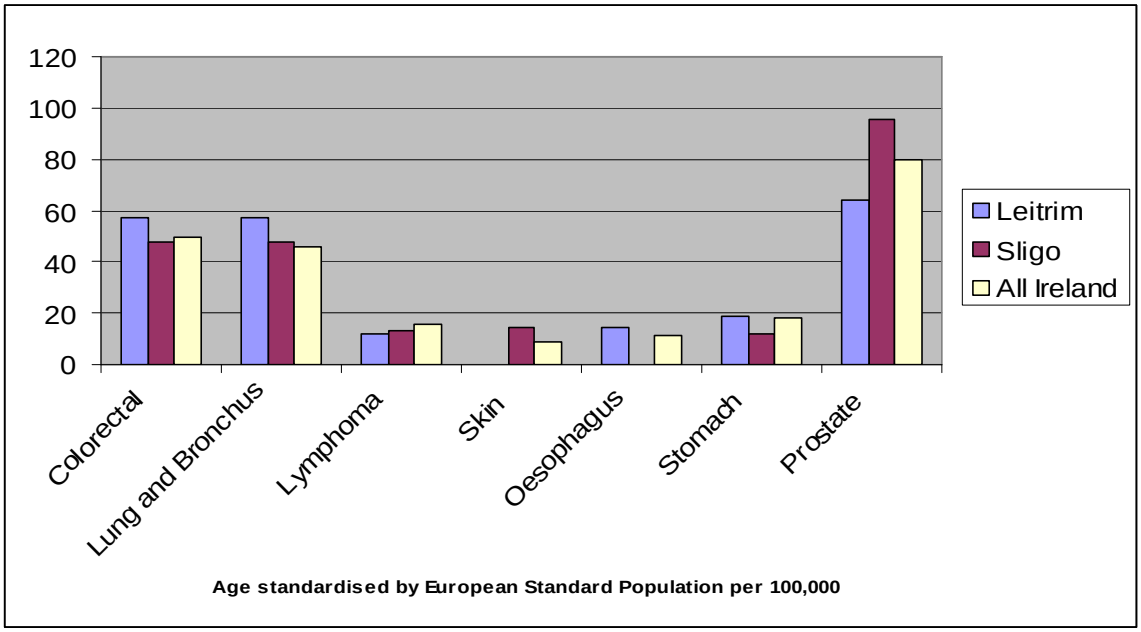
Data presented here is adapted from a report from the Northern Ireland Cancer Registry and the National Cancer Registry published in 2004 - All Ireland Cancer Statistics 1998-2000, where cancers rates were calculated over a 3-year period and comparisons were made between counties and the Republic of Ireland and the North of Ireland.

Male and female incidence rates and mortality rates of the most common cancers in counties Sligo and Leitrim are presented as bar charts in Figures 4.20 to 4.23. The raw data, with the mean number of cases per year and the 95% confidence intervals around the rates are presented in table 4.15.

Incident and mortality rates of most site-specific cancers in counties Sligo and Leitrim, are no greater or no less than All-Ireland rates. While rates depicted in the bar charts may look different from the All-Ireland rates (e.g the incidence rate of prostate cancer in Sligo and female colorectal cancer mortality rate in Leitrim look increased), the confidence intervals in table 4.15 illustrates that there are no statistical differences between them. The only exception to this is a statistically significant reduction in both incidence and mortality for cancer of the lung and bronchus in women living in Leitrim. It is important to note when considering cancer rates in low population density areas that many of the incident and mortality rates are calculated based on a

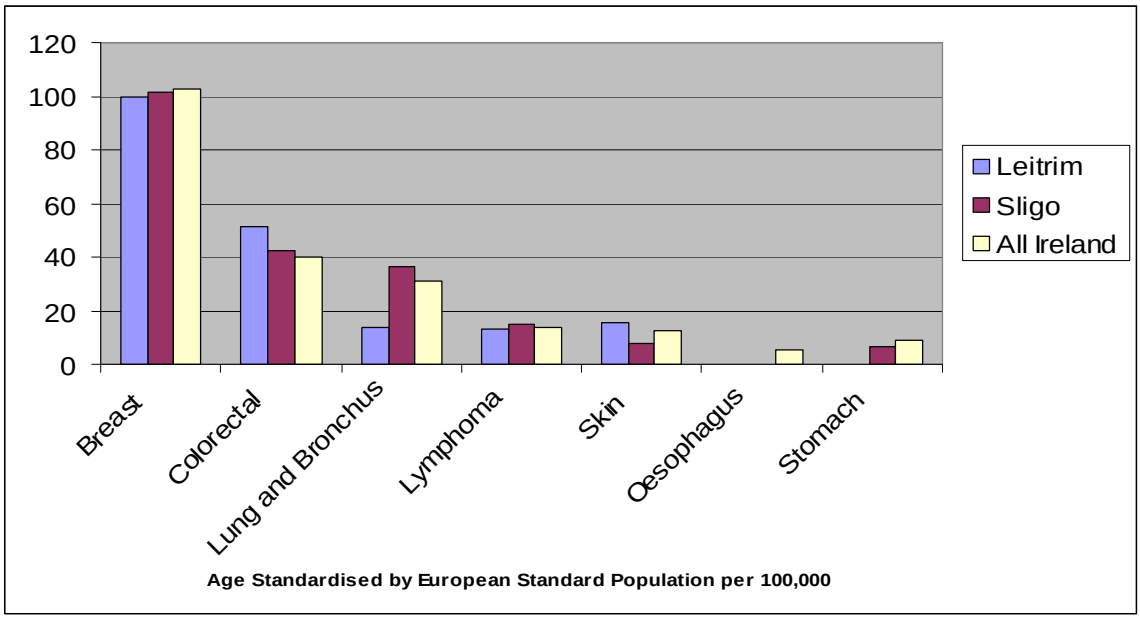
very small number of cases. Rates based on a small number of cases can appear grossly different but are not statistically robust.

Figure 4.20: Male incidence rate of the seven most common cancers (1998 to 2000)



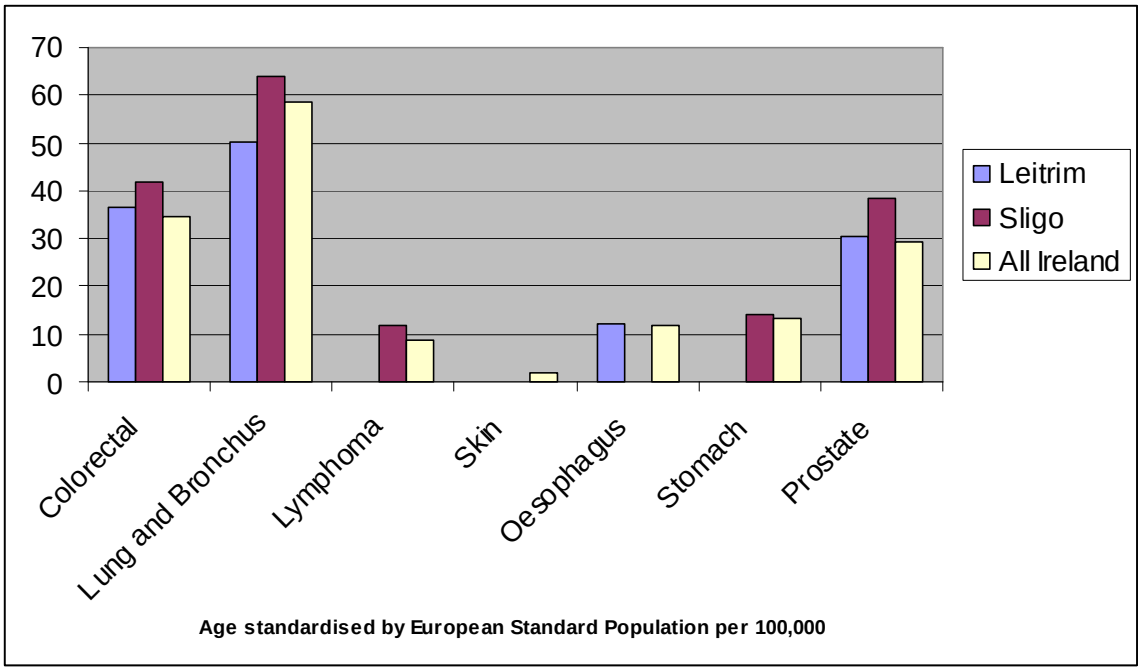
Source: Campo J, Comber H, Gavin A T. All Ireland Cancer Statistics 1998-2000. Northern Ireland Cancer Registry/National Cancer Registry 2004

Figure 4.21: Female incidence rate of the seven most common cancers (1998 to 2000)



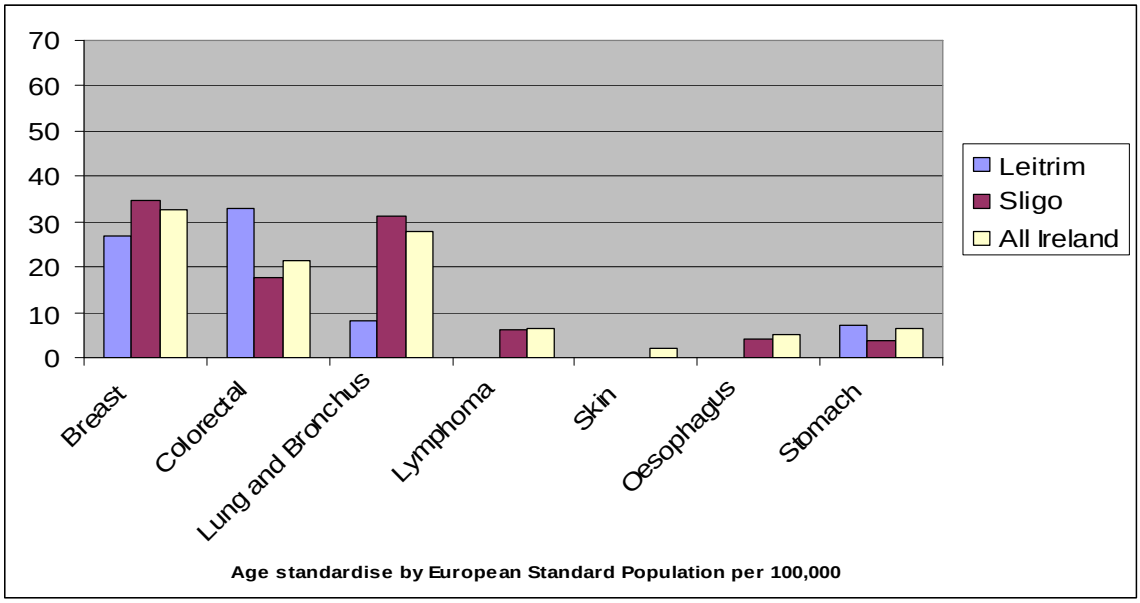
Source: Campo J, Comber H, Gavin A T. All Ireland Cancer Statistics 1998-2000. Northern Ireland Cancer Registry/National Cancer Registry 2004

Figure 4.22: Male mortality rate of the seven most common cancers (1998 to 2000)



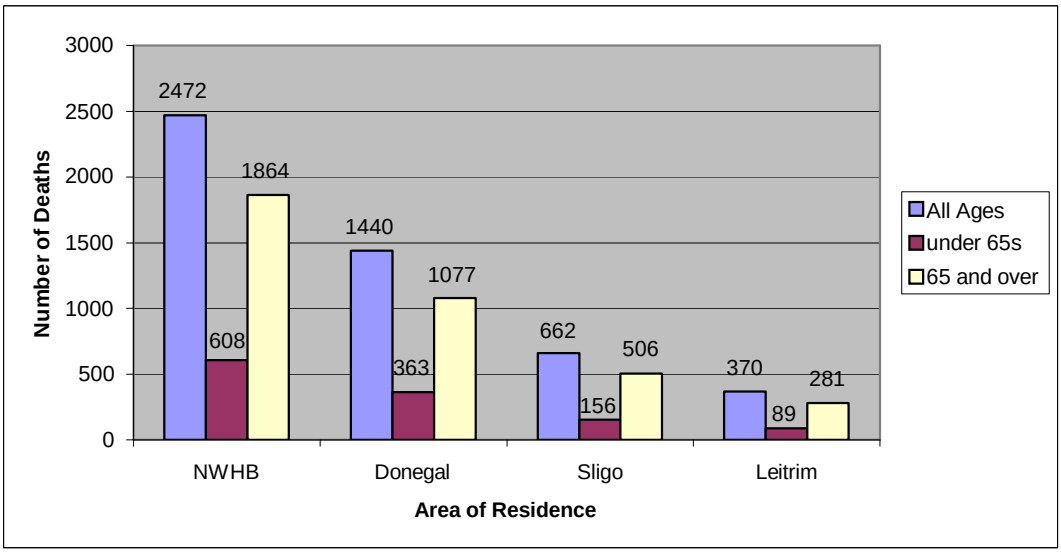
Source: Campo J, Comber H, Gavin A T. All Ireland Cancer Statistics 1998-2000. Northern Ireland Cancer Registry/National Cancer Registry 2004

Figure 4.23: Female mortality rate of the seven most common cancers (1998 to 2000)



Source: Campo J, Comber H, Gavin A T. All Ireland Cancer Statistics 1998-2000. Northern Ireland Cancer Registry/National Cancer Registry 2004

Figure 4.24: Cancer mortality in the NWHB for the 5 year period 1999 to 2003



Source: PHIS (v8)

Primary Care Team Development and Cancer

From the point of view of Primary Care Team development and cancer there are two important considerations.

The first is that cancer is an age related disease. The factor which will contribute most to the need for cancer services in the future is the ageing population. Both South Sligo and South Leitrim already have disproportionate numbers of elderly people in their PCT area and this is likely to increase over the next number of years. As can be seen from Figure 4.24, most cancer deaths (75%) occur over the age of 65 years. The percentage of the population over 65 years in the whole of the North West region is 18.7% (11.5% in North Sligo PCT Area, 16.7% in South Sligo PCT Area and 16.6% in South Leitrim PCT Area). Based on CSO population projections, the proportion of older people in the Region is expected to increase to 21.4% in 2016 and 24% in 2021 resulting in an increasing burden on cancer services.

The second important consideration in terms of the provision of cancer services is the *National Cancer Control Strategy*. This document proposes to treat all cancer in eight specialist cancer centres each serving a minimum population of 500,000. This report may or may not be implemented, but if it is and cancer services for the region are provided mainly from Galway, a major consideration for service providers will be the provision of appropriate transport and accommodation services.

Table 4.15: Cancer Incidence and Mortality rate per 100,000 in men and women in counties Sligo and Leitrim in comparison to all of Ireland

Incidence	Colorectal			Lung and Bronchus			Lymphoma			Skin			Oesophagus			Stomach			Prostate		
Male	No*	Rate	95% CI	No*	Rate	95% CI	No*	Rate	95% CI	No*	Rate	95% CI	No*	Rate	95% CI	No*	Rate	95% CI	No*	Rate	95% CI
Leitrim	10	57.3	38.3, 79.9	9	57.3	37.1, 81.9	2	11.7	3.6, 24.4	1			3	14.6	6.1, 26.6	3	18.7	8.3, 33.1	12	63.9	44.5, 86.8
Sligo	30	48	38.2, 58.8	31	47.9	38.3,58.5	8	13.2	8.3, 19.3	4	14.7	7.6, 24.2	0			4	12.1	6.1, 20.0	30	95.5	76.6, 116.4
All Ireland	2720	49.8	48.7, 50.9	2474	45.6	44.5, 46.7	814	15.4	14.7, 16.0	221	9	8.3, 9.7	265	11.1	10.3, 11.9	444	18.5	17.5, 19.5	1934	79.7	77.7, 81.8
Incidence																					
Female																				Breast	
Leitrim	10	51.4	32.6, 74.3	2	13.6	4.9, 26.6	2	13.2	4.0, 28.0	2	15.7	5.8, 13.5	0			1			14	99.5	70.2, 133.7
Sligo	15	42.1	29.8, 26.5	12	36.4	25.0, 50.0	4	15.2	7.9, 24.9	2	7.6	2.9, 14.6	1			3	6.8	2.7, 12.7	28	101.4	80.3,124.8
All Ireland	1232	40.1	38.8, 41.5	933	31.2	30.0, 32.4	388	13.6	12.8, 14.4	357	12.7	12, 13.5	180	5.5	5.0, 6.0	281	8.7	8.1, 9.4	2715	102.7	100.5, 105
Mortality																					
Male																				Pros	
Leitrim	7	36.6	21.9, 54.9	8	50.3	31.9. 72.8	1			0			2	12.1	4.2, 24.1	1			6	30.4	18.1, 45.8
Sligo	12	41.9	29.3, 56.7	20	63.8	48.5, 81.3	4	11.7	5.7, 19.9	1			1			4	14.2	7.4, 23.2	12	38.5	27.0, 52.1
All Ireland	840	34.8	33.4, 36.2	1424	58.5	56.8, 60.3	212	8.8	8.1, 9.5	47	2	1.6, 2.3	288	11.9	11.2, 12.8	321	13.3	12.5, 14.2	722	29.4	28.1, 30.6
Mortality																					
Female																				Breast	
Leitrim	6	33.1	18.3, 52.1	2	8.2	2.8, 16.3	1			0			0			2	7.3	2.1, 25.8	5	27	14.2, 44.0
Sligo	8	17.7	10.9, 26.2	11	31.3	20.9, 43.8	2	6.2	2.1, 12.6	0			2	4.2	1.1, 9.3	2	3.9	1.4, 7.7	12	34.6	23.5, 47.8
All Ireland	716	21.3	20.4, 22.3	862	27.9	26.8, 29.1	200	6.6	6.1, 7.2	39	2	1.7, 2.4	172	5	4.6, 5.5	225	6.6	6.1, 7.1	923	32.6	31.3, 33.8

No* = Mean number of cases per year

4.1.2.4 Diabetes

The Institute of Public Health in Ireland has indirectly estimated the number of expected cases of diabetes in each county around Ireland. This was done by applying UK age and sex-specific diabetes prevalence rates to the local population based on its age-sex structure (indirect standardisation).

Table 4.16: The estimated number of people with diabetes in Sligo and Leitrim

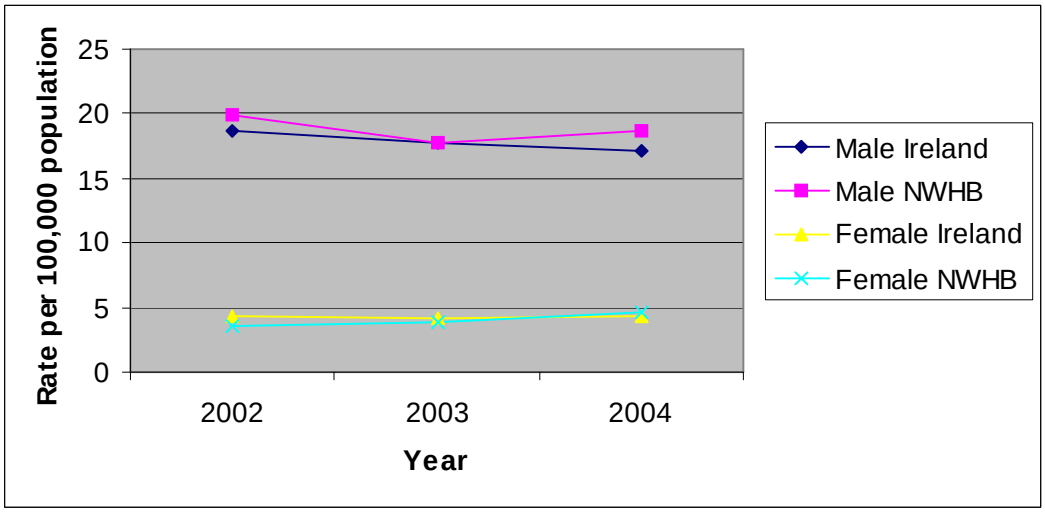
		Prevalence	Estimated number of total cases
Male	Type I	0.5	148
	Type II	4.2	1330
Female	Type I	0.3	99
	Type II	6.3	1917

Using the Institute of Public Health data (PHIS v 9), we expect that there are 3495 adults with diabetes in Sligo Leitrim. Sixty five of these would be aged between 20 and 29, 1138 between age 30 to 59 and 2292 would be over the age of 60 years. It is expected, based on various scenarios and population characteristics projections that by the year 2015, this will increase to between 4115 and 4774.

4.1.2.5 Suicide and parasuicide

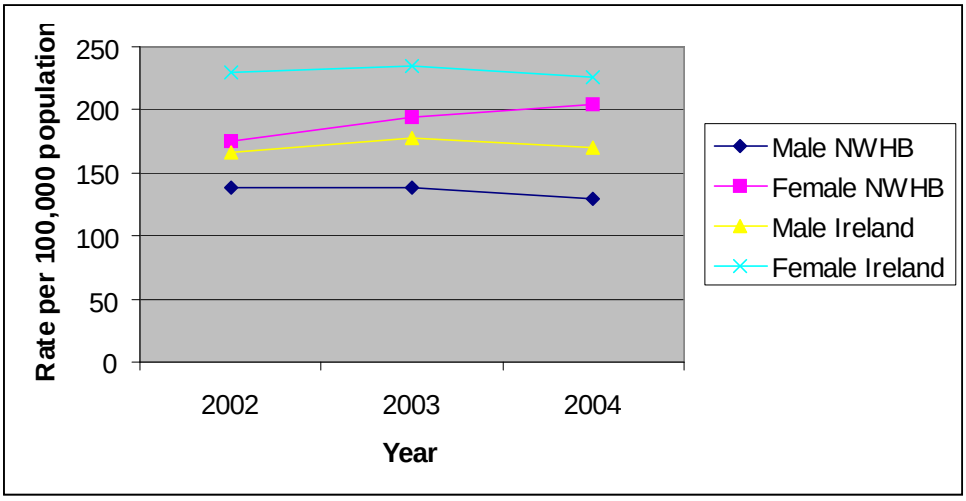
The rate of suicide is greater in men than in women whereas parasuicide or attempted suicide is more frequent in women. While the suicide rate in the former North Western Health Board area looks like it is slightly greater than the national rate, this is not statistically significant.

Figure 4.25: Rate of suicide, per 100,000 population by year, sex and place



PHIS v 9

Figure 4.26: Rate of parasuicide by year, sex and place



PHIS v 9

4.1.2.6 Hospital in-patients episodes (HIPE)

Principal Diagnosis

The following ten most frequent principal diagnosis to Sligo General Hospital account for 22% of all emergency admissions.

Table 4.17: Principal emergency admission diagnoses in adults in Sligo General Hospital in 2005

ICD 10	Diagnosis	9194 admissions
R074	Chest pain	4.6%
J189	Pneumonia	2.7%
J22	Unspec. acute lwr resp tract infection	2.6%
I48	Atrial fibrillation and flutter	2.2%
N390	Urinary tract infection	2.0%
R55	Syncope / collapse	1.9%
J441	Chronic obstructive airways disease	1.8%
R040	Epistaxis	1.7%
I200	Unstable Angina	1.5%
R103	Pain localized to other parts of lwr abdomen	1.4%
	Total	22.4%

The principal diagnoses in those over the age of 65 years, comprises 28% of all admissions (4378), changes very little from those above although congestive cardiac failure and transient ischaemic attack are included. They are mainly comprised of acute cardiovascular and acute respiratory illnesses.

Table 4.18: Principal emergency admission diagnosis, over 65 years, resident in county Sligo

ICD 10	Diagnosis	No. of patients	%
J189	Pneumonia, unspecified	123	4.7
J22	Unspecified acute lower respiratory infection	88	3.4
I48	Atrial fibrillation and flutter	78	3.0
R074	Chest pain, unspecified	77	2.9
J441	Chronic obstructive pulmonary disease / acute exacerbation	75	2.9
R55	Syncope and collapse	67	2.6
N390	Urinary tract infection, site not specified	64	2.4
G459	Transient cerebral ischaemic attack, unspecified	53	2.0
I500	Congestive heart failure	50	1.9
I200	Unstable angina	49	1.9
I639	Cerebral infarction, unspecified	45	1.7

From tables 4.18 and 4.19 it is evident that there is little or no difference between the frequency of emergency admission principal diagnoses between those living in Sligo and Leitrim.

