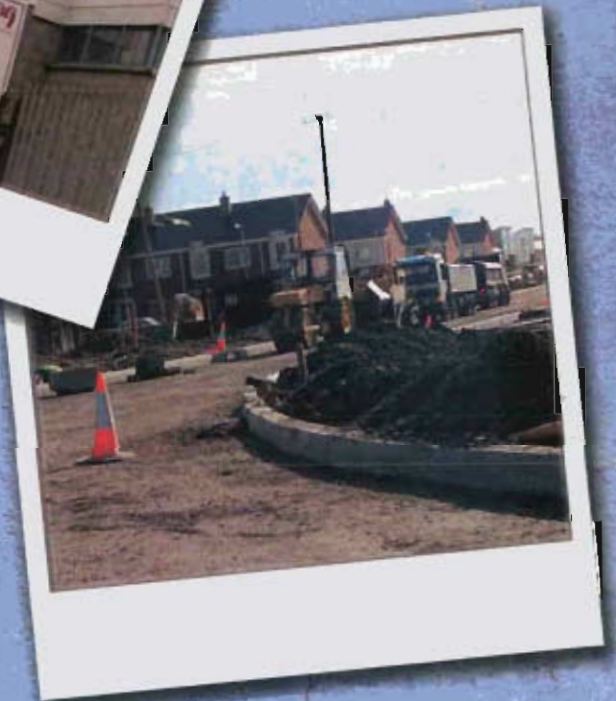
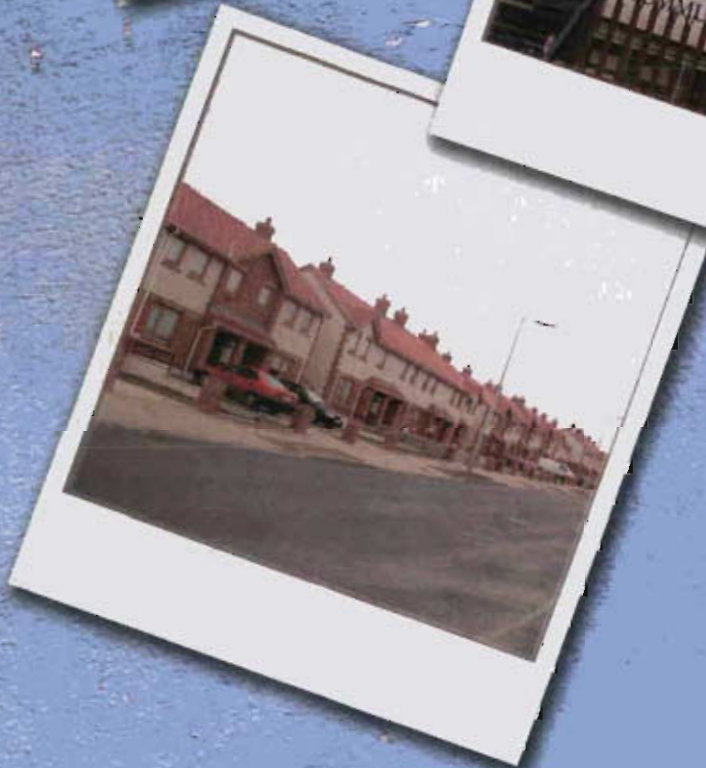
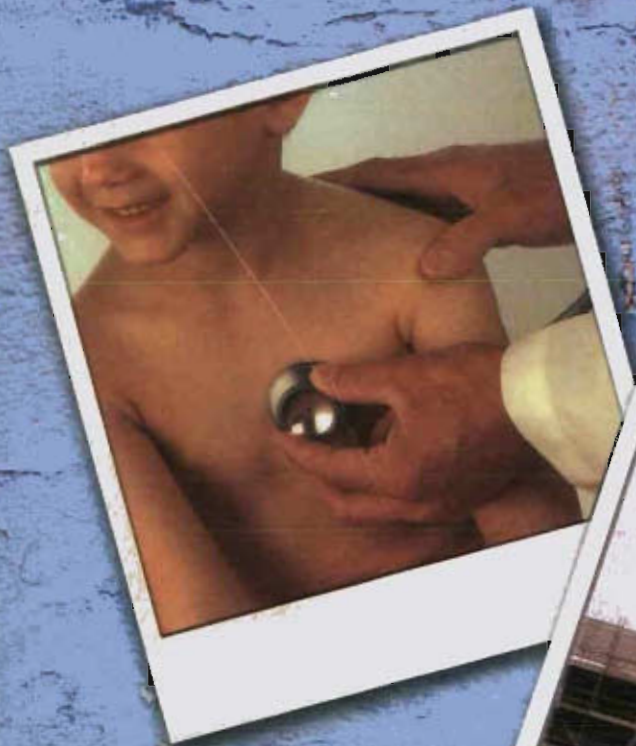


Mulhuddart Primary Health Research Report



Funded by the Combat Poverty Agency - Building Healthy
Communities Programme

September 2004

Mulhuddart Primary Health Research Report

FOR THE PRIMARY HEALTHCARE GROUP MULHUDDART

By Sharon Cosgrove
September 2004

Funded by the Combat Poverty Agency –
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Summary of Conclusions and Recommendations

Main Conclusions

Background to the Research

This research was commissioned by the Primary Health Group Mulhuddart. It looks at the Mulhuddart community and explores ways that a disadvantaged community and special interest groups within it, can influence decision making and service delivery in the area of primary health and general practice.

The Northern Area Health Board has prioritised the development of a new primary healthcare facility in Mulhuddart. However, the Department of Health and Children have yet to sanction the building of the facility, through the provision of funding and it appears that the absence of basic health infrastructure, such as a health centre or locally based health services including a GP practice, would seem to militate against Mulhuddart meeting the criteria for selection as a primary care team, under the Government's own strategy. For these reasons, efforts are being made in the interim to address current deficiencies in local health services provision such as access to existing primary health services including general practice.

Health Needs and Issues from Research

The previous community needs surveys and consultations carried out over the last 3 years in the area have all identified the lack of health infrastructure as a major concern for local people. An examination of the socio-economic profile of the area shows a high level of disadvantage in the area and given the established link between poverty and ill health, this would suggest that the people of Mulhuddart are experiencing a greater incidence of ill-health and higher mortality rates than those in better off areas. The profile would also suggest that target groups in need of specific community health interventions include lone parents, young parents, women, Travellers, men, children and young people. Based on health needs assessments of other disadvantaged areas in Dublin, there is likely to be a higher incidence of smoking, stress and chronic illnesses and a low take up of preventative screening services such as breast examinations and cervical testing in an area like Mulhuddart.

Health Needs and Issues from Consultations

The consultation process with the community, undertaken as part of this research achieved a number of outcomes including:

- The identification of a number of potential community health 'activists / volunteers' representing specific target groups, including men, women, senior citizens and Travellers
- Generating interest and stimulating debate in relation to primary health care provision in the area
- Identification of a number of clear health issues and needs which decision makers can act upon
- Some ideas about the possible model of primary care for Mulhuddart including a range of health professionals, good co-ordination and integration of services to the client, clinics (such as family planning and counselling) to be held locally for specialist services, an emphasis on health promotion and prevention, and provision of day care services for the elderly and children

Existing Provision

The main issues highlighted in relation to existing provision concern the complex nature of the health board services which are provided from a range of locations, all of which are outside the Mulhuddart area. There are no GPs physically based in the Mulhuddart area and from information gathered, 4 GP practices cater for over 2,000 GMS¹ patients (from Community Care Area 6) and it is unclear where the residents who not registered with those 4 GPs attend. The exact ratio of GPs to the population of Mulhuddart is unavailable, although a recently published manpower report by the Northern Area Health Board suggests that the ratio in the whole Northern Area Health Board area is particularly low, the worst two areas being Finglas and Blanchardstown. In 'cluster consultations' residents referred to problems of access to both health centres and GP surgeries – having to go by bus and many people attending GPs in other areas, as a result of difficulties experienced in trying to get GPs in Blanchardstown to take them on.

The Primary Care Strategy

In discussions with policy makers at national level and within the Northern Area Health Board, the policy and the model put forward is the Primary Care Strategy. However, in areas like Mulhuddart where the deficiencies are so great (i.e. no GPs local based, no health centre, no suitable infrastructure, etc), the basics necessary to meet the criteria are not present. Despite the commitment in the RAPID² plan and the commitment of state agencies and government departments to prioritise RAPID areas and plans, from interviews with stakeholders involved policy making and implementation at national and health board level, there appears to be no formal policy approach either to recognising that there may be areas like this, nor any practical strategies being proposed or implemented to address deficiencies of this scale in an incremental way.

Influencing Decision Making

The examination of the decision making process in relation to the creation of GMS GP posts, highlights some problems. Firstly there is no obvious way that the community can have an input into the process. The Irish Medical Organisation has technical approval on the creation of such a GP post. This puts them in a very strong position. Another issue is that there is no guarantee that if the post is created and filled, that the GP will base him / herself in the Mulhuddart area.

In order to begin to address the needs and gaps identified through the research and to begin to create the conditions which will assist Mulhuddart in meeting the criteria for a primary care unit, there are 4 main decision making processes and structures which must be influenced. Ways that the Primary Health Group Mulhuddart can interact with and influence these 4 structures and processes are shown in Table 1 below. It is also necessary that the other stakeholders including the Northern Area Health Board, Fingal County Council, the Primary Care implementation structures and the Department of Health and Children develop effective approaches to community involvement and to collaborative working between stakeholders.

Communities must be strategic and target the relevant decision making structures in order to present the case of areas like Mulhuddart. Gathering as much evidence as possible to support the case being made is crucial to the success of these endeavours. [A process for communities (like Mulhuddart) to follow in order to begin to address local primary health service deficiencies and to influence the relevant decision making processes, are set out in the 'The Template for Community Involvement in Primary Care' in Appendix VII.]