Table 4.19: Principal emergency admission diagnosis in adults over 65 years, resident in Leitrim

ICD 10	Diagnosis	No. of patients	%
J22	Unspecified acute lower respiratory infection	54	4.5
I48	Atrial fibrillation and flutter	40	3.3
J189	Pneumonia, unspecified	38	3.2
J441	Chronic obstructive pulmonary disease / acute exacerbation	37	3.1
R074	Chest pain, unspecified	35	2.9
N390	Urinary tract infection, site not specified	34	2.8
I500	Congestive heart failure	21	1.7
G459	Transient cerebral ischaemic attack, unspecified	20	1.7
I639	Cerebral infarction, unspecified	20	1.7
I501	Left ventricular failure	18	1.5

Secondary diagnosis

The most frequent secondary diagnoses over the age of 65 years are as follows: essential hypertension (9.0%), atrial fibrillation flutter (5.2%), atherosclerotic heart disease (3%), type II diabetes (2.4%) and congestive heart failure (2%).

These are also the five most frequent emergency admission diagnoses considering all diagnoses i.e. the principal diagnosis plus up to 20 secondary diagnoses.

4.1.2.7 Mental Health

The national psychiatric in-patient reporting system (NPIRS) is maintained by the Health Research Board and reports on the service activity and on detailed 5-year census data of psychiatric units throughout the country.

In the 2001 national psychiatric unit census, admission rates in the former NWHB area were highest for depressive disorders (313.7 per 100,000) followed by alcoholic disorders at 221.8 / 100,000 and schizophrenia at 170.1/ 100,000. These rates were similar to the rest of the country. In the 2006 census, hospitalisation rates were reported for adults over the age of 16 years by HSE Region i.e. HSE West, for schizophrenia only (40.6 / 100,000). It is not clear whether admission rates from the 2001 census are directly comparable to hospitalisation rates from the 2006 census.

4.1.2.8 Disability

The Disability Databases Unit of the Health Research Board manages two national service-planning databases for people with disabilities on behalf of the Department of Health and Children; the National Intellectual Disability Database (NIDD), which was established in 1995 and the National Physical and Sensory Disability Database (NPSDD) which was established in 2002. The disability databases provide a comprehensive and accurate information base for decision making in relation to the planning of specialised health and personal social services for people with intellectual, physical or sensory disabilities.

Intellectual disability

Table 4.20 presents a profile of those registered with the National Intellectual Disability Database from the three PCT Areas. There were 25,613 people registered with the register in April 2007. Of these, 855 (3%) are from counties Sligo and Leitrim and 244 (28.5%) are resident in one of the 3 PCT Areas.

In 2007 a detailed comprehensive national needs assessment of those with an intellectual disability was undertaken in Ireland and is fully reported in the *Annual Report of the National Intellectual Disability Database Committee 2007.*

The main findings of the needs assessment were as follows:

- Approximately 10% of clients are either without services or without a major element of service - either a full-time residential service, day service or both.
- The demographic profile of people with an intellectual disability is such that the number of new full-time residential places required is likely to increase over the coming years as those with a more severe disability and those who care for them advance in age.
- Significant progress has been made with the provision of new day places in recent years.
- Since 1996, there has been a 66% reduction in the number of people with intellectual disability accommodated in acute psychiatric hospitals. Nationally, 207 individuals have been identified as needing to transfer from these locations to more appropriate accommodation.

Detailed data on the needs of people with intellectual disability from counties Sligo

and Leitrim are available from the Disability Databases Unit in the Health Research Board.

Table 4.20: Profile of clients registered with the National Intellectual Disability Database in each of the 3 PCT Areas

	North Sligo	South Sligo	South Leitrim
Age Band			
0-17	12	11	32
18-65	146	40	34
Over 65	5	3	1
Sex			
Male	38	34	36
Female	125	20	31
Level of Disability			
Not verified	3	3	5
Average/ Borderline	4	2	3
Mild	18	27	34
Moderate	52	15	17
Severe	78	7	8
Profound	8	0	0
Residential Circumstances			
Living at home/ independently	20	37	58
CGHs	5	17	1
Residential Centre	119	54	8
Intensive Placements	19	37	67
Main Day Service			
None	1	2	1
Home support / Home Help	0	0	3
Preschool/ School	13	12	30
Activation Centre	77	6	22
Prog for Older Person	15	4	1
Special Intensive/ High Support Day Service	38	1	1
Training Programmes	12	26	4
Open Employment	0	1	0
EIS only	0	1	1
MDS only	6	1	2
Other	1	0	2
TOTAL	**163**	**54**	**67**

Physical and Sensory Disability

Table 4.21 shows the number of clients registered with the National Physical and Sensory Disability Database and their type of disability, in the three PCT Areas. The NPSD committee annual report of 2007 provides a detailed analysis of the data,

estimated to represent approximately 65.2% of the target coverage, for people under the age of 65 years. The primary focus of the NPSDD is to facilitate service planning and provision; it also aims to record the details of people availing of, or requiring, a specialised health and personal social service. As not every individual in Ireland who has a physical or sensory disability is availing of, or requiring a specialised health and personal social service, the NPSDD cannot provide any definitive epidemiological statement on the number of people with a particular type of disability. However, for those registered, the type of disability living accommodation, primary carer and service provision are described in detail. For primary care service providers in counties and Leitrim, detailed data is available from the Disability Databases Unit in the Health Research Board.

Table 4.21: Profile of clients registered with the National Physical and Sensory Disability Database, in each of the 3 PCT Areas

Age Band	**North Sligo**	**South Sligo**	**South Leitrim**
0-17	7	9	19
18-50	15	16	26
51-65	15	13	23
Sex			
Male	15	23	30
Female	22	15	38
Type of Disability			
Physical	23	31	50
Hearing	7	1	6
Visual	5	5	7
Multiple	2	1	4
No response	0	0	1
TOTAL	**37**	**38**	**68**

RESULTS OF CORPORATE NEEDS ASSESSMENT

In the following sections 4.2 and 4.3 details are provided on the specific results of the analyses of the surveys of the HSE professionals and the GPs respectively. Following this, in Section 4.4, all of these results are drawn together to provide a summary of the overall needs.

4.2 Results of Survey of HSE Service Leads/Managers in 3 PCT Areas.

This section contains the results from the survey of the HSE health and social care professionals working in the three PCT Areas. Summary results are presented in the following three sections:

4.2.1 the results of the aggregated responses from 20 HSE services on 6 main aspects of service are summarised for each PCT Area.

4.2.2 the results for each individual HSE services, at PCT level, covering current service provision as well as the needs that they identified for clients as well as for staff.

4.2.3 a summary description of all of the reported referral sources and referral destinations to and from the HSE primary care services.

Twenty services out of the 28 services contacted (details in Section 3.2) returned completed questionnaires for one or more of the three Primary Care Team (PCT) Areas. Responses were received from the following Services:

(A) Public Health Nursing
(B) Area Medical Officer Service
(C) Community Nutrition and Dietetics
(D) Community Resuscitation Service
(E) Community Welfare Officer Service
(F) Day Care Service
(G) Diabetes Nurse Service
(H) Home Support Service
(I) Mental Health: General
(J) Mental Health: Alcohol and Substance Misuse Counselling Service
(K) Occupational Therapy
(L) Physiotherapy
(M) Psychiatry of Later Life
(N) Psychology Service
(O) Smoking Cessation Service
(P) Social Work: Alternative Care
(Q) Social Work: Children & Families
(R) Social Work: Learning Disability Services
(S) Social Work: Older People Services
(T) Speech and Language Therapy

4.2.1 Results for each PCT Area on data aggregated from the survey of the HSE Service Leads.

The following are the aggregated responses from the 20 responding HSE primary care services, presented according to each of the three PCT Areas covering the following 6 main aspects of service:

- staffing,
- facilities,
- administrative support,
- information and communication technology (ICT),
- waiting times for the service and
- teamwork with other services.

4.2.1.1 North Sligo Primary Care Team Area

Staffing
Of the 18 services commenting on their current staffing, 4 services reported satisfaction with their current level of staffing. 14 reported that they required extra staff and that re-configuration would not be sufficient to meet current needs. Most of these services provided details of their specific staffing needs in terms of skills and whole-time equivalent level.

Facilities
All services, with the exception of two (one of which was a non-clinical service), reported that the accommodation available to them was not adequate for the provision of services to the public. A need was strongly expressed for adequate clinical space to be available within this PCT Area that would have adequate access for older and disabled people. Currently, many patients travel from this PCT Area to Markievicz House in Sligo for services. Also it was expressed that there was no proper administrative base in the Area and that this should be available for administrative tasks, management of records, etc.

Administrative support
Of the 15 services who commented on their administrative support, 8 stated that their current support was adequate, 3 expressed a need for improvements in administrative support and 4 services reported that they were provided with no administrative support. Two services expressed the opinion that the establishment of an administrative base in the PCT Area would facilitate the co-ordination of the different services.

Information and Communication Technology
Of the 13 services responding, only 2 reported that their ICT support was adequate (one of these had no administrative support). The other 11 services expressed needs for improvements in ICT ranging from basic access to a computer, provision of a printer, provision of a laptop, right up to electronic access to lab/ radiology results, secure email communication with GPs, installation of a service website that has been fully devised and includes facility for paperless referrals. In addition, ongoing training of staff was reported as a need as was the development of appropriate databases.

Waiting times for the service
Of the 16 services responding to this question, 7 reported that there is currently no waiting time for patients, 4 had waiting times of two to seven weeks, 2 had variable waiting times for different aspects of their service, 1 of which, along with other 3 services had waiting times of over three months.
Note: long waiting times of over 3 months were reported for the following: Cognitive Behavioural Therapy, Psychology, Community Nutrition & Dietetics and Speech and Language Therapy.

Teamwork with other Services
As in the other 2 PCT Areas, it was widely reported that the established linkages with other services needed to be improved and extended. Work practices, accommodation for clinical work and communication systems all need to be reviewed so as to facilitate the co-ordination of services, particularly for those providing services to patients with chronic diseases and conditions.

Other Themes derived from the completed questionnaires:

- Some clinical services reported that they did not have sufficient resources to provide important health promotion/disease prevention services.

- There was a need expressed for more carer support.

- There was a need expressed to implement partnership approaches for people with chronic diseases.

- Some services expressed a need to be provided with staff cover during leave periods. One service expressed a need for the provision of out of hours cover, including weekend services.

- One service (for people with mental health problems) reported a need for their service to be involved in the training personnel in other services that deal closely with their client group.

4.2.1.2 South Sligo Primary Care Team Area

Staffing
Of the 19 services commenting on their current staffing, 5 reported that they had adequate staff. 14 services reported that they required extra staff and that re-configuration would not be sufficient to meet current needs. Most services provided details of their specific staffing needs in terms of skills and whole-time equivalent level.

Facilities
Of the 17 services that commented on the current facilities, 14 reported that the accommodation available to them was not adequate, 3 expressed satisfaction. It was reported that improvements need to be made in access to adequate clinical space, adequate storage space for equipment/ devices and for attention to be paid at upgrading some of the outlying clinical locations. Many healthcare personnel described difficulties in booking clinic rooms and recommended the construction of new facilities and/or the extension of existing facilities.

Administrative support
Of the 16 services who commented on their administrative support, 3 stated that their current support was adequate, but most expressed a need for improvements in administrative support. One service reported that they were provided with no administrative support. Those requesting improved administrative support stated that this would be particularly beneficial in organising appointments, management of records and equipment and, when appropriate, would permit the collection of patient user fees. Also, an opinion was expressed that the establishment of an administrative base in the PCT Area would facilitate the co-ordination of the different services.

Information and Communication Technology
Of the 14 services responding, 2 reported that their ICT support was adequate (one of these had no administrative support) but most expressed needs for specific improvements, 2 reporting that they had no access to ICT. The needs expressed for improvements in ICT ranged from basic access to a computer, provision of a printer, provision of a laptop, right up to electronic access to lab/ radiology results, secure email communication with GPs, installation of the a service website that has been fully devised and includes facility for paperless referrals. A need to extend an existing network to Aclare and Curry was also recommended. In addition, ongoing training of staff was reported as a need as was the development of appropriate databases.

Waiting times for the service
Of the 17 services responding to this question, 9 reported that there is currently no waiting time for patients, 5 had waiting times of two to nine weeks, and 3 services had waiting times of over three months (long waiting times were reported for the following: Psychology, Community Nutrition & Dietetics and Speech and Language Therapy).

Teamwork with other Services
As in the other 2 PCT Areas, it was widely reported that the established linkages with other services needed to be improved and extended. Work practices, accommodation for clinical work and communication flows all need to be reviewed so as to facilitate the co-ordination of services, particularly for those providing services to patients with chronic diseases and conditions.

Other Themes

- A need was expressed by most clinical services for significant improvements in patient's access to services. Suggestions included the wider provision of domiciliary services, more outreach services, shorter waiting time for some named services, extension of the provision of some specialised services to all primary care practices, provision of transport to Acute Services and the provision of out of hours cover, including weekend services.

- Some clinical services reported that they did not have sufficient resources to provide important health promotion/disease prevention services, particularly for people such as those resident in Nursing Homes etc.

- There was a need expressed for more home support services and structural improvements in the organisation and managements of these services.

- There was a need expressed for an adequate response to people's personal security needs, particularly for Older people.

- Support for carers was expressed by more than one service and recommended supports included advice, education, training and the provision of accessible respite services.

4.2.1.3 South Leitrim Primary Care Team Area

Staffing
Of the 18 services commenting on their current staffing, 15 reported that they required extra staff and that re-configuration would not be sufficient to meet current needs. Most services provided details of their specific staffing needs in terms of skills and whole-time equivalent level.

Facilities
Of the 16 services that commented on their current facilities, 13 reported that the accommodation available to them was not adequate, 2 services were satisfied and 1 service was satisfied with the accommodation at some locations (Mohill and Carrigallen) but very dissatisfied at another location (Ballinamore). A need was expressed for larger spaces to be available within this PCT Area for some types of clinical work, for work with groups, and for conference meetings etc. In addition, space was required for storage of equipment and devices, for desk duties and correct storage of records.

Administrative support
Of the 15 services who commented on their administrative support, 5 stated that their current support was adequate and most expressed a need for improvements in administrative support. Also an opinion was expressed that the establishment of an administrative base in the PCT Area would facilitate the co-ordination of the different services.

Information and Communication Technology
Of the 13 services responding, 7 reported that their ICT support was adequate (one of these had no administrative support). The other 6 services expressed needs for improvements in ICT ranging from basic access to a computer, provision of a printer, provision of a laptop, right up to electronic access to lab/ radiology results, secure email communication with GPs, installation of the a service website that has been fully devised and includes facility for paperless referrals. A need to extend an existing network to all clinical areas in the PCT Area was also recommended. In addition, ongoing training of staff was reported as a need as was the development of appropriate databases.

Waiting times for the service
Of the 14 respondents, 6 reported that there is currently no waiting time for patients, 6 had waiting times of two to six weeks, 2 services had waiting times of over three months (long waiting times were reported for the following: Psychology and Community Nutrition & Dietetics).

Teamwork with other Services
The existing established teamwork could be developed further particularly in the co-ordination of the provision of services to people with chronic diseases and conditions. As in other Areas, it was reported that good teamwork would be supported by a review of current work practices, provision of accommodation for clinical work and improved communication within and between services.

Other Themes
- A need was expressed by most clinical services for significant improvements in patient's access to services. Suggestions included the wider provision of

- domiciliary services, more outreach services, extension of the provision of some specialised services to all primary care practices, provision of transport to Acute Services and the provision of out of hours cover, including weekend services.

- Security issues were identified that included a need to address the security risk to staff working in some isolated premises, a need for a policy and procedure for staff holding keys to clients homes and provision of security devices for older people.

- Other services for older people such as befriending schemes, active age/recreational facilities, day services in Ballinamore area, home improvement services, Laundry and Meals on Wheels services,

- Some clinical services reported that they did not have sufficient resources to provide important health promotion/disease prevention services, particularly for people in Nursing Homes, schools etc.

- There was a need expressed to implement partnership approaches for people with chronic diseases and conditions with view to developing services tailored to the needs of clients and their carers.

- There is a need expressed for more carer support.

Examples of additional themes relating to specific services:

- Early referral to some services is being encouraged to help prevent the development of certain problems (e.g. Speech and Language Therapy services)

- Numerous requests for Cardio Pulmonary Resuscitation (CPR) training come from people resident in this PCT Area. This need could be met by the training of a local PCT member as a basic life support instructor to provide local training.

- There was a need expressed for access to alcohol and substance detoxification services.

- Management of Home Support's large staff (n=135) could be greatly improved if local administrative bases could be provided at Health Centres to facilitate communication between Home Support personnel.

4.2.2 Results of survey of each HSE Service at PCT Area level.

The results of the survey of the HSE Service leads are presented for each of the 3 PCT Areas. Each section begins with the results from the Public Health Nursing Service, followed by presentation in alphabetical order of the results from the other Primary Care Services.

4.2.2.1 North Sligo PCT Area
4.2.2.2 South Sligo PCT Area
4.2.2.3 South Leitrim PCT Area

4.2.2.1 North Sligo PCT Area

Completed questionnaires on the North Sligo PCT Area were received from the services.

(A) Public Health Nursing
(B) Area Medical Officer Service
(C) Community Nutrition and Dietetics
(D) Community Resuscitation Service
(E) Community Welfare Officer Service
(F) Day Care Service
(G) Diabetes Nurse Service
(H)
(I) Mental Health: General
(J) Mental Health: Alcohol and Substance Misuse Counselling Service
(K) Occupational Therapy
(L) Physiotherapy
(M) Psychiatry of Later Life
(N) Psychology Service
(O) Smoking Cessation Service
(P) Social Work: Alternative Care
(Q) Social Work: Children & Families
(R) Social Work: Learning Disability Services
(S) Social Work: Older People Services
(T) Speech and Language Therapy

(A) Public Health Nursing

1. **Current staffing**
   3 WTE PHN's, 0.4 WTE RGN (temporary)

2. **Reported needs of population in this PCT Area:**
   - Improved rural transport service.
   - Out-reach specialist services.
   - More frequent clinics to be made available.
   - More suitable accommodation to provide PHN service.
   - Increased resources in the PHN service to meet the increasing needs of the population in the North Sligo PCT Area.

- More respite services for carers locally.
- Improved responses for people with alcohol problems? What service takes responsibility for this vulnerable section of the community?
- Improved response in the provision of security devices for Older Persons.
- Improved out of hours and weekend service required.
- Improved meals and wheels service.

3. Reported needs of service in this PCT area:

- **Staffing**

Current staffing is not adequate and the following additional staff is required:

- 1 WTE Community RGN Post vacant since September 2006
- 1 WTE Clerical Admin support
- 0.5 WTE temporary Community RGN to cover all leave and other absences of PHN's from areas.
- 0.5 WTE temporary RGN with Midwifery for weekend service.

- **Accommodation**

Services are currently provided from Health Centres in Carrigans, Cliffoney and Markievicz House, Sligo and current accommodation is not adequate:

Carrigans Health Centre
Office situated at the back of a building. Room small and cluttered. Poor storage space. No clinic room. Small surgery area shared with GP. Room has to be shared with RGN and Student Nurses. Access to PHN Office is through the Day Centre for Older People. The building is not central to the population serviced.

Cliffoney Health Centre
This is a 2 storey house. PHN office is upstairs. Unsafe to access for Mothers and babies. Many Older Persons can not access her office. Poor heating system.
Clinic room downstairs. PHN has to constantly go downstairs to meet her clients and is away from her phone. Clinic room is not the recommended size.

Primary Care Unit, Barrack Street, Sligo.
This room is dark. High wall outside of windows, is shared by 8 other PHN's. Overcrowded and noisy due to level of PHN activity, telephones etc. Room is downstairs and completely cut off from access to clients. It is far away from the clinic rooms. The clinic rooms are not adequate to accommodate 8 PHN areas.

The standard requirement for each of the PHN areas is as follows:

- Office Consultation room 14 x 14 with own access door.
- Waiting room area with easy access for clients.
- Each PHN requires a clinic room fully equipped and the standard recommended size 20 x 20.
- Each PHN requires a storage room 10 x 10 for storage of incontinence wear, nursing equipment and other nursing requirements.

Information and Communication Technology
At present PHNs mobile computing (palm top) for activity reporting and analysis only.

Current needs include:

- Access to e-mail, Laptop for 2 PHNs, printers for 3 PHNs.
- Improved and quicker access to information and data collection.
- Improvement to support better discharge planning.
- Maintenance of client care plans.
- Improved referral systems.

Administrative support

- There is a need for provision of administrative support to PHNs

(B) Area Medical Officer Service

1. Current staffing

- 0.3 WTE (7 individuals)

2. Reported needs of population in this PCT Area:

- The population of the north Sligo Area needs a health centre with multifunction rooms, easily accessible, IT equipped, sound proof clinic rooms for specialized clinics, with safe parking. The building needs to be located as close as possible to the main bus route. This centre could bring services to the people and allow service providers to meet regularly to discuss the best management for their patient. The ideal place for this centre is Grange.

- The needs of children attending secondary school level are currently not addressed by our service. Emotional and behavioral problems, need for intervention in relation to alcohol and substance abuse, teenage pregnancy, sexually transmitted diseases, cervical cancer vaccination etc. Bullying, obesity, eating disorders and suicide are in need for intervention. A service including doctors, nurse and liaison officers are needed to reach out to this group. This could be a joint venture between the DOH and Department of Education. This core group could work with GP's and other services to help resolve some of the problems facing the children aged 11 to 16 years.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  The Area Medical Officer posts were set up initially so that each Area Medical Officer worked in a designated area as part of a team. The initial areas were population based with due consideration to the geography of the area. The Sligo / Leitrim area had 5.5 area medical officers and two seniors (one in Sligo and one in Leitrim) as well as the Director of Community Care (DCC). There were two

AMO's in Leitrim, one for North Leitrim and one for South Leitrim, each area also had a school PHN who worked with that AMO. Sligo was divided into three areas, North Sligo, South Sligo and West Sligo and each AMO in these areas was also partnered with a school PHN. Sligo town was divided among the Sligo school PHN. In recent years this service has been eroded due to failure to fill vacant posts.

- **Pre school population**
  To service the pre school population we would require one full time doctor who would work closely with the local Public Health Nurses for every 4000 children.

- **National School Population**
  To service the National School Population we would require one full time doctor and one full time nurse for every 1,500 children. (The geography involved also needs to be taken into consideration.)

- **Secondary School Population**
  To develop a school service for secondary schools including vaccination (Booster Tetanus/diphtheria for 12-14 year olds) and to work closely with the school liaison officers already in place to address emotional and behavioural problems as well as other sensitive medical issues and health promotion we would require one full time nurse and one full time doctor for every 1,000 children.

  A properly resourced school health service both for primary school and secondary school delivered in the area would be of immense benefit. At present there are long delays before a child is seen by a doctor because of staff shortages. Children are called to centralized clinics because no local ones are available or free when the doctor has time to slot in a clinic. Pressure of work dictate that the doctor must centralize the clinics because they do not have the time to travel to outlying areas. Parents are busy and the times given are not always suitable. The distance to travel to centralized clinics is often not convenient to parents and therefore the attendance at some immunization clinics in as low as 30%. The AMO service recognizes that the needs of group in not currently addressed in the way our service is delivered. This is primarily due to insufficient staff to deliver an effective service.

- **Other Groups**
  - Learning disability groups, elderly population is increasing with increased needs and demands.
  - Assessments for grants and allowances is demand led and currently it is one full time job for the entire of Sligo / Leitrim. These would include domiciliary care allowances, primary medical certs, motorized transport grants, mobility allowances infectious disease allowances.
  - Medical card reviews is currently part of the work of the head of the service and is centralized.

- **Accommodation**
  - We service North Sligo from Markievicz House. This is because the facilities in the PCT Area are not adequate.
  - Cliffoney accommodation is not very good - a two story house with no parking and no room available most of the time.

- The building in Carrigeens is difficult to find, not on a main road and in a bad location.

Current needs:
A centre in Grange with adequate parking, waiting area for parents and children in buggies, two clinic rooms, (one large,) that are sound proofed, IT access, fax machine, telephone, vaccine fridge, examination couch that can be raised or lowered, Filing cabinet with lock, sink with mixer taps, clinic room floor to examination rooms (not carpet), adequate toilet facilities, natural light as well as electrical light, extractor fan to clinic rooms independent of electrical lights

- **Information and Communication Technology**
  Access limited to Markievicz House – no access at present in the Health Centres.
  The protection of information needs to be addressed - shared systems can be of great benefit to service providers but the material they contain on personal details of families must be kept private.

- **Administrative Support**
  Currently, administrative support is in Markievicz House only at present. Admin support shared among the users of the North Sligo PCT area could have the potential to ease communication among the service providers. The admin support persons would know all the professionals personally and potentially act as a support to the population by informing them of the services available when they make enquiries.

(C) Community Nutrition and Dietetics

1. **Current staffing**
   0.1 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   The main immediate need is for increased staffing levels to cope with the long waiting times and to allow for service developments.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  Need 1 WTE dietician for this PCT area.

- **Information and Communication Technology**
  Currently has access to Health One in Drumcliffe Family Practice - ensures up- to-date blood results which guides nutrition intervention therapies.
  Need access to data on Dr. Hever's patients - either patient notes/ or via Health One.

(D) Community Resuscitation Service

1. **Current staffing**
   1 individual (? WTE)

2. **Reported needs of population in this PCT Area:**
   More CPR and AED training

3. **Reported needs of service in this PCT area:**

- **Staffing**
  If one of the PCT members were to train as a basic life support instructor (2 day training) (s)he could keep all the local PCT members up to date with CPR and AED guidelines. This would entail delivery of approx 4-5 four hour sessions per year.

- **Accommodation**
  Need an additional room where I could provide the training sessions

- **Administrative Support**
  An admin person could take names of people attending classes and enter this data on a database for me and write up and distribute certificates. The person could book venue and arrange tea and coffee if required.

(E) Community Welfare Officer Service

1. **Current staffing**
   1.2 WTE (2 individuals)

2. **Reported needs of population in this PCT Area:**

   - A more integrated service delivery model with all disciplines working together proactively towards positive outcomes for clients/patients

3. **Reported needs of service in this PCT area:**

- **Accommodation**

  Services are currently provided as follows:

  - **Cliffoney Health Centre** – CWO clinic room is used once a week for scheduled CWO clinics, but may also be required on an ad hoc based for other purposes such as GMS reviews. This office is also used by other HSE personnel such as the chiropodist.

- **Carrigeens Health Centre** – This CWO clinic room is used once a week for scheduled CWO clinics. It is also used by other HSE Personnel at various other times during the week.

- **Markievicz House** – Area 1B Covers north Sligo as far as Drumcliffe. Two clinics are held each week in Markievicz House for this area.

- **Information and Communication Technology**

  HSE West Network access in Cliffoney and Carrigeens would enhance service provision and give a more speedy and secure connection to the network. Both of these locations are currently connected to the DSFA Network for access to ISTS Programme via a dial in connection modem. Markievicz House is connected to the HSE West Network and has access to WWW and lotus notes etc.

(F) Day Care Service

1. Current staffing

- 4.0 WTE (4 individuals)

2. Reported needs of population in this PCT Area:

- meals on wheels
- day centre activities
- laundry service
- may also need shower facility in the centre.

3. Reported needs of service in this PCT area:

- **Staffing**
  Currently provide services as follows:
  1. Carrigeens: day care centre, laundry service and meals on wheels
  2. Cliffoney : day care centre, laundry service and meals on wheels

Require following staff:

1. Carrigeens Day Centre
Currently the centre organiser for Carrigeens is temporary. This Post needs to be filled on a permanent basis.
Also a third person is required for two hours between 12 and 2pm on the days that the day centre runs to allow for lunch breaks for staff.

2. Cliffoney Day Centre
During the serving of meals in Cliffoney a third person is required for a two hour period only due to the two full time staff being involved in preparing, serving and cleaning the kitchen. This will also ensure the two full time staff can have cover for a lunch break. One full time member of staff will then be free to organize activities with the older people after they have had their lunch.

- **Accommodation**
  In both Cliffoney and Carrigeens the accommodation is not suitable for the numbers attending - the rooms not big enough. Lift is required for Cliffoney centre.

- **Information and Communication Technology**
  No access to email facility or computer facility although the building has been set up for email.

  Day services staff require access to computer and email to improve communication with manager.

(G) Diabetes Nurse Service

1. Current staffing

- 0.9 WTE Diabetes Nurse Specialists covering Sligo/Leitrim, South Donegal.

2. Reported needs of population in this PCT Area:

- All patients with diabetes require comprehensive diabetes review 3-6 monthly, provided by the primary care physician/diabetologist, supported by the primary care team.

- This should be supported by diabetes healthcare professionals available on the same visit (diabetes nurse, dietitian, chiropodist).

- All diabetes patients should have this service free of charge and fast access to hospital outpatient diabetic clinics when necessary or annually.

3. Reported needs of service in this PCT area:

- **Staffing**
  Existing diabetes nurses are currently working at over capacity in order to try to meet current demands.
  Additional diabetes nursing staff are required to meet growing needs.

- **Accommodation**
  The diabetes structured care service is accommodated within the practice nurse offices in Drumcliffe and Grange GP practices. The aim of this service is to provide comprehensive diabetes care locally.
  Available accommodation and personnel does not allow for the dietitian and chiropodist to be available on the same day.

- **Administrative support**
  Administrative support would free up time which would be better spent in clinical work.

(I) Mental Health: General

1. Current staffing

- It is not possible to accurately describe current staffing at PCT level. This is because the full range of mental health services are generally delivered at level much wider than the PCT area.

2. Reported needs of population in this PCT Area:

- Social Mentor for young people to take young people to Gym etc
- Training for Home Helps around coping with clients with Mental Health problems
- Development of a Mental Health Primary Care Intervention Team for Sligo / Leitrim / St Donegal to provide assessment and home based treatment for acute referrals.
- The provision of supported voluntary based housing to meet the future needs of the population with mental health needs
- There is a need to provide respite care in a appropriate setting

3. Reported needs of service in this PCT area:

- **Staffing**
  - 1 WTE CMHN to provide direct access Primary Care Intervention. This will assist with early intervention, assessment and make Mental Health Service acceptable and accessible
  - 0.5 WTE Cognitive Behavior Nurse Psychotherapy. This will reduce the current waiting time and will allow earlier intervention with desirable effect
  - 1 WTE CMNH Specialist 1 attached to Primary Care Intervention Team to provide detoxification in association with CMHN and assist Sligo General Hospital with patients who have to be admitted.

- **Accommodation**

  CBT and Family Therapy find it difficult to access accommodation to meet patients therefore necessary to schedule appointments in Sligo Town. CBT s has offered to provide such appointments in GPs surgeries but such accommodation also presents a problem.

  We require dedicated scheduled accommodation in each primary care team base to see patients in primary care to meet the needs of CBT, Family Therapy, Addiction and CMHN

  Ideally we should have an administrative base in a strategically located primary care HQ. As described the CMHNs have to share one office that has to double as a clinic space.

- **Administrative support**
  - Make the service more efficient in terms of communication.
  - Ensure reports etc are made available to Team Members
  - Assist with the efficient scheduling of appointments
  - Ensure professional time is utilized cost effectively and efficiently

- **Information and Communication Technology**
  - Due to nature of service our staff need to be flexible and move between locations
  - Laptop Computers with dial up access will assist the process and make the service more flexible and efficient
  - Each GP should be provided with a HSE email address allowing us to email then within a secure system.

(J) Mental Health: Alcohol & Substance Misuse Counselling Service

1. **Current staffing**
   - 0.5 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Access to alcohol and substance detoxification services.
   - Alcohol and Substance Misuse Counselling Service

3. **Reported needs of service in this PCT area:**

   Staffing
   - The primary care team need to develop a response to GP's request for a nurse supported community detoxification service.

   Accommodation
   - No base currently in North Sligo PCT Area, currently provide services from South Donegal. However, the number of clients presenting from North Sligo area does not warrant the development of base at this time.

(K) Occupational Therapy

1. **Current staffing**
   1.0 WTE

2. **Reported needs of population in this PCT Area:**
   - Needs include good team communication, caring professionals working as a team.
   - Early assessment followed by appropriate effective interventions.
   - Accessible services in the clients own home where possible.
   - Carers supported with advice, education and training.
   - Respect and understanding.

- Anticipatory Care e.g. meaningful, age appropriate health promoting activities and education.
- Input into Goal Setting/Treatment Plan.
- Partnership Approach, team working with family and individual if condition is long lasting.
- Level of expertise/skill
- Specialist help if required
- Emotional support/understanding if required or relevant
- Review/follow up if further support identified or required
- Team highlighted the need for therapy interventions
- Need for preventative occupational therapy role

3. Reported needs of service in this PCT area:

- **Staffing**
  Have been allocated additional OT to this Primary Care Team. Recruitment completed.

- **Existing Accommodation**
  - OT Service at present is based at Markievicz House, both generic and paediatric

  Future Needs
  - Accommodation currently being researched
  - Resources currently being researched
  - Training needs of staff to develop skills to meet population demands
  - Audit of occupational therapy referrals envisaged to identify caseload demands / areas for development

- **Information and Communication Technology**
  - E-Mail and Internet usage required
  - Access to computer essential

(L) Physiotherapy

1. Current staffing
- 0.3 WTE (1 individual)

2. Reported needs of population in this PCT Area:

- Unable to treat clients with severe reduction in mobility due to sole therapist with no supporting staff on premises and limited space
- Domiciliary cover – only in existence for 8 months as a general rule though Derek has had a client receiving regular domiciliary physiotherapy here for 2 years. Though as for all domiciliary visits patient ability to leave house has to be extremely limited and the treatment at home be optimum way forward i.e. in extreme circumstances
- Limited nursing home cover for maintenance of mobility of elderly clients
- No Falls Prevention programme in situ

- No regular Health Promotion such as Schools posture programme, Teenaches, Cardiac Rehab
- No cover during annual leave or sick leave
- No admin support, If therapist off sick - has to phone and cancel own client list.

3. Reported needs of service in this PCT area:

- **Staffing**
  - 1 WTE Senior physiotherapist (catered for in the first round of PC Implementations staffing)
  - 1 WTE physiotherapists Admin / aide (Not allowed for)

- **Accommodation**

Currently provide services at two locations at Grange (1 room 10 m sq 1.5 days per week at practice nurses room in Dr Hever's Clinic) and Sligo (rental of larger space for one hour a week for an exercise class)

Ideally should have a 144m sq space to accommodate the following:

- General treatment area with minimum of 80 m sq with set of parallel bars, specialised (large) equipment and computer access points
- Private treatment area for Women's Health and career education
- Store room
- Office with phone computer and desk space with glass wall partition to be able to monitor treatment area
- Additional or Shared space perhaps with PHNs, OT / SLT for children's for classes (would only need use of this space for 2 – 4 hours per day)
- Wheelchair toilet access in department or very close to department

(Physiotherapy service can supply blue print of an ideal physiotherapy department designed 4 years ago when department first started asking for upgrade in accommodation)

- **Information and Communication Technology**

  - Get our own website installed which has capability of paperless referrals - should do away with half the admin tasks
  - 2 years ago a community physiotherapy Website was designed by existing physiotherapist in Grange.
  - IT department need to put it on system for us (has been looked at, sanctioned and agreed)
  - Have access to following: x ray reports / digital films / Hospital discharge planning forms / Lab results

(M) Psychiatry of Later Life

1. **Current staffing at PCT level.**
   It is not possible to accurately describe current staffing at PCT level. This is because the full range of mental health services are generally delivered at level much wider than the PCT area.

2. **Reported needs of population in this PCT Area:**

   - Access to MDT primary care team including input from dedicated mental health within this team
   - Access to acute services/general/mental health
   - Access to specialist services when needed
   - Good community care services
   - Access to voluntary services and other agencies
   - Well co-ordinated and integrated services that are tailored to meet the needs of clients and their careers

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Do not have adequate staffing at present.

   - **Accommodation**
     Access to a dedicated space/ rooms in the proposed primary care center
     3 rooms to facilitate out reach support to promote safe/ easy access for clients, their families and careers.

   - **Administrative Support**
     Closer links with local services would help facilitate integrated working practice.

   - **Information and Communication Technology**
     Require access to printer.

(N) Psychology Service

1. **Current staffing**
   0.5 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Easy and quick access to psychologists

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Need equivalent of 0.5 WTE psychologist

- **Accommodation**
  There is no accommodation for the provision of psychological services in this PCT area.
  Need 1 room for one day per week located in the North Sligo area.

- **Information and Communication Technology**
  Laptops for psychologists.

- **Administrative Support**
  Need additional administrative support.

(O) Smoking Cessation Service

1. **Current staffing**
   - Nil at present

2. **Reported needs of population in this PCT Area:**
   Approx 1941 people smoke in this North Sligo PCT and need provision of a smoking cessation service

3. **Reported needs of service in this PCT area:**
   - **Staffing**
     1 WTE Smoking Cessation Advisor to be shared between 3 PCTs in Network 2

   - **Accommodation**
     The accommodation requirements are: a wheelchair-accessible room with 2-3 chairs and a phone.

   - **Information and Communication Technology**
     Smoking cessation advisors require use of a phone to follow up clients and arrange appointments. Also ICT access if possible to check emails etc.

(P) Social Work: Alternative Care

1. **Current staffing**
   - No details on WTE and on number of individuals

2. **Reported needs of population in this PCT Area:**
   - Access to local services. Currently the population in North Sligo must attend Sligo town centre for all services provided by the Alternative Care Department

3. **Reported needs of service in this PCT area:**

- **Staffing**
  Require the following:
  - 1 team leader, Foster Care
  - 2 Full time Social Work Staff

- Appointment of additional staff would ensure that the Foster Care service can fully implement the National Standards in Foster Care.
- From the perspective of the local population, a team based in the North Sligo PCT area would provide local access to the team thus reducing rural disadvantage. In addition the presence of a local team may support the development and increase the number of Foster Careers.

- **Accommodation**
  Alternative care services to this PCT area are currently provided from Sligo Town.

  Require:
  - 4 offices for Clinical staff,
  - 1 office for Clerical admin staff and
  - 1 meeting room for Foster Careers/Children/Birth parents

(Q) Social Work: Children & Families

1. **Current staffing**
   7.1 WTE (8 individuals)

2. **Reported needs of population in this PCT Area:**
   - Need Health Centre in Grange.
   - Accessibility of service.
   - Crèche/playschool in community
   - Early special needs children and resources
   - Transport
   - CWO discretion on payments
   - Learning disability Children's Resource

3. **Reported needs of service in this PCT area:**

- **Accommodation**
  - Current accommodation consists of portacabins at Markievicz House – Social Worker rooms are well appointed but not enough of them – 1 worker has to hot desk. Not enough office space to accommodate all workers - some workers on corridor that facilitates Community Welfare Office clinics thus confidentiality concerns. NO space to take on student placements. However, Team Leader has own room which facilities supervision and small meetings. Family room and duty interview rooms are in main building as is case conference room availability via block booking.

  - Admin staff completely overcrowded. They cover various teams and are centralised in 2 rooms. Work space is cramped with equipment and there are 5 people in one room, 6 in another room.

  - There is no room to implement Record Management Strategy and therefore current files in each social work room.

(R) Social Work: Learning Disability Services

1. **Current staffing**
   - No details on WTE and on number of individuals

2. **Reported needs of population in this PCT Area:**
   - Not described

3. **Reported needs of service in this PCT area:**
   - Not described

(S) Social Work: Older People Services

1. **Current staffing**
   0.25 WTE social worker for Older People (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Assessment re Elder Abuse
   - Assistance with housing needs
   - Advocacy
   - Psycho-social support to clients and their families
   - Multiple needs of marginalized adults
   - Access to services should be improved e.g. less waiting time for some important services e.g. psychology services.
   - Need more responsive structures than the existing care group model of service delivery – current arrangements can fail to address needs of the individuals who do not fit into the designated care groups, can lead to unnecessary bureaucracy impairing access, and permits an unduly predominantly medical model to prevail.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  - Need a dedicated Social Worker for Primary Care
  - No elder abuse post in this area, increasing rate of referral and awareness of elder abuse putting a lot of pressure on existing Social Work Service for Older People. An elder abuse post, known as a Senior Case Worker, would be shared between all of Sligo and Leitrim if the current pattern of staffing for these posts nationally were followed by the HSE.
  - Need Social Worker for Older people in North Leitrim area

- **Accommodation**
  Individual office / clinical space has been provided, there is a need for appropriate space for family meetings, group work etc.

- **Information and Communication Technology**
  Computer, email, Library SGH, phone and mobile phone.

- **Admin support**
  - Admin support is in place but is located at distance from the Area

(T) Speech and Language Therapy

1. Current staffing

- 0.4 WTE (1 individual)

2. Reported needs of population in this PCT Area:

- Early referral for prevention of delayed and disordered language development.
- Sufficient and timely follow up treatment.

3. Reported needs of service in this PCT area:

- **Staffing**
  Require 1WTE Speech and Language Therapist for this Area– currently each Speech and Language therapist has 3 times the recommended case load numbers.

- **Accommodation**
  Currently, SLT services for this Area are provided in Markievicz House Sligo where 6 therapists share 3 clinical rooms.
  Accommodation is required in Grange to provide 2 SLT sessions per week, Tullaghan to provide 1 session, Drumcliffe to provide 2 sessions.

- **Information and Communication Technology**
  Currently ICT provided in Markievicz House - local clinics if used would need to be connected.

4.2.2.2 South Sligo PCT Area

Completed questionnaires on the South Sligo PCT Area were received from the services.

(A) Public Health Nursing
(B) Area Medical Officer Service
(C) Community Nutrition and Dietetics
(D) Community Resuscitation Service
(E) Community Welfare Officer Service
(F) Day Care Service
(G) Diabetes Nurse Service
(H) Home Support Service
(I) Mental Health: General
(J) Mental Health: Alcohol and Substance Misuse Counselling Service
(K) Occupational Therapy
(L) Physiotherapy
(M) Psychiatry of Later Life
(N) Psychology Service
(O) Smoking Cessation Service
(P) Social Work: Alternative Care
(Q) Social Work: Children & Families
(R) Social Work: Learning Disability Services
(S) Social Work: Older People Services
(T) Speech and Language Therapy

(A) Public Health Nursing

1. **Current staffing**
   - 2.8 WTE (4 individuals)

2. **Reported needs of population in this PCT Area:**
   - Transport to acute services.
   - Out-reach specialist services.
   - More frequent clinics to be made available.
   - More suitable accommodation for the PHN service.
   - Increased resources in PHN service to meet the increasing needs of the population in South Sligo PCT Area.
   - More respite services for carers locally.
   - Improved Laundry services
   - Improved Meals on Wheels service.
   - Improved response in the provision of security devices for Older Persons.
   - Primary Care Team out of hours service and weekend service required.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  Current staffing is not adequate and the following additional staff are required:
  - 1 WTE community RGN vacant post needs to be filled.
  - Clerical Admin support per 3 PHN's.
  - 0.5 WTE PHN's to provide weekend services.
  - Home Support Workers demand led and increasing service need

- **Accommodation**
  Services are currently provided from Aclare and Tubbercurry Health centres and accommodation at both locations is inadequate:

- **Aclare Health Centre:**
  Location is isolated, the Public Health Nurse is alone in the building, the building is damp and cold, the clinic room is too small and adjoins the kitchen by door, there is a shortage of storage space, the PHN consultation room/office is adequately furnished but does not meet the recommended room size.

- **Tubbercurry Health Centre:**
  Public Health Nurses consultation room/office is too small, it is also used as a clinic room, (no designated clinic room in the building), there is no multi-purpose room available for child developmental clinics or ante-natal classes etc. There is no suitable storage space. Currently accommodation is completely inadequate and there is no facility to accommodate the extra PHN/Clerical staff required.

- **Current accommodation needs are as follows:**
  Consultation rooms – one each for the existing staff and one for the new PHN to be appointed.
  2 Clinic rooms – one for Aclare and one for Tubbercurry.
  1 Multi-purpose room in Tubbercurry to be shared by 3 PHN's

- **Information and Communication Technology**
  At present have mobile computing (palm top) for activity reporting and analysis only.
  Current needs include:
  - Access to e-mail, Laptop, Docking station, Printer and shredders.
  - Improved and quicker access to information.
  - Discharge Planning.
  - Data Collection.
  - Referral Systems.

- **Administrative support**
  There is a need for provision of administrative support to PHNs

(B) Area Medical Officer Service

1. **Current staffing**
   - 0.4 WTE (8 individuals)

2. **Reported needs of population in this PCT Area:**

- The population of the South Sligo PCT area needs a larger health centre with multifunction rooms, easily accessible, IT equipped, sound proof clinic rooms for specialized clinics, with safe parking. The building needs to be located as close as possible to the main bus route. This centre could bring services to the people and allow service providers to meet regularly to discuss the best management for their patient people needs to be serviced locally.

- **Pre school population**
  Early intervention has been shown to be more effective and more cost effective than delayed treatment. Patients need to be seen in a timely fashion in a facility that allows an appropriate assessment. We stopped our developmental checks in this group due to staff shortages and now recognize that many problems in the young child are being missed or picked up late because of our diminution in service in recent years. We hope to address this problem by increasing our staff levels to meet the workload demanded.
  There is a growing need to educate out fellow health professionals, teachers, parents on the early signs of problems in children. In order to facilitate early recognition of problems in childhood. There is a need to provide training and resources for prompt assessment advice and therapy.

- **National School Population**
  We need to continue and develop our child health surveillance of our primary school population. This is currently delivered in cooperation with the school public health nurse of the area and involves all aspects of the health and emotional needs of the school child. This is part of our ongoing work and a local health centre with available consultation rooms would facilitate interviews and examinations of this important population.

- **Secondary School Population**

  The needs of children attending secondary school level are currently not addressed by our service. This is a gap in service that needs to be addressed urgently. The secondary school in Tubbercurry is large with over 500 pupils attending. There is a need for intervention in relation to alcohol and substance abuse, teenage pregnancy, sexually transmitted diseases cervical cancer vaccination, bullying, obesity, eating disorders etc. A service including doctors, nurse and liaison officers are needed to reach out to this group. This could be a joint venture between the DOH and Department of Education. This core group could work with GP's and other services to help resolve some of the problems facing the children aged 11 to 16 years.
- We need to address the growing needs of the elderly and contribute more to the care of the elderly.

- We need to continue our immunization programme in the schools population, (BCG, MMR, Tetanus & Diphtheria. etc) We need to develop this service for the future needs of the community. We need to monitor all immunizations delivered to the entire community by the all vaccinators to ensure a good overall uptake.

- We need to continue our TB screening service.

- We need to continue our nursing home inspections and develop a service for the needs of the elderly in the area who live at home whether independent or in the care of family members. This service should include advice on supports needed to maintain the persons independence in the community. A service that includes a needs assessment of these people to identify unmet needs.

- We need to deliver an equitable service to both the travelers and asylum seekers / programme refugees in this area in a local clinic setting. This group requires extra time in delivering our national vaccination program. It is important that we continue our medical screening of the asylum seekers/programme refugees, follow up abnormal results and counsel as appropriate. We as independent medical personnel are in a position to advocate for this group.

3. Reported needs of service in this PCT area:

- **Staffing**

  AMO service estimate that the South Sligo area should have a minimal of 12 community care medical officer clinics per month to meet the needs of the area.
  At present there are insufficient doctors, all based at Markievicz House and one doctor to address the needs of the asylum seekers and programme refugees to meet the needs of the entire of Sligo /Leitrim. Reconfiguring existing staff would not address the problem. The range and quality of the existing service would be compromised if the staff could not centralize clinics and time would be wasted in travel between the Primary Care team areas. There are only 4 whole time equivalent doctors for the entire of Sligo/Leitrim.

- **Accommodation**

  - **Tubbercurry**
    A room would need to be available for three sessions on three different days per week in the Tubbercurry health centre.

    A larger centre in Tubbercurry with adequate parking, waiting area for parents and children in buggies, extra clinic rooms, (one large,) that are sound proofed, IT access, fax machine, telephone, vaccine fridge, examination couch that can be raised or lowered, Filing cabinet with lock, sink with mixer taps, appropriate clinic room flooring to examination rooms (not carpet), adequate toilet facilities, natural light as well as electrical light, extractor fan to clinic rooms independent of electrical lights.

  - **Aclare**
    A room would also be needed one day per month in the Aclare health centre.