¹ GMS denotes General Medical Services Scheme

² RAPID is a national programme for Revitalising Areas by Planning, Investment and Development



Table 1: Influencing the 4 Relevant Decision Making Structures and Processes

The 4 Main Areas to Influence	Decision Making Structures	Processes and approaches
Attracting and facilitating the establishment of a GP base in the area	<ul style="list-style-type: none"> Northern Area Health Board – Primary Care Unit and General Manager Irish Medical Organisation GP Partnership 	<ul style="list-style-type: none"> Consultation processes Open lines of communication Joint approaches
Making available the necessary physical infrastructure to facilitate local health services provision	<ul style="list-style-type: none"> Northern Area Health Board Fingal County Council Private developers Through community reps and others on RAPID and County Development Board structures, Strategic Policy Committees, etc. 	<ul style="list-style-type: none"> Consultation processes Open lines of communication
Assigning and locating the appropriate health personnel in the area	<ul style="list-style-type: none"> Northern Area Health Board – General Manager Planning and Development and Operations Depts in Northern Area Health Board 	<ul style="list-style-type: none"> Open and effective lines of communication with the General Manager
Lobbying decision makers and politicians to raise awareness of the needs of the Mulhuddart community in relation to primary health and to allocate the necessary resources	<ul style="list-style-type: none"> Health Board, Local Authority Primary Care Steering Group at National Level and in the Eastern Regional Health Authority 	<ul style="list-style-type: none"> Lobby politicians – Councillors and TDs on relevant structures Communication with General Manager Communication and feedback structures developed with community and voluntary representatives



Main Recommendations

Recommendation 1.

Development of Health Policies and Strategies at a National, Regional and Local level for Disadvantaged Areas

In order to create the conditions for incremental improvements in health services in Mulhuddart and to facilitate the future development of a primary care unit, it is necessary that appropriate national and regional policies and strategies are developed by the Department of Health and Children and by the Northern Area Health Board, which address deficiencies in health services infrastructure in disadvantaged areas such as Mulhuddart (in relation to both primary health services and General Practice).

Recommendation 2.

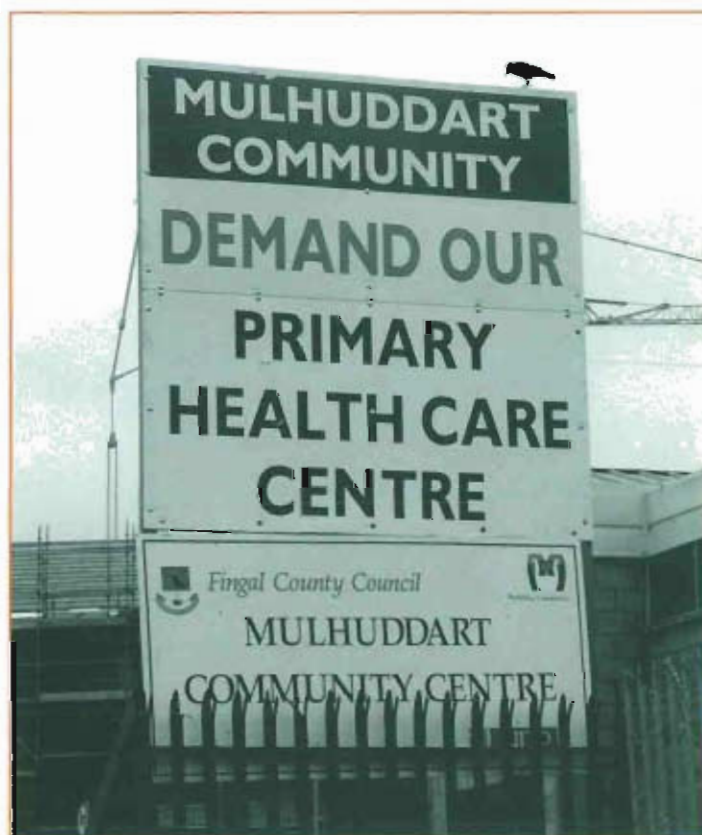
Undertake a Health Needs Assessment for the Mulhuddart Area

Similar to the health needs assessments of Finglas, the Docklands and Tallaght, it is important that a health needs assessment is completed of the Mulhuddart area. It is advisable that this needs assessment fulfills the requirements of the Primary Health Strategy and involves 'the input of the community'. Such an assessment, together with the outcomes of the consultation exercises (documented in this report) and the up to date data on GP ratios and morbidity and mortality rates (once available) will give a comprehensive picture of the health needs of the Mulhuddart community.

Recommendation 3.

Building on the Consultation Process

The work of the Primary Health Group Mulhuddart should continue over the forthcoming period with further site visits to other community health groups and to some of the pilot primary care teams. It is important that the momentum is not lost and that interested potential community health activists are involved (and are supported) in making site visits and are encouraged to be involved in the process. Building on this further, the Primary Health Group Mulhuddart should actively encourage the Northern Area Health Board to use community development approaches to community involvement and consultation exercises in the provision of primary care services and facilities in the area in the future.





Recommendation 4.

Facilitate the Future Development of Buildings and Infrastructure for Health

In order to facilitate the future development of buildings and infrastructure for health and related uses, in planned housing areas / communities, it may be worth investigating the possibility of utilising the 'community' element of the development levy for a health building/infrastructure. This would require a joint approach from the Northern Area Health Board, Fingal County Council and the developer. It may be appropriate to explore and test such an approach through the RAPID Area Implementation Team in an area such as Tyrrelstown.

Recommendation 5.

Co-ordinated Approach to Health Services Provision in Blanchardstown

The research and consultations undertaken as part of this research highlight the need for the deficiencies in primary care services and in general practice to be addressed in Mulhuddart. However, many of the needs expressed and the target groups consulted saw the need to link local health provision to secondary specialist services, which for economies of scale and 'good practice' are delivered to larger populations. Given the need for specialist services such as drug and counselling services, family planning services, etc. it is recommended that an integrated health strategy be developed for the greater Blanchardstown area, which takes account of and plans for a co-ordinated approach to the development and delivery of primary and specialist secondary services and which develops formal links with acute services in James Connolly Memorial hospital.

Recommendation 6.

Provision of Detailed / Local Level Data by Health Providers

In order to inform both local people and decision makers of the needs and gaps in services and types of interventions needed, it is necessary that the Eastern Regional Health Authority and the Northern Area Health Board begin to collate and supply information to local community groups and other agencies (on request) on morbidity and mortality rates by District Enumeration Division, on GP to population ratios, and on health board staffing levels across health boards (broken down by area). Gathering and analysing this data will be an important job for communities and local agencies working in disadvantaged areas and will be used in lobbying and influencing decision makers. There is also an urgent need for a directory of services for the area.

Recommendation 7.

Encourage Collaborative Working Between Stakeholders

It is important that stakeholders including the Northern Area Health Board, Fingal County Council, the Primary Care implementation structures and the Department of Health and Children develop effective approaches to community involvement and to collaborative working between stakeholders in relation to primary care provision and general practice. These approaches should build on successful approaches used elsewhere and should use community development approaches.

Recommendation 8.

Addressing Gaps in General Practice Provision

There is a need to address the gap in GP provision in the Mulhuddart area as a matter of urgency. Reports and anecdotal evidence on the extent of the problem would suggest that the Northern Area Health Board should develop a 'fast track' approach to the creation of General Medical Services GP posts in areas such as Mulhuddart, which allows for the advertisement and filling of posts. Conditions and incentives should be developed which facilitate and promote the creation of GP surgeries within urban disadvantaged areas such as Mulhuddart.

Recommendation 9.

Influencing Stakeholders in the Decision Making Processes

In order to address the issues highlighted in the report (which involve quite complex decisions making processes) it requires action by individual stakeholders, good lines of communication between stakeholders and some collective action. The recommendations for stakeholders including the Primary Health Group Mulhuddart, Fingal County Council, the Northern Area Health Board and for policy makers at a national level are shown in Table 2.



Table 2 Recommendations for Stakeholders

Decisions to be Influenced – Issues to be addressed	Recommendations for Primary Health Group Mulhuddart	Recommendations for the Northern Area Health Board & Fingal County Council	Recommendations for National Policy Makers
Establish a GP base in Mulhuddart	<p>Primary Health Group Mulhuddart develop communication lines with the Northern Area Health Board (with both the Primary Care Unit and the General Manager of the area) GP Partnership and IMO</p> <ul style="list-style-type: none"> ■ Initial contact should be in the form of correspondence outlining the issues and needs identified and seeking a meeting to discuss them ■ At the meeting outline the issues and needs and seek assistance and action in meeting the needs ■ Look for future feedback on actions and continued communication 	<p>Northern Area Health Board to develop strategic approaches to address GMS GP shortages in urban disadvantaged areas</p>	<p>Develop approaches and incentives which will attract GPs to disadvantaged urban areas</p> <p>Develop a 'fast-track' approach to the creation of GMS GP posts</p>
Make available the physical health infrastructure	<p>Participate and assist service providers in developing and implementing consultative approaches to involving communities in decisions about the identifications of such sites and in the design of buildings</p> <ul style="list-style-type: none"> ■ Highlight the issues and needs identified by the research with existing structures including RAPID AIT and the Fingal County Development Board (correspondence & meetings) ■ Ask for innovative collaborative responses to the provision of appropriate infrastructure for health purposes ■ Look for communication and consultation in the identification and design of infrastructure and offer expertise and advice in the process 	<p>Northern Area Health Board and Fingal Co. Co to work collaboratively to develop funding options, including Public Private Partnerships and utilising building levies.</p> <p>Northern Area Health Board and Fingal County Council to use consultative approaches to involve communities in decisions about the identifications of such sites</p>	<p>Develop policies and strategies to address infrastructure deficiencies in disadvantaged areas, to facilitate the development local primary care services</p>