  - **Curry**
    A room would also be needed one day per month in the Curry area. Unfortunately the Health centre in Curry is a prefab and totally unsuitable. Curry is on the main bus route service to Tubbercurry and therefore developing a proper service in Tubbercurry would be the ideal.

  - **School accommodation**
    There should be a joint partnership between the Dept of education and the HSE in building and expanding both primary and post primary schools so that medical rooms are available for nursing and medical staff to vaccinate children, interview examine and council children, and interview and educate parents where necessary. We have a long history of medical services being provided through the schools in inadequate facilities in the overcrowded schools'. No primary school in this area has a medical room for the school health service. The dental service would also benefit from this facility.

- **Information and Communication Technology**

  - At present, there is no office for ICT access by Community Care Doctors in Health Centre at present. We need to develop our IT resources to help us to audit our service in a more satisfactory manner.
  - There is an urgent need for a high quality database to facilitate monitoring, audit and further development of services.
  - The protection of information needs to be addressed first. Shared systems can be of great benefit to service providers but the material they contain on personal details of families must be kept private. The threat of hacking into the system must be addressed.

- **Administrative Support**

  - Administrative support is in Markievicz House only at present.
    Admin support shared among the users of the South Sligo PCT area could have the potential to ease communication among the service providers. The admin

support persons would know all the professionals personally and potentially act as a support to the population by informing them of the services available when they make enquiries.

- Increased administrative support would help develop our service provided there was also an increase in the number of doctors to meet the needs of the area. Extra admin support would facilitate in Audit of work and assessment needs of the population.

(C) Community Nutrition and Dietetics

1. **Current staffing**
   - 0.1 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - The main immediate need is for increased staffing levels to cope with the large waiting times and to allow for service developments.

3. **Reported needs of service in this PCT area:**
   - **Staffing**
     At least 1 WTE would help to reduce waiting time which is currently 4-6 months.

(D) Community Resusitation Service

1. **Current staffing**
   - 1 individual (? WTE)

2. **Reported needs of population in this PCT Area:**
   - More CPR and AED training

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     If one of the PCT members were to train as a basic life support instructor (2 day training) (s)he could keep all the local PCT members up to date with CPR and AED guidelines. This would entail delivery of approx 4-5 four hour sessions per year.

   - **Accommodation**
     Would benefit from access to a HSE training room /centre where resuscitation equipment could be stored and volunteer CPR /AED instructors could access to deliver classes instead of all the equipment currently being transported to various locations in south Sligo by me when I go.

- **Administrative Support**
  An admin person could take names of people attending classes and enter this data on a database for me and write up and distribute certificates. The person could book venue and arrange tea and coffee if required.

(E) Community Welfare Officer Service

1. **Current staffing**
   - 0.4 WTE (3 individuals)

2. **Reported needs of population in this PCT Area:**
   - A more intergrated service delivery model with all disciplines working together proactively towards positive outcomes for clients/patients

3. **Reported needs of service in this PCT area:**

- **Accommodation**
  Services are currently provided as follows:
  - Tubbercurry – 1 Stop Shop – owed by Sligo County Council. This is the main base for the CWO working in the South Sligo Area.
  - Aclare Health Centre – CWO holds a SWA clinic there on a weekly basis and also has ad hoc clinics in Aclare as the need arises.
  - Curry Health Centre – CWO holds a SWA clinic there on a weekly basis and also has adhoc clinics in Curry as the need arises.

- **Information and Communication Technology**
  Tubbercurry has full access to the HSE West Network and WWW and lotus notes. However, Curry and Aclare Health Centres use a dial in modem connection to connect to the Dept of Social and Family Affairs network for connection to the ISTS System. Access to the HSE Network in Curry and Aclare would be of great benefit and enhance service provision

(F) Day Care Service

1. **Current staffing**
   - 2.3 WTE (5 individuals)

2. **Reported needs of population in this PCT Area:**
   - meals on wheels
   - day centre activities
   - laundry service
   - may also need shower facility in the centre.

3. **Reported needs of service in this PCT area:**

Currrently provide services as follows:
- Day care centre, laundry service and meals on wheels

Require following staff:
- No further staff required

- **Accommodation**
  Acommodation is suitable to meet needs of the day service. There is a well equipped shower room that is currently used as a store room. Additional storage space would resolve the need to use shower room as a store.
-
- **Information and Communication Technology**
  No access to email facility or computer facility although the building has been set up for email.
  Day services staff require access to computer and email to improve communication with manager.

(G) Diabetes Nurse Service

1. **Current staffing**
   - 0.9 WTE Diabetes Nurse Specialists covering Sligo/Leitrim, South Donegal.

2. **Reported needs of population in this PCT Area:**
   - All patients with diabetes require a comprehensive diabetes review 3-6 monthly, provided by the primary care physician/diabetologist, supported by the primary care team.
   - This should be supported by diabetes healthcare professionals available on the same visit (diabetes nurse, dietitian, chiropodist).
   - All diabetes patients should have this service free of charge and fast access to hospital outpatient diabetic clinics when necessary or annually.
   - The diabetes nurse support in structured care needs to be extended to all General Practices in the South Sligo area.
   - The practice nurse availability needs to be addressed and also available accommodation to accommodate dietetics and chiropody on same day diabetes clinics.

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Existing diabetes nurses are working at over capacity in order to try to meet current demands.
     Additional diabetes nursing staff are required to meet growing needs.

   - **Accommodation**
     - The structured diabetes clinic is accommodated solely in Aclare in this PCT Area. It is held on a two monthly basis.

- The unavailability of a practice nurse makes the organization of these clinics more laborious and mainly falls to the practice secretary to make blood taking and clinic appointments. (A practice nurse has since been appointed to Dr.M.Colemans practice)
- Available accommodation and personnel does not allow for the dietitian and chiropodist to be available on the same day.
- The Service needs to be extended to all General Practices in the South Sligo area.

- **Administrative support**
  Administrative support would free up time which would be better spent in clinical work.

(H) Home Support Service

1. Current staffing

- 25 WTE (47 individuals)

2. Reported needs of population in this PCT Area:

- Adequately trained and skilled Home Support Workers;
- More reviews and monitoring of service as needs are constantly changing;
- More flexibility;
- Some permanent (full time) staff required – with rotas for out of hours service;
- Service to based on "Tasks" and patient dependency levels rather than "Hours" of service;
- More supervision and support of staff;
- Facilities for extra support in crises situations;
- Regular group meetings with Home Support Workers (Organiser is only in this area for 1 to 1½ days per week which includes meeting workers, PHN's, & Clients, setting up new cases, dealing with problems / difficulties which arise within the service on an ongoing basis).

3. Reported needs of service in this PCT area:

- **Staffing**
  Approximately 10 extra staff are required. This would alleviate the problem in relation to the working time act, holidays / sick leave, & weekend cover. Demand for service has increased greatly in this area and extra staff is required to meet this need.

- **Information and Communication Technology**
  - Current database not adequate for reports or tracking service to clients.
  - Better system for staff records – sick leave – annual leave entitlements, etc.
  - Extra staff to maintain and update system on an ongoing basis

- **Administrative Support**
  Need 1 WTE Clerical Officer to cover work in this area which involves 8 PHN areas with over 400 clients and 159 home support workers.

(I) Mental Health: General

1. Current staffing

- Not possible to accurately describe current staffing at PCT level. This is because the full range of mental health services are generally delivered at level much wider than the PCT area.

2. Reported needs of population in this PCT Area:

- Dealing with acute care.
- Engaging young people.
- Prevention and treatment of drug and alcohol abuse.
- Support for Carers.
- Building and extension of Primary Care centre.

3. Reported needs of service in this PCT area:

- **Staffing**

  All of the following would enhance the mental health of the population in the south Sligo PCT area.
  - Social worker on 0.5 WTE bases.
  - Occupational Therapist on 0.5 WTE bases.
  - Full Time CBT.
  - Extra staff in day centre.
  - Extra sessions in Tubbercurry.
  - Extended hours for domiciliary visits and liaison with GPs.
  - Health Promotion.

- **Accommodation**
  - Primary care centre Tubbercurry is the only facility directly within the primary care area.
  - Mental health has a day centre in this facility one day a week.
  - A new primary care centre has also been built at Banada.

- **Servicing the mental health needs of the south Sligo PCT are:**
  - One supervised residential unit (Ballymote)
  - Three group Homes (Ballymote).
  - One day centre. (Ballymote).
  - Day centre Tubbercurry (one day a week)

  All of the above buildings are old and even though they were sufficient for supplying care in when the community based mental health service was developing they are now unsuitable. There is a need for new purpose built units. There is also a need for an extension of the primary care centre in Tubbercurry as there is not adequate space for Mental Health in this building.

- **Administrative Support**
  - At the moment 0.5 of a WTE is the administrative support for all off south Sligo which is inadequate.

- The requirement should be 1.5 or at least a WTE. Clinical staff are supplying the shortfall in this area.

- **Information and Communication Technology**
  - Access is good in this area but more training of staff is required.

(J) Mental Health: Alcohol & Substance Misuse Counselling Service

1. **Current staffing**
   - 0.8 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Access to alcohol and substance detoxification services.

3. **Reported needs of service in this PCT area:**
   - Staffing
     The primary care team need to develop a response to GP's request for a nurse supported community detoxification service. Currently need 1 WTE for clinical nurse specialist post to facilitate the delivery of home detoxification service.

   - Accommodation
     Is adequate at centres in Ballymote and Tubbercurry

   - Information and Communication Technology
     Could improve access to email in the centre at Ballymote
     Require allocation of Lap Top to counsellor

(K) Occupational Therapy

1. **Current staffing**
   - 1 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Good team communication
   - Caring professionals working together as a team
   - Early assessment followed by appropriate, effective intervention
   - Accessible services in the clients own home where possible
   - Carers supported with advice, education and training
   - Respect and understanding
   - Anticipatory Care e.g. Meaningful, age appropriate health promoting activities and education
   - Input into goal setting/treatment plan
   - Partnership Approach team working with individual/family if conditions long lasting
   - Level of expertise/skill
   - Specialist help if required
   - Review/Follow up if further support identified or required
   - Emotional support/understanding if required or relevant
   - Therapy intervention to client
   - Need for preventative occupational therapy role

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Have been allocated additional OT to this Primary Care Team; Recruitment completed

   - **Existing Accommodation**
     - OT Service at present is based in Markievicz House -this includes all Generic and Paediatric OTs.
     - In addition a Paediatric Therapy Room is located in rented accommodation in Ballytivnan, Sligo
     - Domiciliary service to client's homes, schools and Private Nursing Homes

   - **Future Needs**
     - Need for dedicated accommodation in South Sligo
     - Availability of treatment area/clinical area in South Sligo
     - Availability of space to run groups
     - Storage space for assessment equipment
     - Training
     - Research area of unmet need / potential caseload

   - **Information and Communication Technology**
     - E-Mail and Internet usage required
     - Access to computer essential

(L) Physiotherapy

1. **Current staffing**
   - 0.6 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Unable to treat clients with severe reduction in mobility due to single-handed therapist with no supporting hands on premises and limited space
   - Domiciliary cover – only in existence for 8 months and in extreme circumstances
   - Limited nursing home cover for assessment and staff education on maintenance of mobility of elderly clients
   - No Falls Prevention programme in situ
   - No regular Health Promotion such as Schools posture programme, Teenaches, Cardiac Rehab
   - No cover during annual leave or sick leave
   - No admin support, If therapist off sick - has to phone and cancel own client list.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  - 1 WTE Senior physiotherapist (catered for in the first round of PC Implementations staffing)
  - 1 WTE physiotherapists Admin / aide (Not allowed for)

- **Accommodation**

  Currently provide services at two locations in Tubbercurry
  (Tubbercurry Health Centre one room 8 m sq, 3 days per week and rental of larger space elsewhere in Tubbercurry for one hour a week for an exercise class)

  Ideally should have a 144m sq space to accommodate:
  - General treatment area with minimum of 80 m sq with set of parallel bars, specialised (large) equipment and computer access points
  - Private treatment area for Women's Health and carer education
  - Store room
  - Office with phone computer and desk space with glass wall partition to be able to monitor treatment area
  - Additional or Shared space perhaps with PHNs, OT / SLT for children's for classes (would only need use of this space for 2 – 4 hours per day)
  - Wheelchair toilet access in department or very close to department

  (Physiotherapy service can supply blue print of an ideal physiotherapy department designed 4 years ago when department first started asking for upgrade in accommodation)

- **Information and Communication Technology**
  - Get our own website installed which has capability of paperless referrals - should do away with half the admin tasks

- 2 years ago a community physiotherapy Website was designed by existing physiotherapist in Grange.
- IT department need to put it on system for us has been looked at, sanctioned and agreed)
- Have access to following: x ray reports / digital films / Hospital discharge planning forms / Lab results

(M) Psychiatry of Later Life

1. Current staffing

- Not possible to accurately describe current staffing at PCT level. This is because the full range of mental health services are generally delivered at level much wider than the PCT area.

2. Reported needs of population in this PCT Area:

- Access to primary care for screening, diagnoses treatment and monitoring of conditions.
- Appropriate and timely support for clients, their families and carers.
- An integrated, co- ordinated delivery of services
- Access to MDT primary care team including input from dedicated mental health within this team
- Access to acute services/general/mental Health
- Access to specialist services when needed including CBT, Psychology, Bereavement Counselling and family Therapy
- Good community care services
- Access to voluntary services and other agencies
- Well co-ordinated and integrated services that are tailored to meet the needs of clients and their carers.

3. Reported needs of service in this PCT area:

- **Staffing**
  - We have submitted a business case to develop our day hospital services this would enable dedicated mental health input into day care services in South Sligo PCT area on dedicated days.
  - 2WTE staff nurses + 1 Basic grade OT+ 1 non- Consultant Hospital doctor (to cover whole catchment area).

- **Accommodation**
  - Access to dedicated rooms in the proposed primary care center.
  - 3 rooms to facilitate out reach support to this busy area
  - To promote easy/safe access for clients and their families and carers.

- **Administrative Support**
  Closer links with local services would help facilitate integrated working practice

- **Information and Communication Technology**
  - Require access to printer and email.

(N) Psychology Service

1. **Current staffing**
   - 1.2 WTE (3 individuals)

2. **Reported needs of population in this PCT Area:**
   - Easy and quick access to psychologists

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Need equivalent of 1 WTE psychologist

   - **Accommodation - Currently provide services in:**
     - Ballymote, 2 days per week
     - Tubbercurry 1 day per week

     Need extra room availability for 1 day per week in Ballymote and Tubbercurry health centres.

   - **Administrative Support**
     Need additional administrative support.

(O) Smoking Cessation Service

1. **Current staffing**
   - Nil at present.

2. **Reported needs of population in this PCT Area:**
   Approx 1436 people smoke in South Sligo PCT and they need a smoking cessation service.

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     1 WTE Smoking Cessation Advisor to be shared between the 3 PCTs in Network 3
     Current staffing in South Sligo PCT is nil. Smoking Cessation service is happy to reconfigure existing clinic locations and staff to ensure smoking cessation services become an integrated part of each PCT.

   - **Accommodation**
     The accommodation requirements are: a wheelchair-accessible room with 2-3 chairs and a phone.

   - **Information and Communication Technology**
     Smoking cessation advisors require use of a phone to follow up clients and arrange appointments. Also ICT access if possible to check emails etc.

(P) Social Work: Alternative Care

1. **Current staffing**
   - No details on WTE and number of individuals.

2. **Reported needs of population in this PCT Area:**
   - Access to local services. Currently the population in South Sligo must attend Sligo town centre for all services provided by the Alternative Care Department.

1. **Reported needs of service in this PCT area:**

- **Staffing - Require the following:**
  - 1 team leader, Foster Care
  - 2 Full time Social Work Staff
  - Appointment of additional staff would ensure that the Foster Care service can fully implement the National Standards in Foster Care.
  - From the perspective of the local population, a team based in the South Sligo PCT area would provide local access to the team thus reducing rural disadvantage. In addition the presence of a local team may support the development and increase the number of Foster Carers.

- **Accommodation**
  Alternative care services to this PCT area are currently provided from Sligo Town.

  Require the following:
  - 4 offices for Clinical staff,
  - 1 office for Clerical admin staff and
  - 1 meeting room for Foster Carers/Children/Birth parents

(Q) Social Work: Children & Families

1. **Current staffing**
   - 7.0 WTE (7 individuals)

2. **Reported needs of population in this PCT Area:**
   - Family Centre (Life Centre)
   - Initiative for ADHD
   - Support Parents/Support Children
   - Accessed Services from Ballina
   - Lifestart
   - Mother and baby placements
   - Early special needs
   - Transport
   - CWO discretion
   - Learning Disability Children
   - No outreach work for Molloway House

3. **Reported needs of service in this PCT area:**
   Accommodation, staffing, ICT and administrative support adequate at present.

(R) Social Work: Learning Disability Services

1. **Current staffing**
   - No details on WTE and number of individuals

2. **Reported needs of population in this PCT Area:**
   - Not described

3. **Reported needs of service in this PCT area:**
   - Not described

(S) Social Work: Older People Services

1. **Current staffing**
   - 0.25 WTE social worker for Older People (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Assistance with housing needs
   - Assessment re Elder Abuse
   - Advocacy
   - Psycho-social support to clients and their families
   - Multiple needs of marginalized adults
   - Access to services should be improved e.g. less waiting time for some important services e.g. psychology services.
   - Need more responsive structures than the existing care group model of service delivery – current arrangements can fail to address needs of the individuals who do not fit into the designated care groups, can lead to unnecessary bureaucracy impairing access, and permits an unduly predominantly medical model to prevail.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  - Need a dedicated Social Worker for Primary Care
  - No elder abuse post in this area, increasing rate of referral and awareness of elder abuse putting a lot of pressure on existing Social Work Service for Older People. An elder abuse post, known as a Senior Case Worker, would be shared between all of Sligo and Leitrim if the current pattern of staffing for these posts nationally were followed by the HSE.
  - Need Social Worker for Older people in North Leitrim area

- **Accommodation**
  Individual office / clinical space has been provided, there is a need for appropriate space for family meetings, group work etc.

- **Information and Communication Technology**
  Computer, email, Library SGH, phone and mobile phone.

- **Admin support**
  Admin support is in place but is located at distance from the Area

(T) Speech and Language Therapy

1. **Current staffing**
   - 0.5 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Early referral for prevention of delayed and disordered language development.
   - Sufficient and timely follow up treatment.

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Require 1 WTE speech and language therapist for this Area– currently each Speech and Language therapist has 3 times the recommended case load numbers.

   - **Accommodation**
     Speech and language therapist works in Tubbercurry Health Centre - more accommodation would need to be provided if staff increased, ideally 2 rooms.

   - **Information and Communication Technology**
     Currently no access to ICT

   - Need local ICT connected to laptop - would mean case recording, reports and stats could be carried out locally.

4.2.2.3 South Leitrim PCT Area

Completed questionnaires on the South Leitrim PCT Area were received from the services:

(A) Public Health Nursing
(B) Area Medical Officer Service
(C) Community Nutrition and Dietetics
(D) Community Resuscitation Service
(E) Community Welfare Officer Service
(F) Day Care Service
(G) Diabetes Nurse Service
(H) Home Support Service
(I) Mental Health: General
(J) Mental Health: Alcohol and Substance Misuse Counselling Service
(K) Occupational Therapy
(L) Physiotherapy
(M) Psychiatry of Later Life
(N) Psychology Service
(O) Smoking Cessation Service
(P) Social Work: Alternative Care
(Q) Social Work: Children & Families
(R) Social Work: Learning Disability Services
(S) Social Work: Older People Services
(T) Speech and Language Therapy

(A) Public Health Nursing

1. Current staffing

- 9.5 WTE (12 individuals)

2. Reported needs of population in this PCT Area:

- Transport to acute services.
- Out-reach specialist services.
- Breastfeeding support group.
- The co-ordination and extension of the Laundry and Meals and wheels service.
- Sitting service and day centre services for clients with Alzheimer's.
- Home improvement service and reactivation of social support services through FAS ie. painting, gardening and minor house repair.
- Local day services for clients in the Ballinamore Area
- Private nursing service for clients who do not meet eligibility criteria
- Improved rural transport.
- Befriending scheme for Older persons who are living in isolated areas
- Improved response in the provision of security devices for Older People.
- Active age groups/recreational facilities for Older People.
- Out of hours service/weekend service (urgent need to develop)

3. Reported needs of service in this PCT area:

- **Staffing**
  The following additional staff are required to meet current needs:
  - 1 PHN for the Dromod / Mohill / Carrick on Shannon Area.
  - 1 Community RGN with Midwifery qualification.
  - 4 Part-time RGN's preferably with midwifery qualification for pre-planned essential weekend nursing service.
  - 3 Clerical Officers.
  - Bank of Nurses to provide late evening and night nursing service or
  - Agency Nurses for out of hours – Domiciliary Nursing service

- **Accommodation**
  Services are provided from Health Centres in Mohill, Carrigallen and Ballinamore. Accommodation is adequate in Carrigallen. However, major improvements are required for Ballinamore and some for Mohill.

  Ballinamore clinic is grossly inadequate, no consultation room, very small clinic room, no space for ante natal classes, limited storage space which is outside the main building, the PHN's offices are very small, no reception facility and waiting area inadequate, toilet facilities inadequate, mother and infant facilities inadequate.

- **Reported accommodation needs are as follows:**
  - Ballinamore requires 2 Consultation Rooms, 1 Clinic Room, 1 Multi purpose room to facilitate group activities and child health development clinics, a storage room and a breastfeeding room for breastfeeding mothers.
  - Mohill requires a waiting area for clients attending PHN clinics

- **Information and Communication Technology**
  Mobile computing (palm top) for activity analysis in place in four of the five PHN areas
  Current needs include:
  - Access to e-mail,
  - 3 laptops, 3 printers and 3 shredders,
  - 3 additional palmtops for Community RGN/Locums or equiv.

- **Administrative support**
  There is a need for provision of administrative support to PHNs

(B) <u>Area Medical Officer Service</u>

1. Current staffing
- 1.35 WTE (7 individuals)

2. Reported needs of population in this PCT Area:

- Early intervention has been shown to be more effective (including cost effective) than later intervention. Behavioral problems and child mental problems are currently under resourced and this needs to be addressed urgently. There is a need

- to educate health professionals, teachers and parents on the early signs of these problems in order to facilitate early recognition. There is a need to provide training and resources for prompt assessment, advice and therapy. There is an urgent need to fully staff the clinical psychology and child mental health services.
- Continue immunization service – neonatal BCGs, school BCGs, implement Td immunization of 12-14 year olds. Implement new changes in the national immunization guidelines as they arise. Monitoring of all immunization uptake
- Preschool and school children (0-12 year olds) - continue child health surveillance, 2nd tier clinics, audiology clinics and school recall clinics. Implement the SHIP programme-evaluation and audit required.
- Adolescent (secondary school) health needs - currently the school programme is confined to primary schools. Ideally the programme should extend to this age group
- Address needs of the elderly and those with disability
- Travellers - address the needs of the traveller community living in the area. Promote uptake of immunizations and attendance at appointments offered as a result of child health surveillance/school screening.
- Asylum seekers/programme refugees - continue medical screening, follow-up of abnormal results and counselling as appropriate. Advocate on their behalf.
- Needs assessment required to identify unmet needs
- Audit services provided and modify services accordingly and according to best practice. Develop IT resources to facilitate these activities
- Improve clinic facilities.
- Improve facilities available to AMO and school nurse in the school setting

3. Reported needs of service in this PCT area:

- **Staffing**
  - The Area Medical Officer posts were set up initially so that each Area Medical Officer worked in a designated area as part of a team. The initial areas were population based with due consideration to the geography of the area. The Sligo / Leitrim area had 5.5 area medical officers and senior as well as the director. In recent years this service has been eroded.

  - To service the pre school population we would require one full time doctor who would work closely with the local Public Health Nurses for every 4000 children.
  - To service the National School Population we would require one full time doctor and one full time nurse for every 1,500 children. (The geography involved also needs to be taken into consideration.)
  - To develop a school service for secondary schools including vaccination (Booster Tetanus/diphtheria for 12-14 year olds) and to work closely with the school liaison officers already in place to address emotional and behavioural problems as well as other sensitive medical issues and health promotion we would require one full time nurse and one full time doctor for every 1,000 children.
  - Intellectual disability groups both childhood and adolescent as well as adult are a separate issue. This group already has one full time doctor for the entire of Sligo/Leitrim. We rely heavily on the PHN service in vaccinating this group and realize that the demands we are putting on their already overburdened

nurses. Our elderly population is increasing with increased needs and demands. This is a service that warrants further development.