Decisions to be Influenced – Issues to be addressed	Recommendations for Primary Health Group Mulhuddart	Recommendations for the Northern Area Health Board & Fingal County Council	Recommendations for National Policy Makers
Assigning appropriate health personnel to Mulhuddart	<ul style="list-style-type: none"> ■ Ask the Health Board's General Manager of Area 6 to authorise and undertake a detailed health needs assessment of the Mulhuddart area, to include analysis of GP GMS lists with the population profile in order to identify gaps in provision ■ If required, participate in health needs assessments and in supporting the involvement of the community in the process ■ Using the completed health needs assessment, the GP GMS analysis, this research and relevant statistics lobby health providers through formal structures and communication lines to allocate increased levels of health personnel to meet the gaps 	<p>Conduct health needs assessment in the Mulhuddart area, to be updated on a regular basis</p> <p>NAHB to undertake detailed analysis of GP GMS lists with the population profile of Mulhuddart, to identify gaps in provision and population health needs</p> <p>NAHB to develop more flexible and responsive approaches to assignment of health personnel to take account of changing needs</p>	<p>Develop guidelines for HBs for conducting health needs assessments, involving consultations with local communities and minority groups</p>
Establishing a primary care team in Mulhuddart	<p>Using the published research and a covering letter, write to relevant decision making structures asking them to address deficiencies in primary care provision in an incremental way and to plan for a future primary care team in Mulhuddart. Relevant people / structures to engage with are:</p> <ul style="list-style-type: none"> ■ The General Manager (CCA6) ■ The Primary Care Unit, NAHB ■ Community Reps on the National Primary Care Steering Group ■ The Eastern Region's Primary Care Core Group <p>Target specific politicians on the relevant decision making structures representing the area, in the Department of Health and Children, the NAHB, the ERHA, Fingal County Council, the Fingal County Development Board and the RAPID AIT</p> <ul style="list-style-type: none"> ■ Write to them - highlight the outcome of the research and make the case for the need for a primary care team in Mulhuddart ■ Seek individual meetings to discuss the matter ■ Seek commitments from them to use their influence and to prioritise the matter 	<p>Eastern Regional Health Authority & Northern Area Health Board to develop a clear primary care strategy containing a phased action plan, which takes account of funding regimes and includes addressing current deficiencies and putting in place 'the foundations' for the future development of a unit in Mulhuddart</p>	<p>Develop clear policies and practical approaches to the involvement of communities in primary care.</p> <p>Support the networking of local health groups and provide 'simple' information of the possibilities for the engagement of communities in the health reform process and structures to be developed</p>





1. Introduction and Background

1.1 Background and Context

Over the last number of years health policies, strategies and programmes coming from central government, emphasise an approach to the delivery of health services which takes account of community/consumer input and which incorporates principles such as fairness, equity and equality. The established link between poverty and ill-health (including premature death and poor nutritional status) is formally recognised by policy makers and is reflected in government policy. In line with this, tackling inequalities in health is for the first time included in the Government's National Anti-Poverty Strategy 2002-2007, *Building an Inclusive Society* as one of its overall objectives and a key target is 'to reduce the gap in premature mortality between the lowest and highest socio-economic groups by at least 10%'. [16]

In the future, as the various health strategies and plans are rolled-out, it is expected that people will have more of a say in how health services will be delivered. This can be seen in the new primary health strategy and in the use of peer-led approaches to Traveller health in the Traveller Health Strategy. The need to provide services locally and deliver them in culturally appropriate ways in order to reach particular groups is also emphasised. In addition the involvement of the community in the design and delivery of services is built into new policies and approaches including the revised National Anti-Poverty Strategy and the Government's White Paper on Community and Voluntary Sector. [1] [3] [17]

Since the introduction of the government's primary health strategy in late 2001, it is important that health care providers and communities work together in order to develop models and approaches to address both individual and community health needs. In order to do this it is necessary that community organisations (particularly in disadvantaged areas) develop an understanding of the broader (social) determinants of health, consider how they can influence the identification of health needs and consider how health inequalities and inequities can be addressed through any future primary health care unit or other primary health care provision in their area. [2]

The Combat Poverty Agency is supporting the development of community development approaches as part of broader strategies to tackle poverty and health inequalities, under its Building Healthy Communities Programme. As part of this programme Combat Poverty Agency has provided grant funding to encourage innovation and capacity building by a number of anti-poverty groups in exploring links between poverty and health and in using community development responses to health inequalities. [18] This research has been commissioned by a group known as the Primary Health Group Mulhuddart which successfully obtained funding under Combat Poverty Agency's Building Healthy Communities Programme. It looks at the Mulhuddart community and explores ways that a disadvantaged community and special interest groups within it, can influence decision making and service delivery in the area of primary health and general practice.

1.2 Introduction To Mulhuddart

Mulhuddart in the past was a small rural village, but as the urban area has spread it is now part of the greater Blanchardstown area. The population of Blanchardstown has reached 70,000 rising from 3,000 in the early 1970's. Blanchardstown will continue to be one of the main population growth areas in Dublin for the next six to ten years and this will have significant implications for planning, service provision, transport and local development. A large proportion of this development is taking place in the Mulhuddart area. [7]

Due to the high levels of disadvantage and lack of necessary infrastructure, the Government designated Mulhuddart as disadvantaged under the RAPID programme and it forms part of the Blanchardstown RAPID area. The population growth in Mulhuddart (which includes the Mulhuddart and Tyrrelstown District Enumeration Divisions) has been enormous. In the 1996 census the population was 2,718. In the 2002 census it had risen to 3,502 and with further houses built and occupied since, it is estimated that the current population of Mulhuddart is in the region of 8,000 – 9,000 people. With an additional 300-400 houses planned over the next two years and it is estimated that the population will shortly exceed 10,000 people.

As a result of the population explosion in the area over recent years, a range of community organisations have formed in Mulhuddart which have a focus on addressing the needs of the community, for particular groups and in terms of trying to address gaps in service provision and in infrastructure needs. As part of this work, the need for a primary health care facility was identified in a needs analysis study conducted by the Mulhuddart Planning and Development Group. Their findings indicate that the need to improve healthcare services in Mulhuddart is the single most important priority for local residents. 378 (79.1%) of residents identified healthcare as being one of the most important three services which need to be developed/improved within the Mulhuddart area. A large number of survey respondents considered that the quality of life for themselves and their families was being seriously and negatively affected by the lack of healthcare services within Mulhuddart. [10]

In support of these findings, the RAPID programme for Blanchardstown prioritised the development of a new primary healthcare facility in Mulhuddart within the regeneration strategy for the area and identifies the Northern Area Health Board as the lead agency with responsibility for pursuing this target. However the Department of Health and Children have yet to sanction the building of the facility, through the provision of funding. Although the emphasis for both the Primary Health Group Mulhuddart and for the Northern Area Health Board continues to be on developing a primary health unit in Mulhuddart, efforts are being made in the interim to address problems of access to existing primary health services provided by the Health Board and general practitioners, all of which are physically located outside the Mulhuddart area.

1.2 Background to the Research

From the needs analysis carried out by the Mulhuddart Planning and Development Group in 2002, the RAPID plan for the area and the needs being expressed by the Blanchardstown Community Forum, it was clear that a priority for the Mulhuddart community was the provision of local health (and related) services. In addition, the growing population, the expansion of housing estates, together with the absence of a GP, a Dentist, a chemist and a health centre in the area highlighted the immediate need to address the gap in primary health provision as a matter of urgency. In response, the Primary Health Group Mulhuddart was formed, which is comprised of residents, the Wellview Centre Project Workers, the chairperson of the Mulhuddart Planning and Development Group, the Forum 15, the Blanchardstown Area Partnership, the Greater Blanchardstown Development Project and the local RAPID Co-ordinator. (The membership of the group is contained in Appendix VI) Its overall aim is to improve the health of residents living in the Mulhuddart area and to influence decision making in relation to primary health provision.

As part of its work, the Primary Health Group Mulhuddart sought to positively influence the development of primary healthcare services in Mulhuddart by engaging with local residents and community groups on health issues. To achieve this broad aim, the Group applied for funding from the Combat Poverty Agency under its 'Building Healthy Communities Programme' to undertake this research.



1.4 The Objectives of The Research

- To increase the communities capacity in lobbying for the provision of a primary healthcare facility in Mulhuddart
- To generate community awareness of the decision making process within the Northern Area Health Authority and the Department of Health regarding the establishment of a Primary Health Care Facility in Mulhuddart
- To develop the capacity of residents and community groups to advocate on their own behalf on health issues generally
- To produce a template that will influence the implementation of health initiatives in disadvantaged areas
- To document the process of community participation and consultation involved in the development of a Primary Healthcare Centre
- To make recommendations on how a community development approaches can improve health and well-being outcomes in disadvantaged areas
- To produce a report on this process aimed at policy makers, community development groups and local residents

1.5 Research Methodology Summarised

Stage 1: Local Research and Preparation for Workshops

- To meet with the Primary Health Group Mulhuddart to agree an approach and to begin preparation for cluster workshops
- To review of documentation and a small number of interviews with key health personnel (in Northern Area Health Board (2) and in the community (2)
- To clarify the decision making processes and the possibilities for community involvement in this
- To analyse the socio-economic profile of the area and relate it to community health needs
- To develop and agree the format of cluster workshops

Stage 2: Facilitating and Documenting Cluster Workshops

- To facilitate 4 cluster workshops in Mulhuddart which aim to:
- Increase awareness of national primary healthcare policy
- Generate awareness of decision making processes
- Develop the capacity of residents to advocate on their own behalf on health issues
- To document the outcome of the cluster workshops

Stage 3: The Development of a Template with the Primary Health Group Mulhuddart

- To explore with the Primary Health Group Mulhuddart (and interested community activists identified through the cluster workshops) possible courses of action including community development approaches to health in the area and ways that communities can be involved in consultation and participation
- Compile final report documenting the entire including background research, outcome of cluster meetings and the proposed template
- Present draft report for consultation to the Primary Health Group Mulhuddart
- Incorporating feedback from Primary Health Group Mulhuddart, produce final report [11]

1.6 Structure of the Report

This report is broken into 5 main sections. The first section sets out the background to the research and the methodologies used. The second section takes a closer look at Mulhuddart, examining the outcomes of previous consultations, the socio-economic profile and the health needs of other similar areas.

The third section documents the main issues arising out of the community consultation process. The fourth section looks at existing health services provision and the views of consultees on them and section 5 explores decision making processes and structures and proposes ways that communities can influence them.





2. A Profile of Mulhuddart's Health Needs

2.1 Introduction

For the purposes of this research it is important to try to develop a picture of the health needs of the Mulhuddart community. In the absence of a detailed health needs assessment of the Mulhuddart community, this section looks at the outcomes of previous community needs analyses and considers health needs studies of other similar areas. It also gives details of the socio-economic profile of the area which will also help to identify other health needs by considering the link between poverty and ill-health and the categories of people with specific health needs, such as babies and young children, as well as vulnerable groups such as lone parents, elderly persons, people with disabilities, Travellers, etc.

2.2 Health Needs and Gaps from Previous Consultations and Strategies

2.2.1 The Mulhuddart Planning and Development Group's 5 Year Plan

The most recent and most comprehensive survey of broad community needs was undertaken in 2001 and 2002 by the Mulhuddart Planning and Development Group as part of the development of its five year plan for the Mulhuddart area. The results of the surveys undertaken indicated that the major source of dissatisfaction related to the absence of key health services such as doctors, dentists, chemists and other specialist services (e.g. counsellors, social workers, speech and language professionals). People in Mulhuddart were fairly satisfied with the quality of the services being provided by the existing healthcare workers. The responses from the survey of local residents in the Dromheath, Parslickstown and Wellview estates revealed that 378 (79.1%) of residents identified healthcare as being one of the most important three services which need to be developed/improved within the Mulhuddart area. [10]

In its commentary the report states: 'There is a high level of dissatisfaction with the medical and healthcare services being provided to local people in the Dromheath, Parslickstown and Wellview estates – 76.8% of questionnaire respondents feel that the medical/health services are either poor or very poor. It is evident that virtually all of the criticisms and complaints about the medical/health services relate to the lack of healthcare facilities in the Mulhuddart area – lack of doctors, lack of dentists, lack of chemists, lack of specialist medical services (e.g. speech therapists, counsellors, baby clinics etc).' [10] Based on the main findings of the survey of residents in Mulhuddart, a series of recommendations were made, to be included in the Mulhuddart Planning and Development Group's 5 year plan. Those directly related to health are:

- That a new multi-purpose Health Centre should be constructed within the Mulhuddart area as a matter of urgency. This Health Centre should provide a range of healthcare services to the evergrowing population of Mulhuddart (eg. doctors, dentists, addiction counsellors, social workers, speech and language specialists) and should aim to ensure that healthcare services can be provided within the local area.
- That the new Health Centre should aim to adopt a holistic approach to the healthcare needs of local residents within the Mulhuddart area; and should aim to provide an integrated and comprehensive response to the physical, emotional and psychological needs of local residents. In this context the new Health Centre, and outreach services provided through this

centre, should be targeted at the overall healthcare needs of local residents/families with a range of different interventions and supports being made available to these residents/families.

- Whilst it is recognised that the establishment of the new Health Centre might involve a timespan of 3-5 years, in this context it is considered important that interim arrangements are put in place, which would serve to ensure that the more immediate healthcare needs of local residents might be met in an effective and professional manner. This might involve building up the resources and capacity of existing healthcare services within Mulhuddart, pending the establishment of the new Health Centre. [9]

The Mulhuddart Planning and Development Group looked at practical ways in which the interim arrangements could be put in place and how the capacity of healthcare services within Mulhuddart could be developed before the primary healthcare centre is provided. The group reviewed the survey, agreed the priority services required in the area, researched possible locations for these services and examined the possible locations for interim services. The group expressed the strong view that the interim health services should also provide a baby clinic and women's health specialists and in its letter to the General Manager of the Health Boards Community Care Area 6, put forward the following recommendations:

- That the Northern Area Health Board should prioritise the provision of GP services, a dental service, a baby clinic and women's health service (in that order)
- That the best option currently available is leasing of the commercial premises above the shops in Mulhuddart village [8]

2.22 RAPID

The development of the RAPID plan for the Blanchardstown area used the findings of the residents' survey and in addition held seven consultation meetings to complement the existing research. This process led to the identification of three key needs including services in response to estate management and policing, the need for improved access to health, youth, probation and welfare, FAS and transport services and the need for more community facilities, especially for childcare, youth groups and family support services. Perceived needs from RAPID consultations under the theme 'health' were:

- Improved mental health services in the community and in James Connolly Memorial Hospital
- Reduce the high stress levels
- Reduce the numbers of people suffering from asthma
- Ear, nose and throat services in James Connolly Memorial Hospital
- A paediatric unit in James Connolly Memorial Hospital
- Improved GP services
- Well woman services in all areas
- Improved access to health services in all areas
- Training and advice on social and cultural diversity to ensure that health care providers deliver accessible, quality services to all the community
- Monitoring the health of those most at risk of ill health
- Development of a new multi-purpose primary healthcare centres

- Development of a holistic approach to the healthcare
- Building up the resources and capacity of existing healthcare services within Mulhuddart, pending the establishment of the new health centre

In support of the needs identified, the RAPID plan set as one of its strategic aims the need to develop strategies and mechanisms which will focus on locating specialist services in the area while simultaneously ensuring each community has the adequate primary health care services. The plan outlines as one of its actions, the development of a Primary Health Centre in Mulhuddart. It puts as 'Lead Agency', the Northern Area Health Board and the 'Department Responsible' as the Department of Health and Children. The Northern Area Health Board ambitiously set the start date as early 2002 and the finish date as mid 2003, with a capital expenditure estimated at 11million. [14]

2.3 Socio-economic Profile of Mulhuddart

The socio-economic profile of Mulhuddart itself is also worth looking at in order to assess the particular needs of the community. The area commonly referred to as Mulhuddart includes the Tyrrelstown and Mulhuddart District Enumeration Districts. The information contained in the sections below has been pulled together from a range of sources including the Blanchardstown Area Partnership in January 2004 (their *Updated Socio-Economic Profile of Blanchardstown*), the Blanchardstown RAPID project, Fingal County Council and the Central Statistics Office (relating to Census 1996 and 2002).

2.3.1 Population

It is estimated that the current population of Mulhuddart far exceeds 4,000 people. As an additional 4,000 houses are planned over the next three years, it is expected that the population will soon exceed 10,000 people. Table 3 shows the population of Mulhuddart in 1996 and in 2002, showing a percentage growth in that period of 29% and an actual growth of 784 persons.

Table 3 Population						
District	1996	2002			Change in population	
	Persons	Persons	Males	Females	1996-2002	
					Actual	Percentage
Blanchardstown-Mulhuddart	1,245	1,841	905	936	596	47.9
Blanchardstown-Tyrrelstown	1,473	1,661	733	928	188	12.8
	2,718	3,502	1,638	1,864	784	29

(Source: Census 2002)

Given the extent of house completions and houses occupied since the census in 2002, it is estimated that a further 1,500 houses are now occupied in Mulhuddart. Assuming an average household size of 3.17 (Fingal urban areas in the 2002 census), it is possible that the population has increased by a further 4,770 since the 2002 census. If that is the case, the current population could be in the region of 8,272.

With a further 350 houses planned for completion and occupation by 2005 in Mulhuddart and again assuming a household size of 3.17, the population could potentially grow by a further 1109, to 9381 by the end of 2005. Such a level of population growth would represent an increase (potentially) of 168% in the period 2002 to 2005.

2.3.2 Age profile

In 1996 the Mulhuddart area had a significantly younger age profile compared to the rest of the state with relatively few senior citizens. For example, in 1996 the proportion of the population in the Tyrrelstown and Mulhuddart DEDs were twice that of the national average. This has dropped with the 2002 figures, from 50% to 27% of the population under 15 years in Mulhuddart. However it remains significantly higher in Tyrrelstown at 42%, compared with the national figure of 23.7%. Table 4 shows little change in the over 65 years population in Mulhuddart and Tyrrelstown over the same period.

Table 4 Mulhuddart Age Groups 1996 & 2002

Area	Under 15 in 1996	Under 15 in 2002	Change in under 15s from 1996-2002	Over 65 in 1996	Over 65 in 2002	Change in over 65s from 1996-2002
Tyrrelstown	51%	42.22%	-8.78%	2%	2.11%	+0.11%
Mulhuddart	50%	27.38%	-22.62%	1%	0.6%	-0.4%
State	24%	23.7%	-0.7%	11%	11.1%	+0.1%

(Source: 1996 and 2002 Census)

At the beginning of 2004 it can be assumed that these figures are not accurate, particularly in relation to the proportion of young people. Given the number of house completions and houses occupied in Castlecragh and the other developments in the area and the large numbers of those occupied by young families and lone parents, it is possible that the numbers in the under 15 years category have increased since 2002.

2.3.3 Disadvantage

The Area Development Management Ltd / GAMMA assessment of deprivation found both Mulhuddart and Tyrrelstown had a rating of 10 which is the highest level of deprivation. In the sections below, they are broken down by lone parents, dependency ratios, unemployment, numbers of Travellers and ex-prisoners. In 1996, the level of lone parent households was 3 times the national average.