- Assessments for grants and allowances is demand led and currently it is one full time job for the entire of Sligo / Leitrim. These would include domiciliary care allowances, primary medical certs, motorized transport grants, mobility allowances infectious disease allowances. Medical card reviews is currently part of the work of the head of the service and is centralized.
- A properly resourced school health service both for primary school and secondary school delivered in the area would be of immense benefit. At present there are long delays before a child is seen by a doctor because of staff shortages. Children are called to centralized clinics because no local ones are available or free when the doctor has time to slot in a clinic. Pressure of work dictate that the doctor must centralize the clinics because they do not have the time to travel to outlying areas. Parents are busy and the times given are not always suitable. The distance to travel to centralized clinics is often not convenient to parents and therefore the attendance at some immunization clinics in as low as 30%. The AMO service recognizes that the needs of group in not currently addressed in the way our service is delivered. This is primarily due to insufficient staff to deliver an effective service.

- **Accommodation**
  - Clinic room availability - very often it is difficult to book a clinic space as there are several services using the same clinic rooms.
  - Some clinic rooms are not suitable for children's clinics eg. clinic rooms used for ulcer dressings.
  - Clinic room may not have adequate equipment eg examination couch or old examination couch not suitable for infant hip assessments, poor sound insulation for audiology clinics etc.
  - Waiting areas- area too small, inadequate seating
  - Entrance doors- some entrance doors difficult to use for parent with small children/buggies
  - People with disability - many of the clinics need overall assessment regarding facilities for the disabled eg. seating in clinic rooms inadequate for this group, lack of handrails within the buildings, disabled toilet too far from clinic room, lack canopied entrances

- **Parking facilities**
  School setting- shortage of space can result in schools having difficulty providing suitable accommodation for immunizations and school screening.

- **Administrative Support**
  Needed to help develop and support databases and audit of services.
  Clerical support on clinic days.
  To support administration of the SHIP and school immunization programmes.

- **Information and Communication Technology**
  Urgent need of high quality databases to facilitate monitoring, audit and development of services. Also need training in use.

(C) Community Nutrition and Dietetics

1. Current staffing
- 0.3 WTE (1 individual)

2. Reported needs of population in this PCT Area:

- The main immediate need is for increased staffing levels to cope with the large waiting times and to allow for service developments.

3. Reported needs of service in this PCT area:

- **Staffing**
  Ideally we would like 1.0 WTE community dietitian for the South Leitrim PCT area – waiting times in this area are unacceptably high (up to 8 months).

- **Information and Communication Technology**
  Need a lap top – this would prevent repetition and would allow paper work/ stats done after each clinic.

(D) Community Resuscitation Service

1. Current staffing
- 1 individual (? WTE)

2. Reported needs of population in this PCT Area:

- I receive numerous requests from people in South Leitrim for CPR training – however I'm not able to deliver the required service due to lack of local instructors and general work load. I refer many requests to outside agencies and commercial training sites. GP's are a priority group for my service.

3. Reported needs of service in this PCT area:

- **Staffing**
  If one of the PCT members were to train as a basic life support instructor (2 day training) she / he could keep all the local PCT members up to date with CPR and AED guidelines. This person would deliver approx 5 four hour sessions per year and approx 20 ten minute revalidation/updates to individual staff.

- **Accommodation**
  I could benefit from access to a HSE training room /centre where resuscitation equipment could be stored and volunteer CPR /AED instructors could access to deliver classes instead of all the equipment currently being transported to various locations in Leitrim by me when I go.

- **Administrative Support**
  An admin person could take names of people attending classes and enter this data on a database for me and write up and distribute certificates. The person could book venue and arrange tea and coffee if required.

(E) Community Welfare Officer Service

1. **Current staffing**
   1.0 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - A more integrated service delivery model with all disciplines working together proactively towards positive outcomes for clients/patients

3. **Reported needs of service in this PCT area:**

   - **Accommodation**

   Services are currently provided as follows:
   - Newtowngore – a small privately rented office with a waiting area.
   - Ballinamore – Used by CWO once a week and is shared with other HSE personnel.
   - Carrigallen – Used by CWO once a week and at other occasional times and also by other HSE personnel.
   - Mohill – Clinic room used in Arus Carolan once a week and at other times as is required by CWO and is used by other HSE employees.
   - Mohill – Clinic room used in Health Centre once a week and at other times as required.
   - Dromod HC – Clinic room is used by CWO once a week and at other times as maybe required for specific ad hoc clinics.

   - **Information and Communication Technology**
     Both CWOs in this PCT Area use a dial in connection to the DSFA Network to access the ISTS system. Plans are in place to move these two areas over to the HSE Network and this will greatly improve connectivity and enhance service provision.

(F) Day Care Service

1. **Current staffing**
   - 1.53 WTE (3 individuals)

2. **Reported needs of population in this PCT Area:**
   - meals on wheels
   - day centre activities
   - laundry service
   - shower facility in the centre.

3. Reported needs of service in this PCT area:

Currently provide services as follows:

- Day care centre, laundry service and meals on wheels, shower

Require following staff:

- 0.25 WTE additional staff

Accommodation

- Accommodation is suitable to meet needs of the day service.

Information and Communication Technology

- Access to email facility and computer.

(G) Diabetes Nurse Service

1. Current staffing

0.9 WTE Diabetes Nurse Specialists covering Sligo/Leitrim, South Donegal.

2. Reported needs of population in this PCT Area:

- All patients with diabetes require a comprehensive diabetes review 3-6 monthly, provided by the primary care physician/diabetologist, supported by the primary care team.

- This should be supported by diabetes healthcare professionals available on the same visit (diabetes nurse, dietitian, chiropodist).

- All diabetes patients should have this service free of charge and fast access to hospital outpatient diabetic clinics when necessary or annually.

- Ballinamore practice have had diabetes nurse support for diabetes clinics since 2004. They have been acknowledged nationally for this service. Clinics are held on a monthly basis. Accommodation and practice nurse time is available.

- In Mohill diabetes clinics supported by a diabetes nurse commenced in January 2007. Mohill has a large percentage of patients with diabetes. Accommodation and access to practice nurse time is limited and this restricts the quality of service provided. Unfortunately the practice nurse is unable to be available on diabetes clinic days due to her own workload so her room is unavailable on diabetes clinic days.

1. **Reported needs of service in this PCT area:**

- **Staffing**
  - Existing nurses are working at over capacity in order to try to meet current demands.
  - Additional staff required to meet growing needs.

- **Accommodation**

  Ballinamore: the diabetes structured care service is well accommodated within the practice nurse office. The new primary care centre means space here is not an issue. The aim of this service is to provide comprehensive diabetes care locally. This ideally should allow for the dietitian and chiropodist to also be available on the same day. While accommodation is available lack of personnel does not allow for this.

  Mohill however has very inadequate space and as a result 50% of reviews are carried out in the kitchenette. The aim of this service is to provide comprehensive diabetes care locally. This ideally should allow for the dietitian and chiropodist to also be available on the same day. Available accommodation and personnel does not allow for this.

- **Administrative support**
  Administrative support would free up time which would be better spent in clinical work.

(H) Home Support Service

1. **Current staffing**
   ? WTE (135individuals)

2. **Reported needs of population in this PCT Area:**
   - To maintain service and to be more actively involved in reviewing services.
   - To be more available to workers.

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Approximately 4 Home Support workers for each of the 3 PHN areas.

   - **Information and Communication Technology**
     Home Support Organiser has adequate access to ICT but frontline staff have no such access.

     At present, all communication to 135 workers must be done by telephone or mail. Maybe a facility where workers could have a Primary Care Centre as

their base and be able to access information from supervisor on a weekly basis could be investigated.

- **Administrative Support**
  Additional Organiser support required to adequately supervise the number of workers and to review service to clients in ongoing basis.

(I) Mental Health: General

1. Current staffing

- It is not possible to accurately describe current staffing in the PCT Area because the full range of mental health services are generally delivered at much wider level.

2. Reported needs of population in this PCT Area:

- Dealing with acute care.
- Engaging young people.
- Drug and alcohol abuse.
- Support for careers.
- Building primary care centre.

3. Reported needs of service in this PCT area:

- **Staffing**
  All of the following would enhance the mental health to the population in the South Leitrim PCT area.
  - Social Worker on a 0.5 WTE basis in the PCT area.
  - Occupational Therapist on a 0.5 WTE basis in the PCT area.
  - Full time CBT.
  - Extra staff in day centre.
  - Extended hours for home visits and liaison with GPs.
  - Health Promotion.

- **Accommodation**

  Services currently provided in following:
  - One Supervised Residential Unit
  - Two Group Homes.
  - Two Day Centers.
  - (The day centre in Carrick-on –Shannon is not situated in the PCT area but has a high attendance from this PCT Area.)

  All of the above are old buildings and are not suitable for supplying care in. The need for new purpose built units and the building of the new primary care centre is essential.

- **Administrative Support**
  At the moment 0.5 of a WTE is the administrative support for all off south Sligo which is inadequate.

The requirement should be 1.5 or at least a WTE. Clinical staff are supplying the shortfall in this area.

Information and Communication Technology

- Access is good in this area but more training of staff is required.

(J) Mental Health: Alcohol & Substance Misuse Counselling Service

1. **Current staffing**
   - 0.1 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Access to alcohol and substance detoxification services.

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     The primary care team need to develop a response to GP's request for a nurse supported community detoxification service. Need WTE for clinical nurse specialist post to facilitate the delivery of home detoxification service

   - **Information and Communication Technology**
     Improve access to email

(K) <u>Occupational Therapy</u>

1. **Current staffing**
   - 0.6 WTE

2. **Reported needs of population in this PCT Area:**
   - Good team communication, caring professionals working as a team.
   - Early assessment followed by appropriate effective interventions.
   - Accessible services in the clients own home where possible.
   - Carers supported with advice, education and training.
   - Respect and understanding.
   - Anticipatory Care e.g. meaningful, age appropriate health promoting activities and education.
   - Input into Goal Setting/Treatment Plan.
   - Partnership Approach, team working with family and individual if condition is long lasting.
   - Level of expertise/skill
   - Specialist help if required
   - Emotional support/understanding if required or relevant
   - Review/follow up if further support identified or required
   - Therapy intervention to clients
   - Need for preventative occupational therapy role

3. **Reported needs of service in this PCT area:**
   0.4 WTE additional required minimum existing 0.6 WTE is primarily concerned with Assessment of Activities of Daily Living and Provision of Adoptive equipment and wheelchairs etc.

   - **Existing Accommodation**
     OT Service presently is based in Community Care Office, Carrick-on-Shannon
     The Therapy Room for Paediatric Service based in rented accommodation in Carrick-on-Shannon

   - **Currently need:**
     - Availability of office
     - Availability of treatment area/clinical area
     - Availability of space to run groups
     - Storage space for assessment equipment
     - Training
     - Research / audit areas of unmet need / potential caseload

   - Information and Communication Technology
     - E-Mail and Internet usage required
     - Access to computer essential

(L) Physiotherapy

1. **Current staffing**
   - 1.0 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Unable to treat clients with severe reduction in mobility due to single-handed therapist with no supporting hands on premises and limited space
   - Domiciliary cover – only in existence for 8 months and in extreme circumstances
   - Limited nursing home cover for assessment and staff education on maintenance of mobility of elderly clients
   - No Falls Prevention programme in situ
   - No regular Health Promotion such as Schools posture programme, Teenaches, Cardiac Rehab
   - No cover during annual leave or sick leave
   - No admin support, If therapist off sick - has to phone and cancel own client list.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  - 1 WTE Senior physiotherapist (catered for in the first round of PCT implementations staffing)
  - 2 WTE physiotherapists Admin / aide (Not allowed for)

- **Accommodation**
  - Currently provide services at two locations at Mohill (a rented private house approx 30m sq) and Ballinamore (a rented room approx 16m sq and access to bigger room twice weekly for classes)
  - Ideally have appropriate accommodation at both locations but other option is to find suitable central venue with all multi disciplinary professionals, technical and admin support on site.
  - Ideal accommodation for physiotherapy services is a 144m sq space with the following:
  - General treatment area with minimum of 80 m sq with set of parallel bars, specialised (large) equipment and computer access points
  - Private treatment area for Women's Health and carer education
  - Store room
  - Office with phone computer and desk space with glass wall partition to be able to monitor treatment area
  - Additional or Shared space perhaps with PHNs, OT / SLT for children's for classes (would only need use of this space for 2 – 4 hours per day)
  - Wheelchair toilet access in department or very close to department

  (Physiotherapy service can supply blue print of an ideal physiotherapy department designed 4 years ago when department first started asking for upgrade in accommodation)

- **Information and Communication Technology**
  - Get our own website installed which has capability of paperless referrals - should do away with half the admin tasks
  - 2 years ago a community physiotherapy Website was designed by existing physiotherapist in Grange.
  - IT department need to put it on system for us (has been looked at, sanctioned and agreed)
  - Have access to following: x ray reports / digital films / Hospital discharge planning forms / Lab results

(M) Psychiatry of Later Life

1. Current staffing

Not possible to accurately describe current staffing at PCT level. This is because the full range of mental health services are generally delivered at level much wider than the PCT area.

2. Reported needs of population in this PCT Area:

- Access to MDT primary care team including input from dedicated mental health within this team
- Access to acute services/general/mental Health
- Access to specialist services when needed
- Good community care services
- Access to voluntary services and other agencies
- Well co-ordinated and integrated services that are tailored to meet the needs of clients and their carers.

3. **Reported needs of service in this PCT area:**

- **Staffing**
  We have submitted a business case to develop our day hospital services
  This would enable dedicated mental health input into day care services in south Leitrim PCT area on dedicated days
  2WTE staff nurses + 1 Basic grade OT+ I non-consultant hospital doctor (to cover whole catchment area)

- **Accommodation**
  Access to dedicated space/rooms in the new proposed primary care center
  3 rooms to facilitate outreach support to this busy area
  To promote safe / easy access for clients, their families and carers.

- **Administrative Support**
  Closer links with local services would help facilitate integrated working practice

(N) Psychology Service

1. **Current staffing**
   - 0.8 WTE (4 individuals)

2. **Reported needs of population in this PCT Area:**
   - Easy and quick access to psychologists

3. **Reported needs of service in this PCT area:**

- **Staffing**
  Need equivalent of 1 WTE psychologist

- **Accommodation**
  Currently provide services in Health Centres in Carrick on Shannon, Mohill and Drumshanbo. Require more access to clinic rooms

- **Information and Communication Technology**
  Need computer in Clinic room in Drumshanbo.

(O) Smoking Cessation Service

4. **Current staffing**
   - Nil at present.

5. **Reported needs of population in this PCT Area:**
   Approx 2735 people smoke in South Leitrim PCT and they need a smoking cessation service.

6. **Reported needs of service in this PCT area:**

- **Staffing**
  1 WTE Smoking Cessation Advisor to be shared between 4 PCTs in Network 1
  Current staffing in South Leitrim PCT is nil. Smoking Cessation service is happy to reconfigure existing clinic locations and staff to ensure smoking cessation services become an integrated part of each PCT.

- **Accommodation**
  The accommodation requirements are: a wheelchair-accessible room with 2-3 chairs and a phone.

- **Information and Communication Technology**
  Smoking cessation advisors require use of a phone to follow up clients and arrange appointments. Also ICT access if possible to check emails etc.

(P) Social Work: Alternative Care

1. **Current staffing**
   - ? WTE and ? number of individuals

2. **Reported needs of population in this PCT Area:**
   - Access to local service. Currently the population in South Leitrim must attend Sligo town centre for all services provided by the Alternative Care Department

3. **Reported needs of service in this PCT area:**

   - **Staffing**

   Require the following:
   - Team leader, Foster Care
   - Full time Social Work Staff
   - Appointment of additional staff would ensure that the Foster Care service can fully implement the National Standards in Foster Care.
   - From the perspective of the local population, a team based in the South Leitrim PCT area would provide local access to the team thus reducing rural disadvantage. In addition the presence of a local team may support the development and increase the number of Foster Carers.

   - **Accommodation**

   Alternative care services to this PCT area are currently provided from Sligo Town.

   Require:
   - 4 offices for Clinical staff,
   - office for Clerical admin staff and
   - meeting room for Foster Carers/Children/Birth parents

(Q) Social Work: Children & Families

1. **Current staffing**
   - 6.4 WTE (8 individuals)

2. **Reported needs of population in this PCT Area:**
   - Alcohol councillor based in the area
   - Locum psychology
   - Waiting lists
   - Transport
   - Outreach work from Molloway House
   - Lifestart

3. **Reported needs of service in this PCT area:**

- **Accommodation**

  Accommodation is exceptionally poor - 4 workers in 2 small rooms cramped with equipment. Hard for staff concentration i.e. phone conversations, report writing, Raise etc. Require more office accommodation for workers, such as 2 workers to a room, i.e. 4 offices. This would provide room for student placements. Also require a small room to hold centralised files re Record Management. Team Leaders office doubles for meetings and centralised files re Record Management Strategy cramps room. No room for student placements. 1 admin shares office with admin worker for medical cards.

  Carrick on Shannon Health Centre

  1 family room in Carrick on Shannon Health Centre which doubles as duty interview room, individual work with children and meetings. This room is small and solidly booked by staff.

  Mohill

  - small room in Mohill Health Centre also used consistently for same.
  - Require a conference/meeting room for case conferences – currently there is no conference room – St. Patrick's Hospital Conference Room, Carrick on Shannon has to be used and often is not available when needed.
  - Also need a further interview room for duty interviews.

(R) Social Work: Learning Disability Services

1. **Current staffing**
   - No details on WTE and on number of individuals

2. **Reported needs of population in this PCT Area:**
   - Not described

3. **Reported needs of service in this PCT area:**
   - Not described

(S) Social Work: Older People Services

1. **Current staffing**
   - 0.8 WTE social worker for Older People (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Assistance with housing needs
   - Advocacy
   - Psycho-social support to clients and their families
   - Multiple needs of marginalized adults
   - Access to services should be improved e.g. less waiting time for some important services e.g. psychology services.
   - Need more responsive structures than the existing care group model of service delivery – current arrangements can fail to address needs of the individuals who do not fit into the designated care groups, can lead to unnecessary bureaucracy impairing access, and permits an unduly predominantly medical model to prevail.

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     - Need a dedicated Social Worker for Primary Care
     - No elder abuse post in this area, increasing rate of referral and awareness of elder abuse putting a lot of pressure on existing Social Work Service for Older People. An elder abuse post, known as a Senior Case Worker, would be shared between all of Sligo and Leitrim if the current pattern of staffing for these posts nationally were followed by the HSE
     - Need Social Worker for Older people in North Leitrim area

   - **Accommodation**
     Need private office and therapeutic space – these are currently being shared

   - **Admin support**
     Admin support is in place but is located at distance from the Area

(T) Speech and Language Therapy

1. Current staffing
   - 1.0 WTE (1 individual)

2. **Reported needs of population in this PCT Area:**
   - Early referral for prevention of delayed and disordered speech and language developments.
   - Timely follow up treatment.

3. **Reported needs of service in this PCT area:**

   - **Staffing**
     Need 0.5 WTE speech and language therapist for this Area

- **Accommodation**
  Currently provide clinics in Mohill and Ballinamore. Need to be provided with 1 clinic room at each location.

- **Information and Communication Technology**
  - Currently no access to ICT
  - Need local ICT connected to laptop - would mean reports and stats could be carried out locally.

4.2.3 Summary description of referral sources and referral destinations to and from HSE primary care services.

This is presented in the Table on the following page.

Primary Care Team report of both their referral sources and their onward referrals.

Sources of referral to Primary Care Team

Self-referral
Parents
Members of the Public

Learning disability service
Family therapy
Cognitive behavioural therapy
Regional counselling service
Autism Therapists
Counsellor Special Needs
Keyworkers P&S and LD Services
Audiology service
Environmental Health Officer services
Chiropodist
Dental Services
Physical & Sensory Dept.
Liaison PHN's
Clinical Nursing Specialists
Hospice Care Team/Home care team
Children & Adolescent Mental Health Service
Early Intervention Team

Hospital consultants
Hospital A&E personnel
Other hospital-based professionals
Private Counsellors

Community Hospitals
Private Nursing Homes

Teachers
Educational Psychologists
Special Educational Needs Officers
Schools/Training Centres

Voluntary organizations
Community/Voluntary agencies i.e. Social Services
Family Centres/Resource House
Life Start

Local Authorities
Council and Cluid Housing

Garda Síochána
Court Order/Judges

Primary Care Team Personnel [1]

General Practioners*

Practice Nurses*

Public Health Nursing*

Physiotherapy*

Occupational Therapy*

Speech and Language Therapy*

Dietician Service

Diabetes Nurse Service*

Psychology*

Addiction Services*

Mental Health Services*

Social Work Service*

Home Support Service

- [1] **All services on which information was available**
- **Accept self-referral directly from the public**

Onward referrals from Primary Care Team

Hospital consultant, often through GP
Cognitive behavioural therapy/psychology via GP.
Mental Health Service via GP.
Child and Adolescent Mental Health Services
Pain Clinic through GP
Community Welfare service
Retinopathy Screening
Dietetics
Chiropody
Orthotics
Occupational Health service
Area Medical Officers
Specialised Physiotherapists
Hospice Home Care Team
Clinical Nurse Specialist
Audiology
Counsellor for special needs
Child care worker
Service manager for older people
PHN for Traveller Health
Ophthalmic Service
School PHN
Respite Service
Early intervention clinic
Gastro Nurse Specialist /Stoma Care Nurse re care of PEG site.
Environmental Health Department
Autism Therapists
Counsellor for Special Needs
Keyworkers: Physical and Sensory Disability services/ Learning Disability
Family Therapy
Regional Counselling Services
Bereavement Counselling

Relatives
Community/Voluntary Sector Services
CURA
Citizen Information Centre.
Voluntary Agencies
Laundry Service
Meals on Wheels Service
Rural Transport
Voluntary organisations: Alzheimer's Society/ St. Vincent de Paul
Irish Wheelchair Association
COSC/Domestic Violence
After Care Services
Family Welfare Conferencing

Mother & Toddler Group
Play group day nursery
After School Clubs
Youth Homelessness Leaving and Aftercare
Home Youth Liaison Services
Foster Care

Local Authorities
Council Housing Dept
Garda Síochána

Day Hospital
Private Nursing Homes
Minister of Religion

4.3 Results of survey of GPs working in the 3 PCT Areas.

Semi-structured interviews were carried out with 14 GPs from the 11 practices in the 3 PCT areas. The interviews were carried out by the two authors of this report and data was recorded on a standardised questionnaire (see copy in Appendix D).
This section presents the aggregated main results from these interviews. In the following section 4.4 these results are combined with the survey results from the HSE primary care professionals to provide a composite account of the main needs that have been identified.

Results of the survey of the GPs working in North Sligo, South Sligo and South Leitrim PCT Areas are presented under the following 7 headings:

- Description of current service provided by GPs in the 3 PCT Areas
- Work with other primary care services
- Access to diagnostic services
- Work with secondary care services
- Needs of the population
- Needs of the GPs
- Suggestions for the development of teamwork among primary care professionals

4.3.1 Description of current service provided by GPs in the 3 PCT Areas.

Practice Profile

Fourteen principal GPs were interviewed during this exercise and one of the most striking features of General Practice in the North West is that practices vary considerably. They vary in terms of practice size, single-handed versus group practice, GMS and non-GMS mix and degree of rurality or distance from a secondary care hospital. This variation occurs even within Primary Care Teams. Consequently any reform, local or national, will be challenging and will have to adapt to unique structures and needs.

From Table 4.3.1 it can be seen that 5 out of the 15 GPs work single-handedly. Four GPs are trainers on the Sligo Specialist Training Programme in General Practice, 13 have a practice nurse and 9 GPs employ a practice manager (2 of these work part-time), in addition to receptionist staff.

The number of GMS patients per GP ranges from 66 to 1785, the median number being 683 and the inter-quartile range (IRQ) 248 to 1007. The number of private patients is available for 11 out of the 14 GPs surveyed. The number of private patients per GP ranges from 100 to 2100 approximately. The mean number is 1020, the 95% confidence interval being 663 to 1375.