In the period 1996 – 2002, the dependency ratios (i.e. the proportion of dependants under 15 and over 65 to working age population) in the Blanchardstown area fell in all DEDs³. However it remains significantly high in the Tyrrelstown and Mulhuddart DEDs showing dependency ratio levels of 44.33% and 27.98% respectively in 2002.

2.3.4 Unemployment

Despite the large drop in unemployment in the greater Blanchardstown area during the period 1996-2002, the figures for the DEDs in the RAPID area, which include Mulhuddart and Tyrrelstown are still at particularly high levels. The table below gives some indication of the disadvantage of the Mulhuddart area in relation to the labour market. For example, Tyrrelstown had over three times the national average unemployment in 1996 and in 2002 had 4 times in 2002. Levels for the Mulhuddart DED also remained high relative to local (Blanchardstown) and national levels.

Table 5 Employment and Unemployment Rates

DEDs in RAPID Area	Unemployed as % of labour force 1996	Unemployed as % of labour force 2002
Mulhuddart	40%	17.5%
Tyrrelstown	45%	23.1%
Blanchardstown	17.8%	9.8%
State	15%	5.7%

(Source: 1996 and 2002 Census)

As unemployment exceeds 20% in Tyrrelstown, it is now listed as one of the country's unemployment 'black-spots'. In addition, the Dublin Employment Pact also identified the Tyrrelstown DED as being in the highest category of concentrated long-term unemployment.

2.3.5 Travellers

It is difficult to estimate the precise number of Travellers resident in the Mulhuddart area due to their nomadic character. The latest survey reveals that approximately 196 Traveller families (i.e. approximately 990 individual Travellers) are resident in the Blanchardstown area. The vast majority of these Travellers live in the Mulhuddart area. Travellers experience significantly lower life expectancy than the average population and higher levels of ill-health.

2.3.6 Refugees and Asylum Seekers

The Blanchardstown Area Partnership plan suggests that the availability of middle price range rented accommodation has attracted a large ethnic minority population to the area. For example, research conducted by Blanchardstown Area Partnership estimates that 8 out of 10 Bosnians resident in Ireland live in Blanchardstown. Figures released in November 2003 show 1609 asylum seekers and refugees claiming supplementary welfare allowance in Dublin 15. The most common places of origin are Africa with 59% and Eastern Europe with 36%. There are 711 child dependents on top of this, which means that in November 2003, 2320 asylum seekers and refugees were residing in Dublin 15. A large proportion of the Bosnian population living in Ireland live in Dublin 15, with 80% residing in the area. No figures are available specifically for the Mulhuddart area.

2.3.7 Drug misuse

Mulhuddart is included in the Blanchardstown Local Drug Task Force area, which was set up in 1997 as one of fourteen areas experiencing the highest level of heroin abuse. Given the nature of drug misuse, statistics on the numbers of drug users in the RAPID area are very difficult to collate. The only data currently available is based on drug users presenting for treatment. By the end of August 2003, 184 people in Blanchardstown presented themselves to treatment services as users of 'hard' drugs. 80% were from the 4 most disadvantaged areas (including the Mulhuddart / Tyrrelstown area), 58.7% were unemployed, 83.1% left school before the age of 17 and heroin was the most frequently used drug.

2.3.8 Homelessness

51 people from the Dublin 15 area presented themselves up to the end of August 2003 to the Homeless Persons Unit based in the inner city. 47 of these were male and 6 were female. 51% of these were from the four most disadvantaged areas.

2.3.9 Education

Another indicator of disadvantage is education. The only figures available from census 2002 relate to population with 3rd level education. These alone demonstrate low levels in the 2 DEDs in question, where the population with 3rd level education in Mulhuddart was 15% and in Tyrrelstown was alarmingly low at 3%.

2.3.10 Disability

According to the 2002 census, levels of disability in the national population are 8.3% (8.7% of women and 7.8% of men). The figures for Mulhuddart and Tyrrelstown are shown in below Table 6.

Table 6 People with Disabilities

DED	0-14	15-24	25-44	45-64	65+	Total	% of population with a disability
Tyrrelstown	29	13	36	29	10	117	7.07%
Mulhuddart	20	22	30	20	3	95	5.18%
Total in 2 DEDs	49	35	66	49	13	212	7.8%

(Source: 2002 Census)

2.4 Health Needs in Other Disadvantaged Areas

Although a detailed health needs assessment has not yet been carried out for the Mulhuddart area, it is hoped that through the consultation process (involving individuals representing community groups and agencies) and cluster meetings) and by looking at the findings of health studies of other disadvantaged areas in Dublin, some conclusions can be drawn on the broad health needs for the Mulhuddart community. (The outcomes of the consultation process are contained in section 3.)

In order to highlight how inequalities in health affect disadvantaged communities in the Dublin area, such as Mulhuddart, three studies are worth referring to. They are health needs assessments carried out in the Dublin Docklands, the Tallaght area and the most recent of the three, carried out for the Finglas area. These studies highlight the types of health statistics and health needs of disadvantaged communities, with similar social, economic and environmental characteristics as Mulhuddart.

Table 7 shows the high levels of smoking, stress and chronic illnesses in all three communities. Other issues highlighted include women's health and the low take up of screening services such as breast examinations and cervical testing. The low take up of preventative health screening is also apparent in relation to the low level of dental examinations. [4] [5] [19]

Table 7 Health Studies in Other Parts of Dublin

Factor	Dublin Docklands	Tallaght	Finglas
Experienced stress in the year prior to the survey	53% 26% consulted GP about stress 12% had prescribed medication	59% 35% consulted GP about stress 19% had prescribed medication	63% 41% had consulted their GP about stress 25% had prescribed medication
Worried about teenagers socialising	60%	60%	54%
Smoking	31% of household members, 17 years or over smoked	40% of household members, 18 years or over smoked	28% of household members, 18 years or over smoked
Household members over 14/15 years with drug / alcohol problem	1%	2%	1%
Households with chronic illness	27%	22%	29%
Household members with a disability	3%	3%	4%
Family planning for women of child-bearing age	46% of women using method of family planning	56% of women using method of family planning	50% of women using method of family planning
Cervical smear levels of women aged 18-65 in last 5 years	54% of women had cervical smear		52% of women had cervical smear
Breast examination aged 18-65 in last 5 years	43%		50%
Smoking during their last pregnancy	29%	41%	24%
Unplanned pregnancies	48% of the women's most recent pregnancies were unplanned	54% of the women's most recent pregnancies were unplanned	48% of the women's most recent pregnancies were unplanned
Population visited a dentist in the 12 months prior to the survey	12%	15%	12%

2.5 Health Needs and Gaps Summarised

The previous community needs surveys and consultations carried out over the last 3 years have all identified the lack of health infrastructure in the Mulhuddart area as a major concern. The development of health centre / primary care unit is seen as a way of addressing a range of specialist medical and primary health needs and this is reflected in the strategic aims of RAPID programme for the area.

An examination of the socio-economic profile of Mulhuddart shows a high level of disadvantage in the area and given the established links between poverty and ill health, this would suggest that the people of Mulhuddart are experiencing higher incidence ill-health and mortality rates than those in better off areas, from diseases such as circulatory disease, cancers, respiratory diseases and from injuries and poisonings. The inequalities in health are also likely to be affecting the large numbers of children and young people in the area who are exposed to the social risks that put them further at risk of ill-health. The socio-economic profile would also suggest that target groups in need of specific community health interventions include lone parents, young parents, women, Travellers, men, children and young people.

As shown in studies of other disadvantaged areas in Dublin, there is likely to be a higher incidence of smoking, stress and chronic illnesses and a low take up of preventative screening services such as breast examinations and cervical testing in an area like Mulhuddart. The low take up of preventative health screening is also apparent in relation to the low level of dental examinations. It is likely that Mulhuddart has similar incidence of diseases mentioned and a low take up of screening services.

For these reasons there is a need for improved health promotion and health information in the area, targeted in culturally appropriate ways and that accessible services are established and are promoted with particular at-risk groups in mind. The specific health interventions to be planned need to address the gaps in health identified in the area, in relation to the health centre, the inequities in access to GP clinics, dentists, pharmacists, etc. There is also a need to tackle the broad impacts on health (i.e. the social determinants of health) in the area such as housing, security, educational disadvantage and environmental issues.





3. The Outcome of the Consultation Process

3.1 Community Needs Identified

3.1.1 Introduction

Section 2 referred to the outcomes of previous consultations carried out by the Mulhuddart Planning and Development Group and as part of the development of the RAPID Action Plan for the area. In order to further build on the previous consultation processes and to look at the issues and needs for the Mulhuddart community itself, this research involved some consultations with community groups and individuals. The approach was firstly to consult with community groups and organisations on the ground about the needs of the people that they are in direct contact with and secondly, to consult with groups of local people in 'cluster consultations' (see section 3.1.3).

The purpose of the consultation process was:

- To identify further the health issues and needs of people on the ground and of particular groups
- To raise awareness of the need for primary health care provision in the area and of the decision making process relating to primary health care provision
- To increase the communities capacity in lobbying for the provision of a primary healthcare facility in Mulhuddart and to advocate on their own behalf on health issues generally
- To facilitate the recruitment of potential 'community' representatives of specific target groups on the Primary Health Group Mulhuddart

As part of the methodology for this research, a range of stakeholders were consulted. The policy makers and Health Board officials were consulted in order to examine service provision, future policies and explore decision making processes and structures. These are discussed in section 4.

3.1.2 Consultations with Community Stakeholders

The issues arising from the consultations with community groups and organisations revealed a range of issues, reflecting the different needs of different target groups in relation to health. In order to clarify the main issues for the target groups, the table below sets out the main issues and needs identified and the respective group consulted.

Table 8 Outcome of Consultation with Community Groups

Target Group & Groups Consulted	Health Issues and Needs Identified
The Broad Community <ul style="list-style-type: none"> – Greater Blanchardstown Development Project – Wellview Green Heath Resource Centre – Forum 15 	<ul style="list-style-type: none"> • Drugs • Accessing health services • Accessing dental care • Accessing family planning • No chemist, no GP, no Dentist in Mulhuddart • High levels of young people and lone parents • Need focus on children and families • Need focus on health promotion and prevention
Young People <ul style="list-style-type: none"> – Mulhuddart Community Youth Project 	<ul style="list-style-type: none"> • Diet, exercise and obesity • Drugs and alcohol • Suicide • Stress and depression • Peer pressure and bullying • Sexual health and pre-pregnancy service – for young people and young mothers • Family breakdown • Road safety and safety in the home
Community Drug projects <ul style="list-style-type: none"> – Tolka River Project – Mulhuddart & Corduff Community Drug Team 	<ul style="list-style-type: none"> • Problems with accommodation • Healthy living programmes– exercise, diet, smoking, screening services • Parenting, safety and child health information needs • Severe dental problems • Difficulties accessing GP services • Stress and other mental health needs • Foot problems • Skin problems • Locally based specialist services as part of integrated primary care provision, e.g. to include clinic for Consultant Psychologist and family planning services • Childcare provision needed as part of provision
Travellers <ul style="list-style-type: none"> – Blanchardstown Traveller Support Group 	<ul style="list-style-type: none"> • Accommodation and condition of halting sites (rats, burning, lack of heating, etc.) • High incidence of chest infections, kidney infection, asthma, accidents and cancers • The mobile health clinic which was excellent service, is no longer in operation • Health information on children's matters, diet and nutrition, genetic defects, health and hygiene on sites • Health professionals to be aware of Traveller culture and use plain language

3.1.3 Cluster Consultations

The groups targeted for 'cluster consultations' were:

- Mens group
- Womens group
- Traveller group
- Senior citizens group

Over December 2003 and January 2004, 'cluster consultations' took place with the men's, women's, Traveller, and Senior Citizens groups. Each 'cluster consultation' began with the Researcher presenting the Mulhuddart Health Check (which gave some basic information on the demographics and services in the area) which was to stimulate thoughts and ideas about health issues. The sessions were broadly structured as follows: (The detailed agenda for the cluster consultations is contained at Appendix II)

- Welcome and introductions and setting out the purpose of the meeting
- Asking people for their experiences of accessing health services
- Ideas and solutions generation
- Finishing with trying to get people involved

The main health needs and issues arising out the cluster consultations were:

- Consultees (in general) expressed difficulties getting a GP when they move to the area
- A considerable number of consultees are attending GPs outside the area
- Traveller perspective very different – lack of trust in conventional medicine and Travellers are happier to attend Accident and Emergency than the GP
- Men's health concerns relate predominantly to stress and lifestyle. Health problems and services mentioned were mental health, stomach ulcers and heart problems as well as access to psychologists and counsellors to deal with stress and related issues
- The needs and issues expressed by senior citizens include the need for a day care centre / service, meals on wheels / subsidised meals, a bereavement service (helping with death certificates, wills, entitlements and money advice)
- All consultees want services to be based locally and to be accessible. They are open to services being located in different buildings, provided there is good co-ordination of services and information
- Consultees are looking for health information on:
 - Child health – how to treat a fever in child
 - Where to and how to avail of services
 - Healthy eating on low incomes
 - Entitlements


3.2 The Outcomes of the Consultation Process

The consultation process with the community achieved a number of outcomes including:

- The identification of a number of potential community health 'activists / volunteers' representing specific target groups, including men, women, senior citizens and Travellers
- Generating interest and stimulating debate in relation to primary health care provision in the area
- Identification of a number of clear health issues and needs which decision makers can act upon
- Some ideas about what the model of primary care for Mulhuddart should include. Suggestions made included:
 - A range of health professionals to be based in the area
 - Good co-ordination and integration of services to the client (to include services to Travellers and Drug abusers)
 - Clinics to be held locally for specialist services – including family planning, psychological services, counselling, etc.
 - An emphasis on health promotion and prevention – to include screening and programmes for target groups
 - Provision to incorporate day care services for the elderly and children

Through the course of the cluster consultations, consultees gave their personal experiences of accessing health care provision. Some of these anecdotal experiences are detailed in section 4 in relation to existing service provision.





4. Health Services Provision in Mulhuddart and The Primary Care Strategy

4.1 Introduction

The previous sections of this research report examine the socio-economic profile of the Mulhuddart area and identify some community health needs and issues which arose out of the community consultation process and through previous needs analyses. In order to consider how these issues and needs can be met, it is necessary to examine current community health service provision and to examine ways that the Mulhuddart community can influence decision making and ultimately the provision of services. This section of the research report:

- outlines the current provision – from the Northern Area Health Board and GPs and refers to personal experiences of accessing these services (taken from the ‘cluster consultations’)
- looks at the Primary Care Strategy both at a national and a HB level and refers to ideas and suggestions from the cluster consultations about what should form part of any future unit in Mulhuddart

The methodology used was through interviews with service providers and policy makers at local and national level and a review of relevant documentation. The list of interviewees is contained in Appendix I and Appendix IV contains a bibliography for this research report. (Section 5 explores decision making processes and possible areas of influence for the community into Northern Area Health Board and GP provision and into future Primary Care provision in the Mulhuddart area.)

4.2 Northern Area Health Board Services

The Northern Area Health Board is one of the most significant health service providers, providing a range of services for the people of Mulhuddart. The services provided by the Northern Area Health Board can be classified as preventative, promotive, curative, supportive and rehabilitative. These are provided from a range of different locations and by a range of health and social service professionals.

The majority of community health services including services for children and families for the people of Mulhuddart are provided from Roselawn Health Centre, close to Blanchardstown village. Some are provided in Carduff Health Centre and others are provided from Wellview Green Health Resource Centre or from Rothdown Road. It is clear from this list (contained in Table 9) that the main issues in terms of provision are related to location and access. It also highlights the complexity of the existing service for consumers trying to access a range of services. The main issue for local people in accessing the Northern Area Health Board services referred to during the ‘cluster consultations’ was to do with access itself and transport, others mentioned having to organise childminding in order to avail of some services and some were interested in health centres being a base for health information. Comments included the following:

“I had to organise babysitter to avail of some services, such as Speech and Language”

“It would be good to have health services based in the area”

“I am here over 20 years. I visit Roselawn for the dentist and medical card forms. If I have no transport it is a big problem – if you are elderly and the legs aren’t great. If you have kids and a

buggy it's very hard too"

"There is an absence of health information"

"People need education... maybe instead of going to a health centre, the public health nurse could come out to groups like this. Do programs on prostate and testicular cancer"

"There is a need for prevention and education"

"There should be an information bureau in the Health Clinic so that people can get information on programmes and get help in applying for what they are entitled to. People need to take responsibility for their own health but they need the information"

"Health should be on the school curriculum. It might be too late for us but the children need to know it. It should be taught in the schools"

"A health centre should be a place where you feel like going to"

Table 9 Northern Area Health Board Services

Location	Service Provided
Corduff Health Centre	<ul style="list-style-type: none">• Public Health Nursing• Addiction services – satellite clinic
Roselawn Health Centre	<ul style="list-style-type: none">• Community Welfare Officer• Dental services• Social Work• Speech and Language Therapy• Community Psychologist• Outpatient Psychiatric Service
Wellview Green Health Resource Centre	<ul style="list-style-type: none">• Speech and Language Group• Access visits (Social Work Service)• Community Psychologist• Project & Community Work
No. 10 Drumheath	<ul style="list-style-type: none">• Public Health Nursing – child and baby clinic (Tues am)• Addiction services – satellite clinic
Rathdown Road	<ul style="list-style-type: none">• Physiotherapy• Occupational Health• Services for Older People

In addition to those community services listed above, the Northern Area Health Board provides a range of other specialist (or secondary) services from James Connolly Memorial Hospital and other locations.

4.3 General Practice

The other main focus of this research is to look at General Practice (GP), to consider the current GP provision for the people of Mulhuddart and to explore opportunities for community involvement in General Practice. This was an extremely complex area to research, made difficult by the following factors:

- There are no GP's physically based in the Mulhuddart area
- 4 GP practices cater for over 2,000 Mulhuddart GMS patients (registered in Community Care Area 6) and it is unclear where the remaining attend
- The exact ratio of GPs to the population of Mulhuddart is unavailable (at present)
- The exact number of GMS patients residing in the Mulhuddart and Tyrrelstown area
- The decision making processes in relation to the creation of GMS GPs is extremely complex
- The local GP structure is the GP partnership for the entire Dublin 15 area

The first part of this aspect of the research was to gather the facts in relation to GP provision in the area. In February 2003, the following information was made available from the ERHA in response to a parliamentary question put forward by Mr Joe Higgins, TD about the patient / GP ratio in the Mulhuddart / Tyrrelstown area. *There are currently 4 GP Practitioners under the GMS scheme with a total of 2,181 GMS patients under the care of these GPs in Mulhuddart Tyrrelstown area. The ratio of GPs to the population is 1:1,846 while the General Medical Services population is 1:1,604.* [15] In March 2004, updated information was supplied by the Northern Area Health Board, which showed a slight increase (of 6.5%) from 2,181 to 2,324 GMS patients with the same 4 GPs. The following figures contained in Table 10 were supplied.