Accommodation

Ten GPs provide primary care services out of one single location, 1 out of two locations and the remaining 3 work out of three different locations. Regarding the GPs main surgery, 5provide services from a HSE owned premises, 6 from a privately owned premises and 3 from a privately rented premises. Five GPs described their accommodation as adequate. However, accommodation is a major problem for GPs in the

following areas: all GP locations in the North Sligo PCT; GPs based in the Tubbercurry area in the South Sligo PCT and GPs based in Mohill area in the South Leitrim PCT.

Table 4.3.1: Summary of practice profile, accommodation and ICT

n=14	Frequency (%)
Practice Profile	
Single-handed	5 (35.7%)
GP Trainer	4 (28.6%)
Practice Nurse	13 (92.8%)
Practice Manager	9 (64.2%)
Median GMS size	683 (IQR 248 to 1007)
Mean total practice size	1888 (SD 858)
Seen by appointment only	1 (7%)
Walk-in service	3 (21.4%)
Both appointments and walk-in	10 (72%)
Accommodation	
No. of locations from which GP works	
3 locations	3 (21.4%)
2 locations	1 (7%)
2 locations	10 (71.4%)
Ownership of main surgery	
HSE owned	5 (35.7%)
Privately owned	6 (42.8%)
Privately rented	3 (21.4%)
Information Communication Technology	
Practice computer	13 (92.9%)
Secure HSE email	11 (78.6%)
Access to internet	13 (92.9%)
Electronic access to laboratory results	7 (50%)
Electronic access to radiology results	3 (in development) (21.4%)
IT Software	
Health *one*	7 (50%)
GP Mac	2 (14.3%)
GP Dynamic	2 (14.3%)
GP Clinical	1 (7.1%)
Customised programme	1 (7.1%)

Accommodation in North Sligo

Lack of adequate accommodation in North Sligo was cited as a major obstacle to developing a primary care team in that Area. Two GP premises are privately owned, one is privately rented and the only HSE accommodation available in this PCT Area are the health centres in Carrigans and Cliffoney. Neither of these centres currently achieve a minimum standard that one might expect when seeing a patient in primary care. From a general practice point of view, only rudimentary examination is possible and no medical procedures can be carried out on these premises. In addition to these accommodation problems, many other primary care services are provided to this PCT population in Markieviez House which is located in Sligo town. Review of the current configuration of General Practice premises and HSE accommodation in North Sligo is required to facilitate teamwork among primary care professionals.

Accommodation in South Sligo

Accommodation for primary care services is a particular issue for two South Sligo practices. The Health Centre in Tubbercurry, which was purpose built in 1992, is located on the main street. The front part of the building is a day care centre for the older people. Various primary care community services plus one general practice are provided from a number of rooms in the centre plus two pre-fabricated buildings at the back. All services must share a confined waiting space. The building and rooms are not well laid out and there is insufficient space to meet the increasing demands of this expanding training practice as well as the other primary care services. Despite these difficulties there is excellent teamwork in place on-site.

Accommodation in Curry consists of a 45 year old timber hut plus a portacabin and is inadequate. Likewise in Aclare, primary care personnel including the public health nurse, chiropodist, community welfare officer and a general practitioner work out of a partially purpose renovated detached house. Again there is insufficient space to provide the services required.

Accommodation in South Leitrim

Accommodation problems in the Mohill area are related to inadequate space for the provision of clinical services, particularly in relation to physiotherapy and GP clinics.

Information and Communication Technology

It can be seen from Table 4.3.1 that almost all GPs in the 3 PCT Areas have a practice computer. Seven GPs have direct electronic access to laboratory results from Sligo General Hospital. Two more are in the process of developing these services and expect to be able to access laboratory results soon and a further two are awaiting for Broadband access in their areas prior to initiating access. No GP has yet been set up to receive radiology results electronically but three GPs expect to be able to do this soon as they are ‘set up to receive’. All of the GPs said electronic communication of results was desirable and would save considerable time.

Staff

Five of the 14 GPs stated they had adequate staff, 6 said they required a further two staff and 3 required one further staff member. Five GPs stated that they required a GP assistant either full-time or on a part-time sessional basis and eight required administrative staff. All GPs worked between nine and 12 sessions per week. The reason for requiring extra administrative staff was to cover leave; annual leave, sick leave and maternity leave. Not having adequate cover in these circumstances can have a major impact on the practice. The reasons given for requiring a GP assistant were predominantly to allow principal GPs to participate in continuing education, administration and participation in service development etc. One GP stated that practice administrative and other staff were adequate but HSE administrative support was slow to respond e.g. minor building queries.

Out of hours on call rota

From Table 4.3.2, it can be seen that 6 out of 14 GPs were participating in an out of hours co-operative.

Table 4.3.2: Summary of out of hours rosters

	Rota	Frequency
Weekdays	1 night every 9 weeks	2 (14.3%)
	1 night every 4 weeks	3 (21.4%)
	1 night every week	6 (48.6%)
	1.3 nights every week	3 (21.4%)
Weekends	1 weekend every 21 weeks	2 (14.3%)
	1 weekend every 9 weeks	3 (21.4%)
	1 weekend every 6 weeks	1 (7.1%)
	1 weekend every 4 weeks	5 (35.7%)
	1 weekend every 3 weeks	3 (21.4%)

Special Clinics

GPs generally provide their range of services on an opportunistic basis. Some larger practices conducted specialised clinics as described in Table 4.3.3.

Table 4.3.3 Special clinics in General Practices

Clinic	No. of Practices	Who conducts clinic?
Asthma	8 (57%)	6 Pharmaceutical Nurse 3 Practice Nurse
Smoking Cessation	0	
Cardiovascular disease	3 (21.4%)	GP and Practice Nurse
Minor Surgery	5 (35.7%)	GP
Dermatology	1 (7.1%)	GP
Diabetes	12 (71.4%)	6 HSE diabetes nurse only 4 Practice Nurse only 2 Practice and HSE nurse
Child vaccination	3 (21.4%)	GP and Practice Nurses
Adult vaccination	2 (14.3%)	GP and Practice Nurses
Well-woman	6 (42.8%)	GP and Practice Nurses
Well-man	3 (21.4%)	GP and Practice Nurses
Travel advice clinics	1 (7.1%)	3 Sessional assistants 1 Practice nurse 2 GP
Weight management	0	
Adolescent health	0	
Dressings / Ulcers	3 (21.4%)	1 Public Health Nurse 1 Practice nurse and PHN
Child Health	2 (14.2%)	Practice Nurse
Other (state)	1 Osteoporosis (7.1%) 1 Psoriasis (7.1%) 3 Dietician (21.4%)	Pharma. nurse occasionally Pharma. nurse occasionally HSE dietician

Repeat prescriptions

Ten GPs stated that repeat prescriptions are a significant part of their workload. Several ideas emerged when GPs were asked about repeat prescribing.

- All of the GPs described well-controlled processes for repeat prescribing which they were happy with other than the time involved.
- Six GPs mentioned that they offer a same day service, and while they do not have to provide it, patients like it. Rural patients in particular like a same day service for a repeat prescription and often like to be seen by the GP when collecting it.
- Three GPs discussed direct electronic transfer of prescriptions to pharmacies. One GP stated that it may be seen to benefit one pharmacy over another and one stated that while it would benefit the pharmacist it would not help the GP.
- Two GPs stated that in recent times, nursing homes now want all drugs written up immediately and are reluctant to administer any drug without it being prescribed in

writing. This includes all medications of respite care patients. The patients own GP is always called. This puts the GP under a lot of pressure to visit the Nursing Home without delay. This can sometimes involve considerable traveling which is usually done out of hours.

- Three GPs stated that their main problem with repeat prescribing was not being informed by the hospital or the patient of specific changes in medication when the patient has been seen by secondary services. A non-GMS patient will often go directly to the pharmacy and the GP will not know of the change until they return for a repeat three months later. While a GMS patient will attend to have the new prescription written on GMS paper, it is sometimes not clear if the new drug is in addition to or a replacement for regular medications.
- One GP suggested that printing scripts would be simplified if the prescription was on a single sheet rather than multiple copies which can cause delays if caught up in the printer.
- One GP regularly delivers prescriptions directly to a pharmacy on behalf of elderly patients who live at a distance from town.
- One GP has been considering introducing a specific telephone line dedicated to patients making requests for repeat prescriptions.

Consultation Rates

GPs were asked to provide consultation rates (number of contacts per week) for doctors consultations, practice nurses consultations, telephone consultations, out of hours calls and house calls. Seven GPs provided GP consultation rates and were able to provide the other figures to varying degrees. For all GPs working from computerised practices it is possible to obtain this data. However the validity of the rates depends on consistency of data inputting across the practice. At the moment there is no practical use of such data in Irish General Practice. There is no specific clinical or preventative activity associated with consultation rates and there are no HSE funded incentivised payments for GPs to dedicate staff time and effort in recording them.

Disease Registers

Twelve GPs had a register of diabetic patients and all conducted special diabetic clinics – six by the HSE diabetic nurse, four by the practice nurse and two by both nurses together. Five GPs also had registers of patients with hypertension, COPD and asthma, cardiovascular disease and stroke / TIA. For all GPs with computerized systems 'word searches' of their databases is possible. The validity of registers compiled in this way depends on consistency of data input and adherence to diagnostic criteria. As with practice consultation rates there currently no incentive in place to the development of these disease registers.

Table 4.3.4 Number of GPs who provide services to patients in the following facilities

n=14	Yes (%)
Nursing Home	9 (64.3%)
Community Hospital	0
Day Hospital	7 (50.0%)
Institution eg intellectual disability, detention centre, school / college etc	2 (14.3%)
Group homes eg mental health service	7 (50.0%)
Other respite facility	2 (14.3%)
Hostel eg homeless	0
Workplace	3 (21.4%)
Other	0

GPs were asked whether they had relatively large numbers of particular demographic groups in their practice. Eleven stated that older people were their predominant demographic group. Recent new housing in rural areas has resulted in an increase in young families attending five practices. An increase in non-national migrants is an emerging feature of seven practices. Some GPs stated that there were sometimes communication difficulties while others stated that they tend to present with routine problems and often had an English speaking person with them. Five GPs, predominantly in South Sligo, identified themselves as having a relatively large number of patients from the Travelling community. One GP expressed serious concern about accommodation on the side of the road and the risk of road traffic accidents to Traveller children. Most GPs expressed concern about high morbidity in this group. Similar names and uncertainty about GMS GP registration were also concerns. Two GPs felt that they had a relatively large number of young people and adolescents in their practices.

Table 4.3.5: Practices with relatively large numbers of particular demographic groups

	Yes (%)
Young families	5 (35.7%)
Older people	11 (78.6%)
Tourists	6 (42.8%)
Travellers	5 (35.7%)
Asylum seekers	1 (7.1%)
Other non-nationals / migrants	7 (50.0%)
Young people and adolescents	2 (14.3%)
Other	

Dispensing practices

Two GPs dispense medicines with one of these about to discontinue this practice. One practice has recently discontinued dispensing. There was a general consensus from these GPs that it has become more and more difficult to dispense medicines from a practice as the range of branded drugs required is increasing and formularies are getting bigger.

4.3.2 Work with other primary care services.

Public Health Nursing:

Eleven out of 14 GPs describe their access to and teamwork with the Public Health Nurse as satisfactory. Three GPs, who share premises with the public health nurse, stated that access and teamwork with the PHN was excellent. Two GPs, while satisfied with access expressed an interest in more face to face meetings. Three GPs who do not share a premises with the PHN, describe their working relationship as very good. Three GPs state that they have no regular contact with the PHN except by telephone as may be indicated. One GP felt that where premises were not shared, there was a limited period of time, in the morning, within which it was possible to easily contact the PHN. One GP felt that the PHN he has most contact with is excellent at her work but is grossly overworked and needs another whole time equivalent PHN to help.

Community Physiotherapy:

Ten GPs describe their access to community physiotherapy as satisfactory, although many stated that space to provide an adequate service was limited. Three of the GPs who were not satisfied with access to physiotherapy were not satisfied because of the waiting time due to reduced space and accommodation. These three GPs have capacity for physiotherapy in their respective Health Centres. One GP who was not satisfied with access stated that there is an inadequate rehabilitation service available.

Community Dietician service:

Seven GPs described access to the community dietician service as satisfactory. Two GPs stated that they had excellent teamwork with the dietician and it is noteworthy that the dietician visits these practices. However, there were some practices visited by the dietician where GPs stated that they had no regular liaison with the dietician. Four GPs stated that there was a long waiting time for the service. One GP stated that there was no service currently in place.

Psychology

Three GPs stated that their access to psychology services was satisfactory although two of these said that the waiting time was too long. The 11 GPs who were not satisfied with access stated that this was because of the waiting time. Several GPs stated that this was a good service once accessed and that it was accessible in emergencies. One GP said that because the time taken to be seen is so long, many patients refuse referral and the problems ‘never get sorted’. Private referral is an option only for some. Two GPs stated

that they would like some instruction on what constituted appropriate psychology referrals. One GP stated that he would like to be able to contact a named person, a person assigned to the team or network, for advice on how to approach to problem while waiting for an appointment and that he would like to learn from the psychologists. One GP asked whether the list was actively managed to avoid 'did not attend' (DNAs).

Social Work Service

Four GPs stated that their access to the social work service was adequate. (All South Leitrim GPs). Two stated they would like a named contact person, assigned to the network or team, rather than an unknown duty social worker. Seven stated that they do not use the service frequently. Comments included: 'not a visible service', 'not a tight liaison', 'don't refer often, don't know why', don't generally use'. One stated that there is no help for adults who are not part of a particular care group and one pointed out that there is no out-of-hours service.

Speech and Language Therapy

Ten out of 14 GPs stated that their access was satisfactory. Six GPs stated there was good teamwork with the service. Five GPs stated that the waiting time was long, two stated that the do not have frequent occasion to refer and one stated that he would like more contact with the service to know more about it.

Mental Health Service

(a) Psychiatry

Twelve out of 14 GPs stated that access to a psychiatrist was satisfactory. Two GPs stated that emergency or urgent access was not good. One stated that a 10 day wait for suicide ideation was 'not right'.

(b) Community Psychiatric Nurse (CPN)

All GPs described access to the CPN service as satisfactory with good to excellent teamwork.

(c) Cognitive Behaviour Therapy (CBT)

Seven GPs described access to CBT as satisfactory, two of these stating that it was an excellent service. The remaining seven GPs stated that there were very long waiting times for CBT. All of the North Sligo PCT GPs stated this.

(d) Addiction counselling

Twelve out of 14 were satisfied with access to addiction counselling. One GP stated that 'alcoholics are not well served as there is limited choice for detoxification'.

Home Support

Eight GPs stated that access to home support was satisfactory, through the public health nursing service. The remaining six have no contact. One GP stated that his patients often complain that their home support is not paid for enough hours. Another stated that there was no weekend service.

Occupational Therapist

Five GPs stated that their access to OT was satisfactory. Three stated that they would like to know more about the service, two stating that this may help maintain domiciliary care.

Day Care

Five GPs were satisfied with access to Day Care. This was reported as excellent by three GPs.

Community Welfare Officer

Six report good access and teamwork with the CWO. One GP stated that this has disimproved since the CWO moved from the building.

Other Services

Chiropody was mentioned by several GPs as a service to which they have reduced access. One GP stated that it would be desirable for chiropody, dietician and diabetic nurse to share clinics. There was uncertainty regarding eligibility to chiropody services, with several GPs stating (incorrectly) that only those over age 70 were eligible.

4.3.3 Access to diagnostic services.

Haematology / Biochemistry / Microbiology

Eleven GPs were satisfied with their access to laboratory services. However, several comments were made in relation to phlebotomy.

Two GPs state that weekly collection is insufficient and daily collection of samples is needed. One GP wants more on-site services and near patient testing. One GP stated that blood collection day was overwhelmingly busy and a phlebotomist was required. Two GPs complained that the number of blood tests required was increasing and that this demand was coming from hospital out-patients departments in preparation for a patient appointment. One GP from South Leitrim PCT avails of a twice weekly service from Cavan General hospital and two GPs benefit from a four times weekly service (Mon to Thurs) where Co-op vehicles are used during the day to transport samples to the laboratory.

X-ray and Ultrasound scanning

Nine GPs were satisfied with access to x-ray services and several specifically stated that there was a good response to urgent requests.

All except two GPs were dissatisfied with access to ultrasound scanning and all referred to unacceptable waiting times for the service. The two GPs who were satisfied avail of the former Western Health Board voucher service where patients have their ultrasound scan performed quickly in a private facility and present a voucher as HSE payment. Two GPs stated that the service in Sligo had improved recently. One GP commented that when an ultrasound scan is requested, there are very few circumstances where it acceptable to wait e.g. investigation of gallstones, investigation of ovarian cancer, investigation

abdominal aortic aneurysm. This GP therefore often requests an urgent OPD appointment or sends the patient for investigation privately. One GP complained that even when the patient is seen in OPD and an ultrasound scan is required, the GP is sometimes asked to request it as an out-patient rather than the consultant requesting the investigation from within the hospital.

In terms of specialised diagnostics, most GPs stated that there was no direct access and no clear protocols regarding access.

4.3.4 Work with secondary care services.

Access to local hospital services

Out-patients and Admission

Seven GPs stated that access to OPD was variable depending on the service and seven stated that they were not satisfied. Services for which there is a long waiting time include orthopedics in particular (five GPs). Several GPs stated that the patient waited longer if the referral was a general medical or surgical referral and not to a specific consultant. One GP stated that he would refer differently based on waiting times if consultant-specific waiting times were made available to him. Access to cardiology, surgery, paediatrics, gastroenterology (investigation of anaemia - endoscoped immediately) was considered good. One GP suggested that a facility for 'fast-track out-patient assessment' for the elderly had the potential to reduce emergency admissions.

Nine GPs were satisfied with their access to admissions. Four GPs stated that their access was dependent on the doctor from the on-call team, who they would speak to in advance of sending in the patient. One GP found this unacceptable.

Working relationship with hospital based personnel: communication and teamwork

Communication re patient attendance in the Emergency Department

Eleven out of 14 GPs were satisfied with communication from the Emergency Department. Several comments regarding the discharge letter were made, ranging from the benefit of receiving the letter to the letter being illegible and unstructured. Three GPs described a problem where sometimes the patient is referred back to GP to refer onwards to a specialised service when often the reason for the GP referral the emergency department in the first instance was because, from the GPs perspective, urgent specialised attention was required. While this may not be the most appropriate referral pathway, it is usually as a result of long waiting times for the out-patient service. When this happens, the patient suffers. Several examples of this type of scenario were provided to the interviewers.

Communication re patient attendance in Out Patients Departments

Six GPs stated that there is often a delay in receiving the letter from OPD. Universally the GPs would like printed, structured, relevant, timely letters. Two GPs would like acknowledgement of receipt of the letter of referral and one suggested emailing referrals

so that an audit trail of the date of referral was available. One GP stated that there is sometimes a delay in getting the patient discharged from OPD and complained that consultants will not inter-refer when appropriate but refer back to the GP to refer to another service. This results in an unacceptable delay for the patient.

Communication re patient discharge

One GP would like more consistency regarding the OPD discharge letter in the form of a structured relevant letter, with greater emphasis on relevant information and changes to treatment etc.

Communication re patient death

Twelve out of 14 GPs were dissatisfied with communication regarding death of a patient. GPs describe this as a major problem and a frequent source of embarrassment in their communities where they are often informed of the death of a patient by other members of the community, by undertakers or worst of all by the patient's family at a chance meeting.

Communication re patient treatment i.e serious diagnosis, changes in treatment etc.

GPs were asked about their satisfaction with communication regarding patient treatment e.g serious diagnosis, change of drugs, treatment complications. Six GPs stated that this does not happen very often and is service dependent. One GP commented that tertiary hospitals did this more frequently than local hospitals.

Involvement in patient care plans

Oncology and hospice personnel were identified as the two services where GPs are involved in care plans. These are the only services where they perceive that they engage in teamwork with secondary care services but they would welcome more.

Secondary services providing care in the community

GPs were asked about the provision of hospital based services in their areas. Psychiatry, obstetrics and gynaecology and paediatrics provide clinics outside the hospital setting. Several GPs stated that elderly patients could potentially benefit if physicians for care of the elderly provided clinics in the community, in day care centres and in Nursing Homes. Travelling to secondary care services can be a major financial burden on rural elderly patients.

4.3.5 Needs of the population.

The GPs identified a large number of needs of the population. These can be described under the following two main headings:

Access to Services

- Improvements and increases in community based local services, local diagnostics, specialized nurses and supports for older people.
- The GPs stated that their patients need more rapid access to psychology services, which has a long waiting time and improved access to counselling, cognitive behavioural therapy and social work services. Several GPs suggested that it would be useful to have a known named primary care team member who could indicate the appropriate service as well as having an educational role regarding these services.
- Improved and continuous access to chiropody and to the community dietician service is needed particularly for diabetic patients in a multidisciplinary team setting.
- More timely access to orthopedic services, in particular timely hip replacement for people in chronic pain.
- Transport of rural patients to hospital based clinical services was cited by the GPs as a major need for their rural patients. The current cost of transport, problems of confidentiality issues arising for patients availing of help from neighbours or local people, the physical difficulties of journeys were identified as specific problems. In addition, sub-optimal efficiency around the investigation and treatment of these patients while attending the hospital were major concerns.
- GPs stated that a major need of their patients, particularly rural patients, is increased efficiency in terms of rapid investigation, treatment and onward referral if necessary, while the patient is attending the hospital Out-patient Department or Emergency Department. GPs report that frequent, costly trips to hospital services can be a burden to elderly rural patients.
- Free primary care services for all.

Chronic Disease Management

GPs expressed a strong interest in managing chronic disease in their own communities. However this needs to be supported by the integration of multi-disciplinary services, involvement of all members of the primary care team, development of local diagnostic services and recruitment of specialised nurses.

'Need to facilitate the patient taking responsibility for the management of their own conditions' - direct quote from interviewed GP.

4.3.6 Needs of the GPs.

GPs were asked what their current needs were in order to provide an improved service. The main themes were as follows:

Accommodation

Each PCT area has its own accommodation needs. Accommodation is a major problem for all North Sligo PCT GPs for South Sligo GPs around Tubbercurry and for South Leitrim GPs based in Mohill.

Staffing

GPs stated that one of their major needs is funding for GP assistants and / or protected time to engage in continuous medical education, planning, reflection, registrar training, practice administration and teamwork. Funding to cover all types of staff leave including holiday leave, sick leave and maternity leave is also required. Practices can be vulnerable to the loss of a skilled person. This is an issue for all practices but emerged as a major point for practices with relatively small GMS lists where most practice income is generated by consultation with non-GMS patients. In particular there is no funding for co-ordination or co-operation with other members of the primary care team, no funding for preventive activity, no recompense or incentive for innovative practice and no protected time to manage the practice and staff. While this is an issue for all practices, it emerged as a stronger theme in those practices with a smaller GMS income.

Repeat Prescribing

Repeat prescribing comprises a large part of the GP work load. While this did not emerge as a major area requiring change, it is an area where GPs may need to respond to new situations. For instance more timely Nursing Home prescribing may require assigning one GP to cover all prescriptions on a daily rota basis or the introduction of nurse prescribing and dedicated phone lines etc may be needed.

Blood Test Arrangements

GPs expressed a strong need for additional sample collection and delivery. At present collection on one day puts considerable pressure on the patients to attend and wait for phlebotomy on one specific morning and on the GP take all blood samples on that particular morning. There may be a case for engaging a phlebotomist within a network to assist with this work.

Communication with Hospital Services

GPs expressed a need for improvements in communication with secondary services. Specific examples included: wish to be informed, as soon as possible and as clearly as possible of changes to patients' drugs, which are decided in hospital; an efficient timely process for informing GPs of a patient's death is needed; while there have been some improvements, most GPs state that patients need more rapid access to ultrasound scanning.

Facilitation of teamwork with other Primary Care Services

Suggestions included: provision of shared accommodation/facilities, development of protocols for teamwork and clarity on referral pathways. More details presented in Section 4.3.7.

4.3.7 Suggestions for the development of teamwork among primary care.

During this work several examples of teamwork were cited to us. However it became clear that primary care teamwork was more likely to occur where premises are shared, where primary staff meet informally and where staff have an opportunity to get to know one another. Teamwork and inter-referral between services appears to be difficult if staff do not know one another. Particular difficulties occur where the person receiving the referral is at a distance and there are frequent changes in personnel due to 'on-call' arrangements. Many practices and other service have major accommodation requirements as outlined in early sections of this Chapter.

Regarding accommodation, some GPs were concerned about the lack of funding contributions towards the purchase, upkeep and maintenance of the practice premises. This may be an important issue to address at an early stage if GPs are to be required to facilitate other members of the primary care team within their practices.

Another issue with teamwork was the absence of protocols. Several examples of efforts to interact as a team with other primary care HSE staff were cited. This teamwork is confounded by the non-existence of protocols guiding the way the services may interact. Services may need to develop protocols for teamwork in order to enhance efficiency.

Some of the HSE services that are organised according to care groups are reported as being remote from the GPs, as being poorly understood and seen as being difficult to access. Five GPs suggested there may be some overlap in these services and stated that they, the GPs, are not always certain of the referral pathway in terms of the nature of the problem and the expertise required. This is probably as a result of rapidly developing specialities combined with the infrequency with which some specified problems present to the GPs. Several GPs suggested that it would be useful to have a known named primary care team member who could indicate the appropriate service as well as having an educational role regarding these services.

Another relevant theme regarding the development of teamwork is the current lack of detailed, comprehensive data that can be used to assess the health needs of the populations serviced by the Primary Care Teams. Valid primary care activity and

morbidity data is required for the future planning of primary care services. From this work, we have established that by using different primary care software it is possible to obtain and describe a range of vital General Practice activity data such as an age/sex register, consultation rates, disease registers etc all of which could be used in planning. However, validity depends on consistency of definitions and inputting across practices and PCTs and this requires resources. A national representative General Practice activity and morbidity dataset could be developed to help with primary care planning. One example of successful recording and validating disease prevalence already exists in the GP sentinel practices which, all around the country currently diagnose, confirm and report influenza and other viruses based on specific criteria to the Health Protection Surveillance Centre (HPSC).

4.4 Summary of results on the needs of population and the needs of the primary care providers.

This section draws together the results from the surveys of the HSE primary care professionals, as described in section 4.2 and the survey results of the GPs, described earlier in section 4.3. This summary is presented under the following to headings:

- the needs of populations in the 3 PCT Areas and
- the needs of the Primary Care Service providers.

4.4.1 Needs of population in the 3 PCT Areas as reported in the surveys

The survey of the service providers identified a wide variety and range of needs among the population in the 3 PCT Areas. Most of the described needs fell under the following main themes:

- Need for good access to services.
- Need for integration of user-centred primary care services.
- Need for more carer support.
- Need for further development of health promotion and disease prevention services.

Access to Services

A need was expressed by most clinical services for significant improvements in patient's access to services. Suggestions included:

- the wider provision of domiciliary services
- provision of more outreach services
- development of local diagnostic services
- reduction in waiting times for some services in primary and secondary care
- extension of the provision of some specialised services to all primary care practices
- provision of patient transport to centralised services and improved efficiency in co-ordination of the specialised services at hospitals
- the wider provision of out of hours cover, including weekend services
- free primary care services for all

Provision of intergrated user-centred Primary Care Services

This need was identified and described in a variety of different ways by a range of different services and suggestions included:

- a partnership approach for people with chronic diseases and conditions with a view to developing services tailored to the needs of clients and their carers.
- there was a need identified for the development of comprehensive Chronic Disease Management programmes in General Practice.
- structures that are more responsive to needs than the existing care group model of service delivery – current problem with unmet needs of certain individuals who do not fit into a designated care group category.

Carer Support

Improvements in the supports for carers was expressed by a number of services and some of the specific recommendations included:

- advice, education and training for carers and
- the provision of accessible respite services.

Health Promotion and Disease Prevention

Many primary care professionals indicated that they are well experienced in health promotion and disease prevention activities and have been providing these services for many years. However, a need was expressed for further development of clinical preventative interventions and a need was expressed for the allocation of resources to provide services – specific examples of such interventions were provided and the target groups included:

- older people
- families with young children
- primary and secondary school-going children and
- people with mental health problems

4.4.2 Needs of the Primary Care Service Providers as reported in the surveys.

The main needs of the service providers are outlined below. Descriptions for the HSE service providers and for the GPs are presented separately as the solutions to meeting the needs of these two groups are quite different.

4.4.2.1 Needs of the HSE services identified from the survey.

Need more staff

North Sligo PCT Area	77% (14 out of 18) stated that they require more staff
South Sligo PCT Area	73% (14 out of 19) stated that they require more staff
South Leitrim PCT Area	83% (15 out of 18) stated that they require more staff

Facilities reported as not adequate

North Sligo PCT Area	89%
South Sligo PCT Area	82%
South Leitrim PCT Area	81%

Administrative Support

In all of the three PCT areas there was great variation reported in the provision of administrative support – some services had none while most services in receipt of the support requested some improvements.

In each of the 3 PCT Areas more than on eservice suggested that the establishment of an administrative base in the PCT Area would facilitate the co-ordination of the different services.

Information and Communication Technology

In all of the PCT Areas there was great variation reported in the usage and the expressed needs for ICT resources. All services used ICT in their work and needs varied from specific requests from basic access to a computer, provision of a printer, provision of a laptop, right up to electronic access to lab/ radiology results, secure email communication with GPs, installation of a service website that has been fully devised and includes facility for paperless referrals. In addition, ongoing training of staff was reported as a need as was the development of appropriate databases.

Waiting times

There was considerable variation in waiting times for patients availing of the primary care services and these were service specific with similar patterns noted in the three PCT Areas.

North Sligo PCT Area	43% of services (7 out of 16) had no waiting time 25% (4 out of 16) had waiting time greater than 3 months
South Sligo PCT Area	52% of services (9 out of 17) had no waiting time 18% (3 out of 17) had waiting time greater that 3 months
South Leitrim PCT Area	42% of services (6 out of 14) had no waiting time 14% (2 out of 14) had waiting time greater that 3 months

Teamwork

There was fairly consistent reporting from all of the services in the 3 PCT Areas that that the established linkages with other services needed to be improved and extended. Work practices, accommodation for clinical work and communication systems all need to be reviewed so as to facilitate the co-ordination of services, particularly for those providing services to patients with chronic diseases and conditions.

4.4.2.2 Main needs of the GPs identified from the survey.

Staffing
9 out of 14 (64%) GPs stated that they required additional staff, to allow protected time for a range of important non- clinical duties that included: practice planning, administration and continuous medical education.

Facilities
There were indications of need for improvement in accommodation in the North Sligo PCT Area and in the Tubbercurry and Mohill areas.

Facilitation of Teamwork with other Primary Care Services
Improved teamwork with other services and the integration of multi-disciplinary services needs to be facilitated, suggestions included: provision of shared accommodation/facilities, development of protocols for teamwork and clarity on referral pathways.

Communication with Secondary Care Services
There is a need for improved communication with the hospital services in some specified aspects of patient care.

Diagnostic Services
More ready access to diagnostic services was identified as a need and in particular, the recent changes in the utilisation of phlebotomy services indicated a need for a full review of current sample collection arrangements.

CHAPTER 5: FURTHER WORK TO BE DONE

At the initial scoping stage in November 2006, the following four stages were identified as being required for a complete needs assessment for these PCT Areas:

1. Description of the population served:
(a) demography, mortality and morbidity
(b) existing health service provision – function, staffing, location etc
(c) other non-HSE services relevant to health

2. Consultation of stakeholders re needs
(a) individuals and groups from the population served
(b) health service providers
(c) health service managers, planners and funders

3. Report on the non-health care factors known to be highly relevant to health e.g. transport, education, recreational facilities, community and family supports, crime etc.

4. Synthesise the available information and present results in manner that will inform the planning of the teams and networks.

This Report is a summary interim report which covers the following: 1 (a), 1 (b), 2 (b) and also 4, with acknowledgment that the needs assessment process is in its infancy.

However, it has not been possible nor feasible at this stage to cover the following sections: 1 (c); 2 (a), 2(c) and 3.

Although it would have been highly desirable to include the views of the public in this assessment, it was not possible to conduct a formal consultation for this Report for the following main reasons:

- The breath of this Needs Assessment was such that it would not be feasible to conduct a comprehensive assessment of the public's views at this early stage – an equitable process would require assessment of the views of children, young people and adults and specifically include the views of people likely to have significant health needs such as those living with disability or illness, those experiencing significant socio-economic deprivation, members of certain minority groups etc.

- Even if resources were available for a comprehensive public consultation process, it would be difficult to justify use such an intense assessment for a population of just under 25,000 (combined population of the 3 PCT areas = 24,505, 2006 census). Rather, this process would be better carried out using representative samples from a much larger populations at national or regional level.

- Some information has already been collected on the public's views and rather than risk unnecessary duplication we recommend that the information be made more accessible to inform the Needs Assessment process. This is discussed more in section 5.1 below.

The following is a summary of the main suggestions on the further work that could be done for a complete Primary Care Needs Assessment:

1. Obtain and include the views of public on their health needs.
2. Obtain and include the views of the non-statutory service and organisations (i.e. retail pharmacists, voluntary organisations etc).
3. Analysis of the non-health care services which impact on health.
4. Obtain and include the views of HSE Managers/planners.
5. Obtain and include the views of other HSE health care service providers.
6. Facilitate the provision of data required in identifying the main health needs of the PCT Area populations.

5.1 Obtain and include the views of public

This could be done at several levels and a suggested approach is as follows:

- Collate all of the information that is currently available on previous consultations with the public on primary care services, both at local and national level. Then analyse with focus on usefulness for the Needs Assessment process. In addition identify the important information gaps in past public consultations, which could be groups of individuals or specific aspects of need or both and make appropriate plans for any further work.
- Commission specific research projects to fill any significant gaps in public's views with a focus on the areas or topics most likely to result in health gains (the expressed views of health care professionals could help guide this).
- Commence public participation in the planning of the delivery of Primary Care services and use this process to formally identify and to respond to the needs as expressed by the public.

See Appendix F for further information on public engagement in health needs assessment.

5.2 Obtain and include the views of the non-statutory service and organisations (i.e. retail pharmacists, voluntary organisations etc.)

- Collate what is known to date and fill any significant information gaps. Views on the public's needs could be obtained by participation of representatives of these groups in the planning of services.

5.3 Analyse the existing non-health care services which impact on health.

- Obtain a descriptive account of the transport, housing, education, recreational facilities, community and family supports etc. that currently exist in the PCT Areas. This could be part of a national, regional or local process. From the information obtained, assess if there are remediable factors that could benefit health of the communities.

5.4 Obtain and include the views of HSE Managers/planners

- View of the managers both of Community Care services as well as hospital managers. As in previous descriptions, these views can be incorporated by the explicit participation of these managers in the planning of the primary care services.

5.5 Obtain and include the views of other HSE health care service providers.

This would include the following:

- Primary Care personnel – practice nurses, receptionists, practice managers etc
- Acute hospital personnel
- Community hospital personnel
- Nursing Homes personnel
- Any other specialised service providers.

As in previous descriptions, these views can be obtained by the explicit participation of representatives of these groups in the planning of the primary care services.

5.6 Facilitate the provision of information on the health needs of the PCT Area populations.

Systems need to be devised to facilitate local and national collation of morbidity data. While awaiting full implementation of the National Health Information Strategy, (ref) local interim arrangements could be made such that relevant information be available for assessment of local needs e.g. prevalence of main chronic diseases. This local process could also help inform the implementation process for the National Health Information Strategy.

CHAPTER 6 CONCLUSIONS

This Report presents a Needs Assessment carried out on the populations of three newly established Primary Care Teams (PCTs) in the Sligo/Leitrim LHO area. The PCTs established are:

- North Sligo PCT Area (population 7,766),
- South Sligo PCT Area (population 5,751),
- South Leitrim PCT Area (population 10,988).

The four objectives of this Report have been met:

Objective 1 To describe the health status and social characteristics of the PCT Area populations using the data that is currently available.

Data was collated from a range of sources including the Central Statistics Office, Public Health Information System, HIPE and the National Cancer Registry. The conclusions are as follows:

A. General demographics:

- The three PCT areas are rural in nature and do not contain any large population centres. They have a smaller proportion of residents in the 20 to 39 age group as compared to the national picture.

- Both South Sligo and South Leitrim PCT Areas have a greater proportion of people in age-dependency groups in comparison to their respective counties and also in comparison to the national pattern. In particular, both of these Areas have relatively high proportions of older people compared to the national norm.

- Throughout the PCT Areas there is a wide range of deprivation scores as determined by the National Deprivation Index.

B. Mortality:

- The most common causes of death, by major category, are all the diseases of the circulatory system, all malignant neoplasms and all respiratory diseases. This is no different to the patterns in the rest of the country.

- Cancer incidence and mortality rates, when standardised for age and sex are no less or no greater than expected. However, a significant challenge for cancer care services in the North West is likely to arise from the relatively high proportion of older people. Population projections predict that this proportion will increase significantly and travel to cancer care services may well be an issue in the future.

- Breast Cancer is the leading cause of death in women under the age of 65 years in the Region (Note: Region refers to the former North Western Health Board area).

- Acute myocardial infarction is the leading cause of death in men under the age of 65 years in the Region.

- Road traffic accidents in men under the age of 65 years, emerge as a serious concern, being the second most common specific cause of death in this age group with a standardised mortality rate (SMR) of 165 (95% CI 133.7 to 198.0), for 2004 in this Region.

- There is an increasing trend in the SMR for 'injuries and poisonings' for all ages in the Region.

C. Morbidity:

- Chest pain is the most frequent overall emergency principal diagnosis of people admitted to hospital among the residents in the Sligo/Leitrim LHO area.

- Pneumonia and unspecified lower respiratory tract infection are the most frequent emergency principal diagnosis on people aged over the age of 65 years who are admitted to hospital and are resident in the Sligo/Leitrim LHO area.

- Considering not just principal HIPE diagnoses but all diagnoses, the most frequent emergency admission diagnoses among people over age of 65 years in the Sligo/Leitrim LHO area are: cardiovascular diseases such as chest pain, essential hypertension, atrial fibrillation or flutter and congestive heart failure; respiratory diseases such as acute lower respiratory infection, pneumonia and chronic obstructive pulmonary disease (COPD) and type II diabetes.

- Admission rates to psychiatric hospitals in the Region are similar to the national picture, with the most frequent admission diagnosis being depressive disorders followed by alcoholic disorders and schizophrenia.

- A significant limitation to the assessment of needs is the absence of validated, high quality prevalence data for the major chronic diseases such as cardiovascular diseases, respiratory diseases, type II diabetes, musculosketetal and joint diseases, mental health problems etc.

Objective 2 To describe the health needs of the PCT populations as expressed by the health and social primary care professionals.

Using a corporate approach, the views on current needs were obtained from the HSE health and social care professionals and the General Practitioners working in the three PCT Areas. The key results are as follows:

- There is a need for good access to health and social services.

- There is a need for integrated user-centred primary care services e.g. chronic disease management programmes.

- There is a need for more carer support services.

- There is a need for primary care professionals to be supported in the further development of health promotion and disease prevention services.

In addition to these identified needs of the populations, the surveys also sought information on perceived needs of staff. These mainly referred to human resources, improved facilities, improved ICT usage, systems to support teamwork within the PCT. In addition, and specifically for the GPs, the staff needs also included allocation of designated protected time for non-clinical work, improved communication with secondary care services and improvements in access to diagnostic services.

Objective 3 To identify the main priorities in the further work required to complete a Primary Care Needs Assessment.

The main priorities for the further work which is required in this Needs Assessment process are as follows:

- The need for formal inclusion of the views of the public. Ideally, this engagement will be built upon existing knowledge and experience and will involve both public consultation and participation, as appropriate.

- A complete needs assessment also requires inclusion of the views of the other HSE service personnel (e.g. hospital-based professionals), the non-statutory services which impact on health (e.g. voluntary organisations) as well as the health and social care managers, planners and funders. Included also should be a careful analysis of the wider non-health care factors in each PCT Area which impact on health, such as transport, housing, education, employment, recreation etc.

- Health information on morbidity is an essential component for a complete Needs Assessment. Unfortunately, at present, there is a significant gap between the health information that is currently available and what is actually required. To obtain the required data there would need to be regular national cross-sectional studies, on-going cohort studies, disease registers and systematic nationally representative primary care surveillance systems in place. Ideally this work would be carried out in tandem with the full implementation of the National Health Information Strategy (NHIS). We recommend that while awaiting these important developments, local interim arrangements be put in place in the Sligo/Leitrim LHO area to provide the relevant epidemiological data on the needs of the local populations. The priority areas requiring such local data would be decided by the Local Implementation Group. However, this Needs Assessment indicates that high quality data will be required on the major chronic diseases.

Objective 4 To use the information obtained in this Needs Assessment to inform the development and planning of primary care services.

This Report provides the first building blocks for a population-based approach in the planning and delivery of primary care services in the Sligo/Leitrim LHO area. In particular, the report on the populations' needs, as expressed by the health and social care

professionals, provides a broad, preliminary evidence base on which to build future plans for services that will improve health and reduce health inequalities.

Following consideration of the demographic, health and social data, in conjunction with the various needs described by the primary care professionals, two main themes emerge as priority areas for development and planning. These are:

- the need for good access to health and social services.
- the need for integrated user-centred primary care services.

We recommend that during the identification of the main areas for action by the Local Implementation Group, careful consideration be given to the following three perspectives:

- the engagement of the public in planning primary care services;
- the evaluation of all actions to assess how they impact on reducing health inequalities.
- the planning and support for the provision of the relevant data to inform the Needs Assessment process.

Regarding the implementation of actions that incorporate these perspectives, we suggest the formation of groups with representation from the public, whenever possible. In addition, depending on the particular subject, there should also be appropriate representation from the other sectors and services involved in health and social services such as voluntary organisations, health planners, hospital-based personnel etc. The existing Local Implementation Group (LIG) and the Primary Care Acute Services Interface Group could establish these new sub-groups to progress specific actions in the agreed priority areas.

An important new sub-group would be a community participation group because, when feasible, community participation should be an integral and on-going part of the Needs Assessment process. The other various sub-groups would be determined by the existing working groups and we recommend consideration of the following: a chronic disease group, a carers group, a local health intelligence group, a communications and information technology group, a group to consider issues around travel for patients, a health promotion and disease prevention group and a diagnostics group.

The main strengths of this Needs Assessment are as follows:

- The consistency of the themes arising from a range of very different services. This improves the validity of the work and provides robust evidence of need.
- The information obtained is both locally relevant and useful in informing the national working groups.

- We have taken a very valuable "snapshot" of the primary care services as provided in this LHO area in 2007. This information will be useful both in the short term, as it can be used as a baseline on which to evaluate future service provision, as well as being a useful repository of data for future health service research work.

There are a number of important limitations to this work and these include:

- The opinions of the public have not been formally included. This is regarded as a priority area for any future work and specific recommendations have been made in Chapter 5. There is evidence from the survey results that many of the health and social service respondents acted as advocates for the public and are likely to be good proxy respondents for the public. Useful as this is, we regard it as no substitute for on-going community participation.

- The information presented is based on the professional's views and opinions. There is limited availability of "hard" evidence, such as epidemiological data, formal research study results, evaluations in other areas etc.

- It was not feasible to report on all of the views as expressed in the 73 completed questionnaires. A large amount of data was obtained and this summary report is limited to the main, broad themes. However, the data repository will be archived and made available as appropriate when required.

In addition to informing the Local Implementation Group on local needs and suggestion local actions, this Report also provides information to local health managers regarding the needs of the front-line service providers.

In Conclusion:

The specified scope of this initial assessment was extremely broad as information was requested on the full range of primary care needs for the entire communities of these PCT Areas. With such a very broad scope, the conclusions are by necessity rather general and it was not possible to provide specific recommendations on particular aspects of need. However, sufficient information has been obtained to identify the main generic needs of the populations in these Areas. In addition, the information obtained from this assessment can be utilised to identify appropriate processes in which work can be progressed on focussed, specified issues of concern. At the national level, this Report will also provide information of use to health policy makers, health planners as well as personnel working in other LHO areas.

This Health Needs Assessment Report has identified the main generic needs of the populations in the three PCT Areas in the Sligo/Leitrim LHO area. Tremendous good-will was received from all parties in the conduct of this work. Further work on more focussed aspects of need is required and we believe that with appropriate structures and supports that this is possible. We suggest that following agreement within the Local Implementation Group on the main priority areas, careful consideration be given to the collation of the relevant data to inform the Needs Assessment process, engagement of the public in planning primary care services and evaluation of all actions on how they impact on reducing health inequalities.

References and Sources of Information

Census 2002, Central Statistics Office http://www.cso.ie/

Census 2006, Central Statistics Office http://www.cso.ie/

Daly, A, Walsh, D and Moran, R (2007) *Activities of Irish Psychatric Units and Hospitals 2006* Dublin: Health Research Board.

Daly, A. & Walsh, D. (2002) *Psychiatric Reporting System Bulletin. North Western Health Board. Issue 1.* Dublin: Health Research Board.

Dept. of Health and Children (2001) *Primary Care: A new Direction. Quality and Fairness for you. Health Strategy* Stationery Office , Dublin

Dept. of Public Health Medicine (October 2007) *A health Profile of the North West Region.*

HRB Statistics Series 2. Annual Report of the National Intellectual Disability Database Committee 2007

HRB Statistics Series 3. Annual Report of the National Physical and Sensory Disability Database Committee 2007

Hospital In-Patient Enquiry (HIPE), Economic and Social Research Institute

Jennings S. and Burke K. *Stepping Forward – A guide to Local Health Needs Assessment* www.hse.ie/SteppingForwardAguidetolocalhealthneeds

National Cancer Registry of Ireland http://www.ncri.ie/ncri/index.shtml

National Cancer Registry of Ireland (April 2007) *Data confidentiality in the National Cancer Registry – General Policy and procedures for the release of data and staff guidelines*.

National Health Information Strategy 2004 http://www.dohc.ie/publications/nhis.html

Maps – Ordnance Survey, Ireland.

Pencheon D et al (2006) *Oxford Handbook of Public Health Practice*, Oxford University Press, UK.