Table 10 GP / GMS Patient Ratio for Mulhuddart / Tyrrelstown

Doctor	Address	Number of GMS Patients (figures supplied Feb 2003)	Number of GMS Patients (figures supplied March 2004)
Dr. Sanfey,	29 Ashfield Court, Blakestown	545	540
Dr. Mc Ginnity	210 Briarwood Lawn, Blakestown	140	122
Dr. Farrell	20 Huntstown Lawn, Huntstown	520	770
Dr. King	20 Huntstown Lawn, Huntstown	976	892
	(Totals)	2,181	2,324

All the GPs listed above are based outside Mulhuddart and all of them hold surgeries outside the area. As the figures supplied refer to GMS patients registered in Community Care Area 6 and patients have freedom of choice in relation to attending a GP, this would suggest that many of their GMS patients included in these figures could be from Blakestown, Huntstown or any other area of Community Care Area 6. Because the way the information is collated it is not possible to determine which GPs the GMS patients living in Mulhuddart and Tyrrelstown are attending.

From the information supplied, it seems that the proportion of GMS patients to GPs is low. However, during the consultations with stakeholders and in cluster consultations (discussed in section 3) many expressed problems accessing GPs. In all 'cluster consultations' a number of consultees who live in Mulhuddart were attending GPs outside the greater Blanchardstown area, which is not reflected in the figures supplied.

Also highlighting further the problem with GP provision, a Manpower Study recently completed and published by the Northern Area Health Board, looks at the location of GPs, their age, the ratio of GPs to patients and makes recommendations for addressing current and future problems. The report states that the Irish national ratio of GP per patient is 1 GP: per 1,600. However according to figures supplied by in March 2004, in the Northern Area Health Board, the ratio is currently 1 GP: per 2,600 patients. [20] Through the course of this research, interviews carried out with the Northern Area Health Board's Primary Care staff confirmed that Mulhuddart is one of the two worst served areas in the Northern Area Health Board (along with Finglas) in terms of GP provision.

Other GP manpower problems highlighted in the report include the age profile of GPs in the area, with a considerable number soon reaching retirement age, difficulties with recruitment and retention and the shortage of GP training places. The report also refers to the difficulties that GPs have in accessing affordable and appropriate accommodation as well as the increasing incidences of violence, vandalism and escalating costs of insurance. Given the projected population expansion of the Mulhuddart and Tyrrelstown

area, the low ratio of GPs per population in the area and The main issues in relation to GP provision are to do with location of surgeries, the small number of GPs dealing with a large population and given the proportion of the population who are GMS patients and other socio-economic factors, highlights the need for good primary care through an accessible, locally based GP service.

Comments made during 'cluster consultations' which highlight the difficulties with the existing level of GP provision were:

"The available doctors are overloaded"

"I had to travel around to get doctor – even though it was an emergency"

"When we moved to the area we had difficulty getting a doctor. We have to travel to Finglas to get to see doctor. My Dad brings me back and forth"

"I had to wait two weeks to see the GP"

"Doctors don't give enough time to the patients"

"There is a real lack of GPs in the area – the nearest ones are in Huntstown. The bus there is called the 'Bangladesh bus' it's so busy!"

Consultees in 2 of the 'cluster consultations' suggested that there were particular difficulties for medical card holders and for Travellers in accessing GP services. Comments made included:

"Medical card holders discriminated against – we are not taken on as quickly as private patients"

"My mother has no doctor. She has called to 4/5 doctors in the Blanchardstown area and cannot get them to see her. She has got a form from Roselawn Health Centre from Traveller PHN and my mother has signed it to say that she has no doctor. She is now quite sick and has only the hospital to deal with her"

"Once the address (of the halting site) was mentioned, this seemed to be the reason why the GPs did not take us on. The address stands in the way."

"I'm on a medical card. I had to go to the doctor but my card ran out so I had to pay for one visit"

4.4 The Primary Care Strategy


In response to some of the deficiencies of the current primary care system, as part of the Government's Health Strategy, *Primary Care – A New Direction* was launched also in late 2001. It outlined a new approach which shifts the emphasis from over-reliance on acute services such as hospitals to one-stop-shops where patients will be able to access GPs, nurses, physiotherapists, chiropodists, social workers and home helps. Wider networks of health and social care professionals, including community pharmacists, will also work with a number of primary care teams.

Features of the Primary Health Care models in the strategy:

- It brings a wide range of service providers together in primary care teams, with the aim that integrated services can be delivered in the community in the most appropriate and accessible way.
- Members of the general public to enrol with a team and with a GP within that team.
- The teams will serve small population groups of approximately 3,000-7,000.

The teams will offer 24-hour cover and because of the number of different disciplines involved, it is hoped that the demand for specialist services and that diagnostic services will reduce as a result. *Primary Care – A New Direction* also proposes the establishment of a wider network of additional professionals to provide therapy services required by a number of primary care teams. Membership of the teams and wider networks are contained in Appendix III.





Primary Health Care Strategy lists at number 19 of its 'implementation actions', that "mechanisms for active community involvement in primary care teams will be established". It mentions the use of consumer panels as well as user participation in service planning and delivery, and having an input into needs assessments initiated by individual health boards.

HB will prepare needs assessments for primary care teams – the coverage, composition and number of primary care teams will be established on the basis of needs assessments. They are to take account of demographic factors, epidemiological factors, geographic considerations and existing health and social service provision. Needs assessments should specifically identify special needs or areas of disadvantage to ensure that primary care teams can be targeted to meet those needs. [2]

During 'cluster consultations', consultees were asked for their ideas and suggestions about what they would like to see in the area, which would help meet the needs and issues raised by them. Interestingly, the comments made incorporated many of the features of the primary care strategy, including the multidisciplinary team approach, the emphasis on health promotion and prevention, accessing specialist services and a holistic approach to health.

Comments in relation to the team approach included the following:

"There should be counsellors that you can talk to as well as a doctor"

"The doctors and the nurses and the psychiatrists should be able to work together as a team, working with the patient"

"A new centre should have a bereavement centre as part of the development - Day care centre and meals, Past office, Welfare and citizen's advice, GPs, Chiropractor / Podiatrist, PHNs, and a Physiotherapist. If not based all in one building they should be close to each other and be central"

"When someone dies it's a problem – getting death certificates, sorting out finances and paperwork. Old people are very isolated during the summer when the club stops. You might not see anyone for 2 months!"

"I would like services located in the area dealing with baby clinic, with specialist paediatrician, health information on women's health, screening, healthy eating, information on drugs, counselling and eye checks"

"It would be good to have children checks – speech, feet, hearing and eye sight and ante-natal checks"

The emphasis on the inclusion of good health information / promotion services in any new health centre / primary care unit and the holistic approach to health of the community are clear from the following suggestions made by consultees:

"There is a real lack of knowledge on matters like taking folic acid. Felt that young Traveller women should be targeted. They nearly all get married young and then have babies, but are suspicious of taking folic acid and other medicines. So health information on this would be good and on diet and healthy eating on low budget"

"People who are on death's door need to be seen before people who are not as sick. If people have the information, they can be active and take responsibility so they don't have to see a doctor every time. They can see the nurse and leave the doctor to take care of those that are really sick"

"There is a need for prevention and education. Smoking is a big problem"

4.5 A Primary Health Team - The Obvious Solution for Mulhuddart

In order to meet the aspirations of local people and address the community health needs and gaps identified in this report (i.e. the absence of a Mulhuddart health centre and the low ratio of GPs per population), the Primary Health Strategy and the establishment of a primary care team for the area was seen by the local community and by the Northern Area Health Board as the obvious solution and the appropriate vehicle. However, in October 2002, the Irish Government allocated 8.4m in 2002 and 2003 for the establishment of 10 primary care projects around the country, 2 of which are in Dublin - one in the Northern Area Health Board in Ballymun and one in the South Western Area Health Board (SWAHB), in the South Inner City. Although Mulhuddart was put forward by the Northern Area Health Board as one of the 3 for the Board, it was not supported.

The criteria for the establishment of a primary care team were largely based on the involvement of a group of GPs and on the availability of suitable physical infrastructure. In discussions with policy makers at national level and within the Northern Area Health Board the policy and the model put forward is the Primary Care Strategy. However, in areas like Mulhuddart where the deficiencies are so great (i.e. no GPs local based, no health centre, no suitable infrastructure, etc), the basics necessary to meet the criteria are not present. From interviews with stakeholders involved policy making and implementation at national and health board level, there appears to be no formal policy approach either to recognising that there are may be areas like this, nor any practical strategies being proposed or used to address deficiencies of this scale in an incremental way. For this reason the chances of Mulhuddart being considered for a Primary Core Unit seem remote.

The Northern Area Health Board has prioritised the establishment of a 'state of the art' primary health care unit in Mulhuddart and a site has been made available by Fingal County Council. The RAPID Action Plan contains such a commitment. However, in the absence of the estimated €11m to build it, this seems like a pipe dream. So there are two major problems preventing the aspirations and objectives of the Primary Health Group Mulhuddart from being fulfilled - the absence of a GP surgery in the area and the absence of €11m to build the unit!

In order to create the conditions for incremental improvements in health services in Mulhuddart and to facilitate the future development of a primary care unit, it is necessary that the following steps are taken:

That appropriate national and regional policies and strategies are developed by the Department of Health and Children and by the Northern Area Health Board, which address deficiencies in health services infrastructure in disadvantaged areas such as Mulhuddart, in relation to primary health services and general practice

That the possible areas of influence open to communities are investigated and that strategies are developed for the community which will give them influence and a voice in the relevant decision making processes.





5 Clarifying and Influencing Decision Making Processes and Structures

5.1 Introduction

Having identified the needs and issues to be addressed and considered the current provision it is necessary to examine ways that the Mulhuddart community can influence decision making and ultimately improve the provision of services. This section explores decision making processes and possible areas of influence for the community in relation to the Northern Area Health Board services, GP provision and future primary care provision in the Mulhuddart area. Again, the methodology used was through interviews with service providers and policy makers of local and national level and a review of relevant documentation. The list of interviewees is contained in Appendix I and a bibliography for this research report is contained in Appendix IV.