PHiS Version 8 Public Health Information System (PHiS) http://www.inispho.org

SAHRU - Small Area Health Research Unit, Department of Community Health and general Practice, TCD. http://www.sahru.tcd.ie/

Appendices

(A) Map of Sligo/ Leitrim PCT Area

(B) Population pyramid for Ireland

(C) Cover Letter and Questionnaire for Service Leeds / Manager

(D) Cover Letter and Questionnaire for GPs

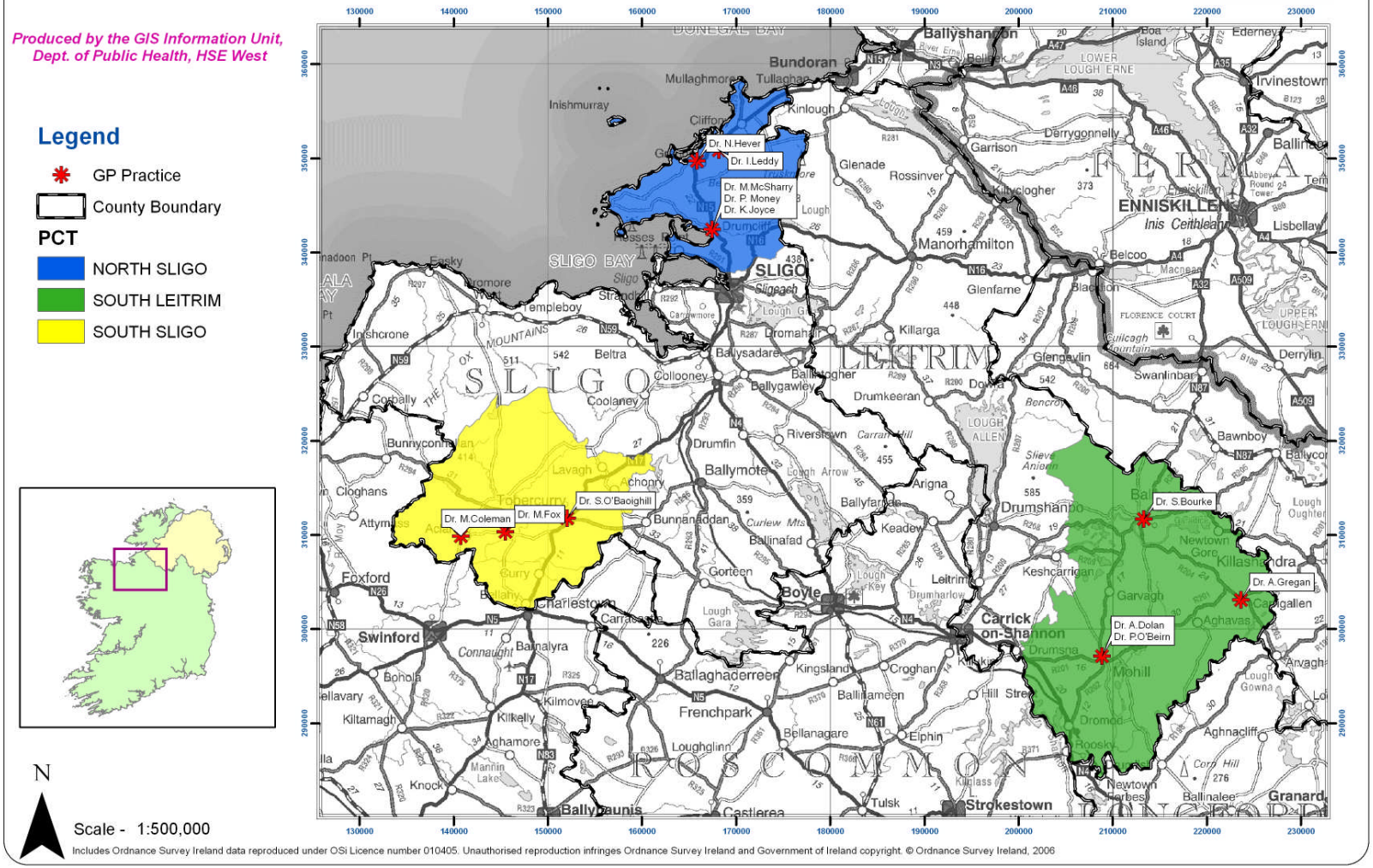
(E) Template for Analysis of Themes

(F) Public Consultation document

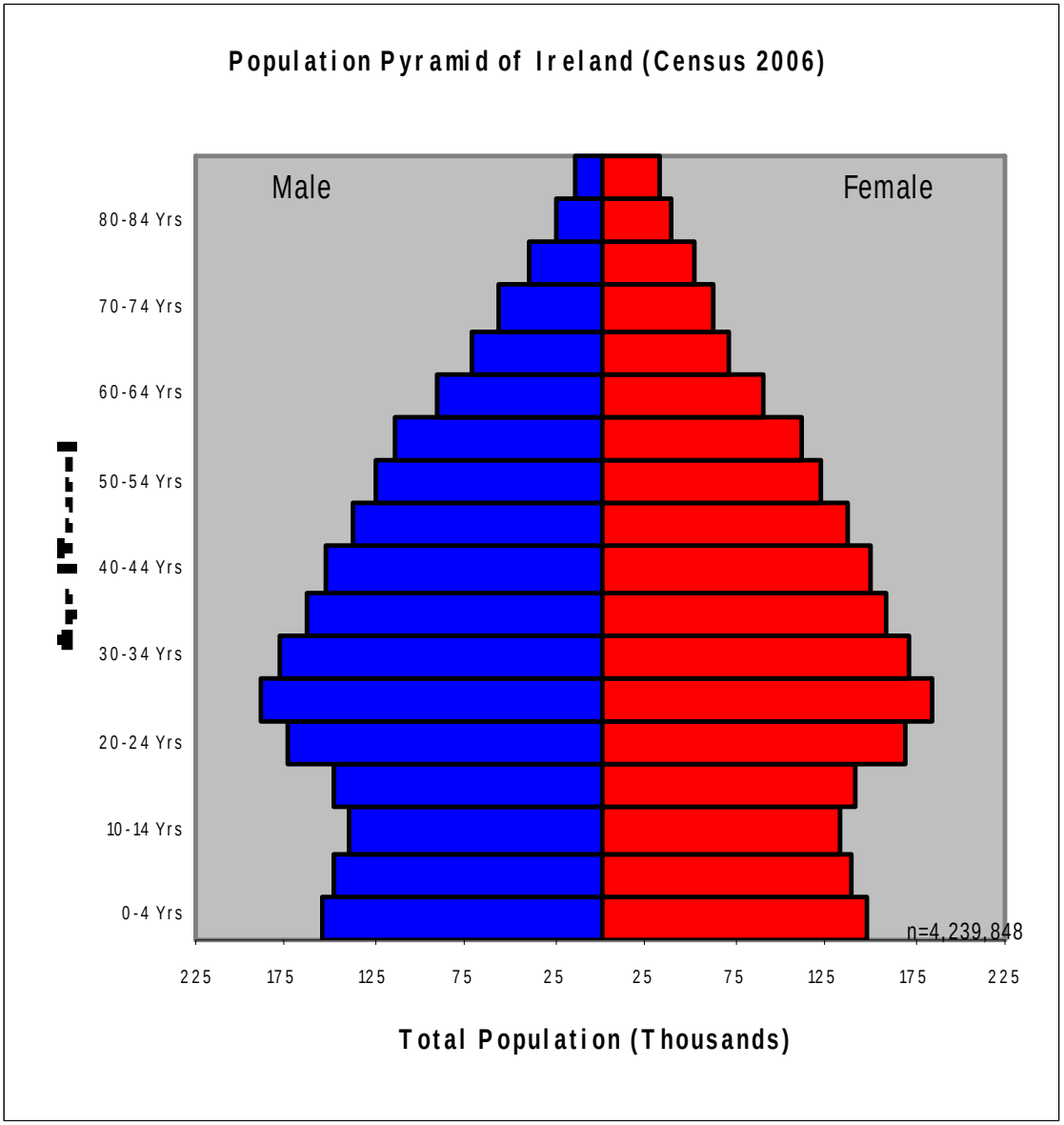
SLIGO/ LEITRIM PRIMARY CARE TEAMS

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Produced by the GIS Information Unit, Dept. of Public Health, HSE West



(B) Population Pyramid for Ireland



Ireland				
Age Group	**Male**	**Female**	**Males**	**Females**
0-4 Yrs	- 154,556	147,696	3.65	3.48
5-9 Yrs	- 147,984	140,341	3.49	3.31
10-14 Yrs	- 140,504	133,368	3.31	3.15
15-19 Yrs	- 148,241	142,016	3.50	3.35
20-24 Yrs	- 172,766	169,709	4.07	4.00
25-29 Yrs	- 189,252	183,826	4.46	4.34
30-34 Yrs	- 177,487	171,874	4.19	4.05
35-39 Yrs	- 163,811	158,294	3.86	3.73
40-44 Yrs	- 151,438	149,891	3.57	3.54
45-49 Yrs	- 137,983	136,762	3.25	3.23
50-54 Yrs	- 124,550	122,518	2.94	2.89
55-59 Yrs	- 113,943	111,385	2.69	2.63
60-64 Yrs	- 91,561	90,166	2.16	2.13
65-69 Yrs	- 70,895	72,501	1.67	1.71
70-74 Yrs	- 56,540	62,612	1.33	1.48
75-79 Yrs	- 40,121	52,345	0.95	1.23
80-84 Yrs	- 24,694	40,190	0.58	0.95
85+ Yrs	- 14,845	33,183	0.35	0.78
	2,121,171	2,118,677	50.03	49.97
		4,239,848		

(C) Cover Letter and Questionnaire for Service Leads / Manager

15/02/2007

To all Service Leads providing primary care services in counties Sligo and Leitrim.

Dear All,

We have been asked by the Local Health Office and the Primary Care Unit to conduct a Health Needs Assessment for the three new Primary Care Teams (PCTs) in Sligo and Leitrim: North Sligo PCT, South Sligo PCT and South Leitrim PCT.

As part of the Needs Assessment we would be grateful if you would complete the attached questionnaires. There is one questionnaire for each PCT.

A colour-coded map showing the location and boundaries of each PCT is attached.

We would be grateful if you could return the electronically completed questionnaires by email to una.fallon@mailb.hse.ie by Thursday March 1st.

If you have any questions please contact Dr. Una Fallon at the above email address or telephone 071 91 74750

Survey of Services in ***South Sligo*** Primary Care Team area

A map of the Primary Care Team area is attached for you to refer to.

These questionnaires are colour-coded to correspond to the PCT colours on the map.

Please return the electronically completed form by email to Dr. Una Fallon, Department of Public Health Medicine at una.fallon@mailb.hse.ie

Please tick the appropriate box(es) and/or write your answers in the spaces provided

<table>
<tr><td>1.</td><td colspan="3">Please state the title of your service.</td></tr>
<tr><td></td><td colspan="3"></td></tr>
<tr><td></td><td colspan="3"></td></tr>
<tr><td></td><td colspan="3">Please complete the following section regarding your personnel.</td></tr>
<tr><td>2.</td><td colspan="3">How many personnel do you manage in the South Sligo PCT area?</td></tr>
<tr><td>3.</td><td colspan="3">Please list names, titles, grades and estimate whole time equivalent (WTE) for each person in the South Sligo PCT area.</td></tr>
<tr><td></td><td>Name</td><td>Title & Grade</td><td>Percentage WTE in this PCT area</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="3">Please complete the following section regarding the location of services in the South Sligo PCT area.</td></tr>
<tr><td>4.</td><td colspan="3">List the type of location(s) at which services are provided e.g. health centre, hospital, home and indicate estimated total number of sessions (3.5 hours) at each location</td></tr>
<tr><td></td><td>Type of Location</td><td>Name of Clinic if applicable (e.g. leg ulcer clinic, group therapy)</td><td>Number of hours per week</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table>

5.	***Please complete the following section regarding the organisation of your service in South Sligo PCT area***				
	State how your service is primarily organised by placing X in the appropriate box.				
	Geography ❑	Care Groups ❑	Care Groups ❑		
	If other, please comment:				
	Please complete the following section regarding the nature of your service.				
6.	Describe the major services your staff provides in the South Sligo PCT area. List them in order according to the amount of time that is spent providing each service.				
7.	Do you have adequate staff at present in the South Sligo PCT area?				
		Yes	❑	No	❑
8.	Do you think you could achieve these improvements by reconfiguring your existing staff? Please elaborate.				
9.	Do you think you could achieve these improvements by reconfiguring your existing staff? Please elaborate				
	Please complete the following questions in consultation with <u>frontline staff</u> delivering services in the South Sligo PCT area.				

10. What proportion of your staff's time, if any, is spent working with each of the following care groups? Please insert X if none.

Care Group	**Estimated % of time**	**None**
Older people		
Social inclusion services; Homeless Travellers Asylum seekers		
Mental Health		
Physical and sensory disability		
Intellectual / learning disability		
Palliative care		
*Chronic illness		
Children, adolescents and families Child Health Child Care		
Other		

*chronic illness: diabetes, heart disease, COPD, cancer, depression, HIV/AIDs

11. Describe the accommodation / facilities from which the service is provided in the South Sligo PCT area.

12. Is the existing accommodation in this PCT area adequate for providing your service e.g. space, acceptability, patient access, availability to staff etc.?

	Yes	❑	No	❑

If no, please identify your specific accommodation requirements.

Please complete the following section regarding administration and information, communication technology.

13.	Do you have administrative support for your work in the South Sligo PCT area? How user friendly did you find the following at the rheumatology clinic?				
		Yes	❑	No	❑
	Please indicate how administrative / additional support would be utilised to benefit the population in the South Sligo PCT area.				
14.	Describe access, if any, to Information Communication Technology (ICT), e.g. computer, email, internet in the South Sligo PCT area?				
15.	If you require better access to ICT, please state what you require and describe the potential benefits.				
16.	Indicate how clients are referred to your service by placing X in the appropriate box.				

Referral from:	**Yes**	**No**
Self referral by client		
GP		
Hospital consultant		
Other hospital professional		
Mental health service		
Public health nurse		
Other health care professionals; please specify		

17.	Regarding your referral practice, please indicate what service you refer to:				
18.	Please describe teamwork with other services, both formal and informal that currently exists in this PCT area.				
19.	Is there a waiting time for your service in the South Sligo PCT area?				
		Yes	❑	No	❑
	If yes, what is the average waiting time?				
20.	Do you think this waiting time is a problem?				
		Yes	❑	No	❑
	If yes, how in your opinion could it be reduced?				
21.	Does your service work with voluntary organisations in the South Sligo PCT area.				
		Yes	❑	No	❑
	If yes, please describe your involvement with named voluntary organisations.				
22.	Does your service work in close partnership with any other outside agencies such as local authorities, education, other public sector agencies?				
		Yes	❑	No	❑
	If yes, please describe your involvement.				

23.	It would be very useful to us if you could provide as much information as is available on your service activity in the South Sligo PCT area during 2006. In particular, please state the main problems / conditions dealt with and the approximate numbers actually availing of new repeat or review appointments.
24.	Finally, it would be very useful if you could indicate what, in your opinion and in the opinion of your service personnel, are the main needs of the population in the South Sligo PCT area.
	Thank you for your time and co-operation in completing this form.
	Please submit it by email to una.fallon@mailb.hse.ie **by Thursday 1st March 2007**

(D) Cover Letter and Questionnaire for GPs

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Department of Public Health Medicine
North Western Area
3rd Floor, Bridgewater House
Rockwood Parade, Sligo

Tel: 07191 74750
Fax: 07191 38335

Background

This questionnaire is part of a Health Needs Assessment undertaken by the Department of Public Health Medicine on behalf of the Local Health Office.

Purpose

The information provided will be used not only for the needs assessment but also in assisting the Local Health Office in the development of the Primary Care Teams and Primary Care Networks in Sligo / Leitrim.

Record of Interview Details

- GP / Practice:
- Time:
- Date:
- Place:
- Surveyor:
- Names of those present:.
- Email address of respondent:
- Mobile phone number of respondent:
- Was the completed questionnaire checked with respondent at end of interview? To do
- Was the completed questionnaire emailed to respondent? To do
- Did respondent express any wish for information to be withheld? no
- If so, specify:
- Did respondent express any views on consultation of practice personnel in this needs assessment?
- If so, specify: no problem with this

Close of Interview

Express thanks, identify any other issues, give surveyor contact details if any queries etc.

Survey of GP Services in South Sligo Primary Care Team Area

A map of the Primary Care Team Area is Attached to which you may refer.

1.	Please state the name of your main place of practice and whether you are a single or group practice					
	Please complete the following section regarding Personnel					
2.	How many personnel do you manage in your practice?					
3.	Please list names, titles and estimate whole time equivalent (WTE) for each person in the practice					
	Name	**Title**	**Percentage WTE in this PCT area.**			
4.	Do you have adequate staff under your management at present?					
		Yes	❑	No	❑	
5.	If you do not have adequate staff at present please indicate how many more staff are required, indicating what difference this would make to the provision of service in this PCT area.					

	We need to estimate the number of patients in your practice for the following reasons	
	A	To compare the PCT practice population to the PCT census population
	B	To attempt to calculate practice disease prevalence rates
	C	To examine changes in practice size and trends over time
	D	To plan primary care services
	For the purposes of estimating practice size, we will use the influenza sentinel practice definition of a private patient: A private patient is a person who has presented to the practice, during normal office hours, within the last three years.	
6.	Please estimate the total number of patients in your practice	
	GMS	Total
7.	List the name of location(s) at which you provide services and indicate estimated total number of sessions (3.5 hours) at each location.	
	Name of Location	**Number of sessions (3.5 hours) per week.**
	Newly built own premises	
	Please complete the following section regarding accommodation and facilities.	
8.	Describe the accommodation / facilities from which your service is provided.	
9.	Indicate whether or not the accommodation / facilities are adequate for providing your service e.g. space, acceptability, patient access etc.	
	Please complete the following section regarding administration and information technology.	
10.	Do you have adequate administrative support in you practice?	
	Yes	Yes ❑ No ❑
11.	At your practice do you have access to the following Information Communication Technology (ICT):	

	Yes	**No**	**Details**
Computer			
NW doc email (HSE/secure)			
Commercial email			
Internet / World Wide Web			

	Lab results electronically			
	Radiology results electronically			
	Other			
	If no, do you require it? Please elaborate.			
	Computer			
	NW doc email (HSE/secure)			
	Commercial email			
	Internet / World Wide Web			
	Lab results electronically			
	Radiology results electronically			
	Other			
12.	What, if any, GP computer software package do you use?			
	Please complete the following section regarding service organisation and activity			
13.	Apart from regular GP services, please describe any special clinics or services you provide.			
	Clinic	**Frequency**	**Who conducts clinic?**	**Who refers to clinic?**
	Asthma			
	Smoking Cessation			
	Heartwatch			
	Minor Surgery			
	Dermatology			
	Diabetes			
	Child Vaccination			
	Adult Vaccination			
	Well–Woman			
	Well-Man			
	Travel advice clinics			

	Weight management			
	Adolescent health			
	Dressings / Ulcers			
	Child Health			
	Other (state)			

14. Is it possible to calculate the following consultation rates:

	Yes/No	**If Yes, please state rates**
Consultation rate – surgery No. of patients seen /doctor /week		
Consultation rates – telephone No. of patients consulted /doctor/week		
Consultation rates – out of hours No. of patients seen / doctor/week		
Consultation rates – house calls No. of patients seen / doctor /week		

15. Regarding out of hours – How often are you on-call?

Weekdays				
Weekends				
Are you in NOWdoc?	Yes	❑	No	❑
If no, what are your out of hours arrangements?				

16. Are repeat prescriptions a significant part of your workload?

	Yes	❑	No	❑
If yes, please elaborate and suggest how the process can be improved.				

17. Do you maintain registers of the following conditions?

	Yes / No	**Is It possible to calculate practice prevalence rates? No. of existing cases / total no. of patients in practice (by age and sex)**
Diabetes		

	Hypertension		
	COPD / Asthma		
	Cardiovascular disease		
	Stroke / TIA		
	Other		
18.	Do you provide services to patients in any of the following facilities?		
		Yes /No	**Please describe no. of residents, workload etc.**
	Nursing Home		
	Community Hospital		
	Day Hospital		
	Institution e.g. intellectual disability, detention centre, school / college etc		
	Group homes e.g. mental health service		
	Other respite facility		
	Hostel e.g. homeless		
	Workplace		
	Other		
19.	Does your practice population include relatively large numbers of any particular demographic groups such as the following		
		Yes / No	Please elaborate
	Young families		
	Older People		
	Tourists		
	Travellers		
	Asylum seekers		
	Other non – nationals / migrants		
	Young people and adolescents		
	Other		

20.	Is your practice a dispensing practice?				
		Yes	❑	No	❑
	If yes, please describe locations of dispensing practices.				
	Please complete the following section in relation to your access to services				
21.	Are you satisfied with your access to the following primary care community services?				
		Yes / No	**If No, please describe**		
	Public Health Nurse				
	Physiotherapy				
	Dietician service				
	Psychology				
	Social work				
	Speech & Language				
	Mental Health Service				
	1. Psychiatrist				
	2. CPN				
	3. Cog. Behav. Thrpst				
	4. Addiction Counsel				
	Home support				
	Occupational therapy				
	Day care				
	Other				
22.	Are you satisfied with your access to diagnostic services?				
		Yes / No	**If no please describe**		
	Laboratory services:				
	1. Haematology				
	2. Biochemistry				
	3. Microbiology				
	Radiology:				
	1. X-ray				
	2. Ultrasound				
	Other				

23.	What is your main local hospital for admission, OPD etc?				
24.	Are you satisfied with your access to local secondary care services (the main local hospital which you deal with)?				
		Yes / No		**If no please describe**	
	Out patient services				
	Hospital admission				
	Specialised diagnostics				
	Other				
25.	Are you satisfied with the following aspects of your working relationship with hospital based personnel?				
		Yes / No		**If no please describe**	
	Communication re patient attendance A/E				
	Communication re patient attendance OPD				
	Communication re patient discharge				
	Communication re patient death				
	Communication re patient treatment e.g. serious diagnosis, change of drugs, treatment complications etc.				
	Involvement in patient care plans e.g. continuing care in community, oncology tx. etc				
	Other				
26.	Do any hospital based personnel provide services in your PCT area?	**Yes**	❑	**No**	❑
	If Yes, please elaborate?				

27.	Do you have an appointment system or a walk-in service?				
28.	What is the average waiting time for a routine, non-emergency appointment?				
29.	Do you think this waiting time is a problem?				
		Yes	❑	**No**	❑
	If yes, How in your opinion could it be reduces				
30.	Please describe your teamwork with other services, both formal and informal				
	(A) Teamwork / liaison with other GPs				
	(B) Teamwork / liaison with primary care personnel				
	Public Health Nurse				
	Physiotherapy				
	Dietician service				
	Psychology				
	Social work				
	Speech & language				
	Mental Health Service				
	1. Psychiatrist				
	2. CPN				
	3. Cog. Behav. Thrpst				
	4. Addiction Counsel				
	Home support				
	Occupational therapy				
	Day Care				
	CWO				
	Other				
	(C) Teamwork / liaison with secondary care personnel:				
	Medical Team				

	Laboratory personnel	
	Radiology	
	Palliative care hospital	
	Palliative care hospice	
	Nursing Staff	
	Physiotherapy	
	Mental Health Service	
	Dietician Service	
	Occupational therapy	
	Social work	
	Hospital Management	
	Other	
31.	It would be very useful to us if you could indicate what, in your opinion, are the main needs of the population in this PCT area.	
	Your needs in order to provide an improved service:	
32.	Finally, have you any suggestions regarding the development of the primary care teams?	

(E) Template for Analysis of Themes

PCT Area

	PHN	Physio	OT	SLT	Dietician	Diabetes Nurse	Psychol	Addiction	Mental Health	MH older people	Social work child and families	Social Work, Learning disability	Social work alternate care	CWO	Home Support	Day Care	Comm Resus	AMO	Smoking
Staffing																			
Facilities																			
Admimistrative Support																			
ICTechnology																			
Waiting times																			
Teamwork other services																			
	PHN	Physio	OT	SLT	Dietician	Diabetes Nurse	Psychol	Addiction	Mental Health	MH older people	Social work child and families	Social Work, Learning disability	Social work alternate care	CWO	Home Support	Day Care	Comm Resus	AMO	Smoking
Staffing																			
Facilities																			
Admimistrative Support																			
ICTechnology																			
Waiting times																			
Teamwork other services																			
	PHN	Physio	OT	SLT	Dietician	Diabetes Nurse	Psychol	Addiction	Mental Health	MH older people	Social work child and families	Social Work, Learning disability	Social work alternate care	CWO	Home Support	Day Care	Comm Resus	AMO	Smoking
Staffing																			
Facilities																			
Admimistrative Support																			
ICTechnology																			
Waiting times																			
Teamwork other services																			

(E) Public Consultation document

Public Consultation

Consultation of the clients who are being served by the Primary Care Teams is essential for the Needs Assessment to achieve the following:

- Establishing a good understanding of the local health issues and a good understanding of how these are experienced and perceived by the local people.
- Involving the community in the planning of services and thereby increasing the chances of finding the correct local solutions.
- Taking a problem-solving approach, in which the starting point is need rather than services.
- Having an opportunity to explore the local wider determinants of health.
- Identifying the changes that can be made that will lead to improvements in the health of the people in the Primary Care Team Area.
- Having good, robust evidence on which to base any recommendations arising from the Needs Assessment.
- Prioritising the recommendations such as to make the best use of the available resources.

There is a wide range of different approaches that can be used in the Consultation process, and the approach that used for each situation is likely to be informed by a range of things which includes:

- previous consultation processes and reports;
- aims and objectives of the particular consultation;
- the experience and preferences of the available research personnel;
- timeframe and deadlines;
- considerations of feasibility, acceptability and practicality etc.

Whatever approach or methodology is employed, it is recommended that the following three questions be considered prior to the consultation such that the results will provide answers.

(a) What are the main health problems for members of the group?
(b) What are the barriers that prevent members of the group accessing health services?
(c) What services are easy to access and why?

from Jennings S. and Burke K. *Stepping Forward – A guide to Local Health Needs Assessment*