Although the ultimate goal of the Primary Health Group Mulhuddart (and the stakeholders and communities consulted) is the establishment of a primary health centre of excellence (in which the community has a voice), it is recognised that the priority is to lay the necessary 'foundations' and create 'favourable conditions' for such a centre to happen. This will require influencing the 4 main decision making processes and structures including:

- attracting and facilitating the establishment of a GP base in the area
- working in partnership with the necessary stakeholders in order to make available the necessary physical infrastructure to facilitate local health services provision
- working in partnership with the necessary stakeholders in order to that appropriate health personnel are assigned to (and located in) the area
- lobbying decision makers and politicians to raise awareness of the needs of the Mulhuddart community in relation to primary health and to allocate the necessary resources

This section of the report details the 4 relevant decision making processes and structures, in an attempt to identify ways that the Primary Health Group Mulhuddart can influence policy makers, priority setters and ultimately, the purse strings.

5.2 Getting a GP Base in the Area

As discussed in section 4.3, four GPs cater for over 2,000 GMS patients (who are registered in Community Care Area 6). All of these are based outside the area and given the current population of the area (in excess of 3,500 in 2002 and estimated to be about 8,000 now); it is unclear how the population of Mulhuddart and Tyrrelstown are catered for. Although attempts were made to obtain more detailed information on the ratio of patients to GPs and of GMS patients to GPs of people residing in the area, the information collated by the Health Board does not allow analysis at this level.

Nevertheless, it is clear from consultations and interviews carried out that there is a problem. The demand for GPs exceeds the supply and new residents in the area report extreme difficulties in getting a GP to 'take them on'. The HB and the local GP partnership are acutely aware of the need for additional GMS GPs and efforts are being made to create an additional post. However the process is complex and there appears to

be little opportunity for community input into this process.

The obvious question is why a private GP does not establish a practice in the area, given the population levels and projected growth. During interviews stakeholders have alluded to a number of factors which prevent this happening.

- There are difficulties recruiting GPs due to low numbers being trained, securing a suitable affordable premises is a problem in Dublin and there are difficulties in developing services in deprived areas [20]
- The free GMS for over 70 year olds means that GPs are attracted (financially) to areas with higher levels of older people
- GPs ideally want roughly an equal balance of GMS and private patients. In an area like Mulhuddart, the GMS proportion is likely to be considerably higher than 50%

Given these problems, it is crucial that additional GMS GP posts are created. The mechanism for this appears to lie with the Northern Area Health Board. The Primary Care Unit in the Northern Area Health Board takes the following steps to establish an additional GMS GP position:

- Getting agreement by local GPs involved in the GP Partnership
- Writing to the Irish Medical Organisation to seek approval for the creation of the post (following which the Irish Medical Organisation consult with some local members (i.e. GPs) and write back to the Northern Area Health Board with its decision)
- Seeking and securing funding from the Department of Health and Children for the post (and overheads such as a nurse, receptionist, and accommodation costs, etc.)
- Advertising and filling the post

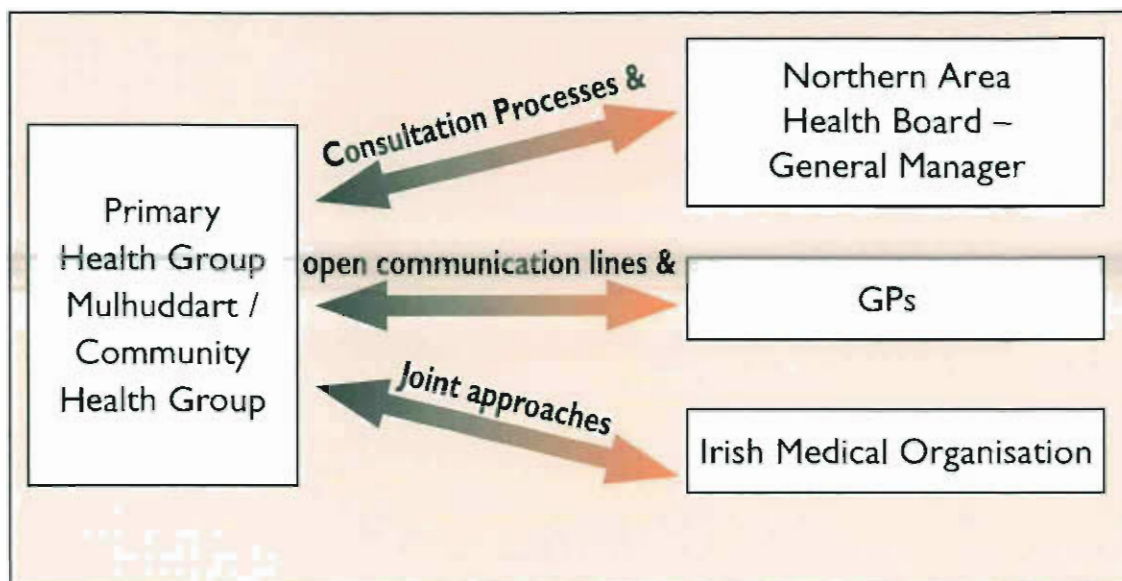
This process is currently in train. The Northern Area Health Board has discussed the matter with the local GP Partnership and they agree that there is a need for the additional GP post and the Northern Area Health Board has written the Irish Medical Organisation and has applied for funding to the Department. The current position (at the time of writing this report) is that the creation of the post is dependent on the Irish Medical Organisation approval and there are positive indicators on securing funding. To date approval has not been given by the IMO and there is no estimated timescale given for this process by the Health Board.

The process itself raises some serious concerns. Firstly there is no obvious way that the community can have an input into the process - into identifying its own needs and working with others to develop possible solutions. It also appears that the Irish Medical Organisation has a possible veto on the creation of such a GP post. Another issue is that there is no guarantee that if the post is created and filled, that the GP will base him / herself in the Mulhuddart area. Despite this, the Primary Health Group Mulhuddart has written to the local GP Partnership to seek its support for the creation of the post, for it to be based in the area and has asked for some ongoing lines of communication to be established. In addition, the Primary Health Group Mulhuddart has strongly made the case to the Northern Area Health Board for this matter to be resolved. One HB interviewee referred to these acts by the Primary Health Group Mulhuddart (although welcome) as "unprecedented" communications and representations of the "voice of the patient".

Figure 1 shows the decision making structures in relation to GP provision and sets out ways that the Primary Health Group Mulhuddart could influence this decision making processes through joint working with the relevant structures, the development of consultation processes and through the establishment of communication lines between the Primary Health Group Mulhuddart and the Northern Area Health Board, the GP Partnership and the Irish Medical Organisation.



Figure 1 Influencing GMS GP Provision



5.3 Getting the Physical Infrastructure

As discussed in section 4.5, one of the criteria (to date) for establishing a Primary Care Team has been the availability of appropriate physical infrastructure. Given the absence of an existing health centre in Mulhuddart or any other building centrally located that could be adapted, it was necessary to identify a site at which a facility could be built. Such a site has been made available by Fingal County Council.

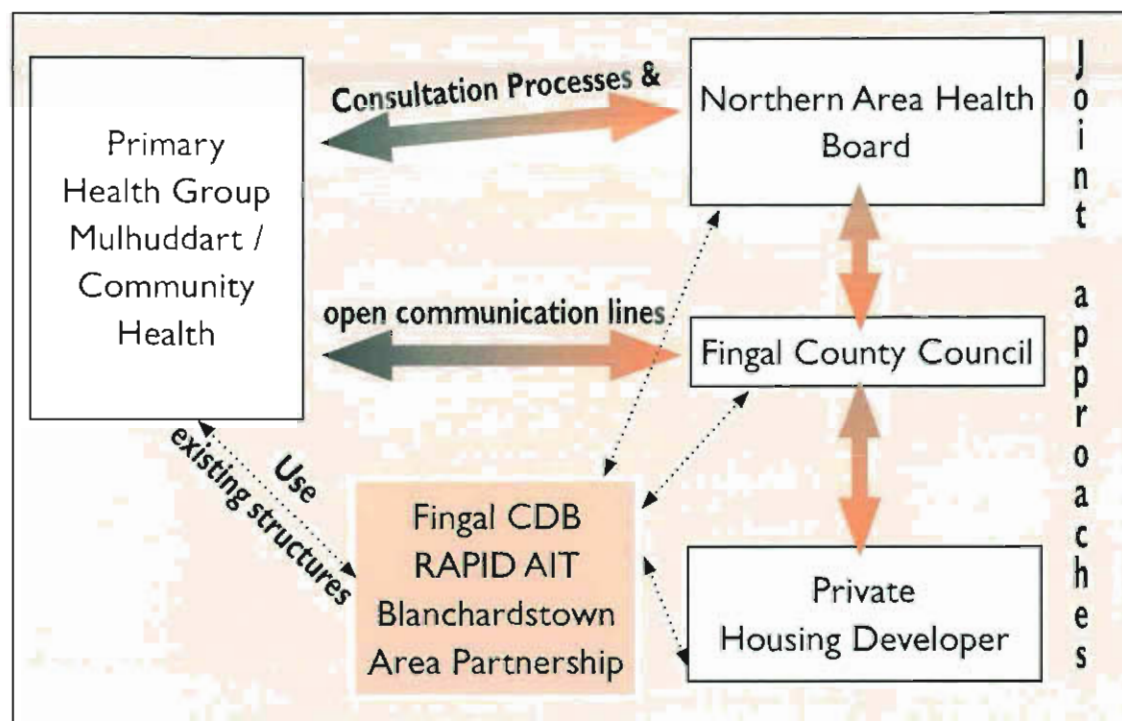
From discussions with interviewees, it appears that the usual ways that land is made available for the development of health centres is by local authorities, particularly in local authority built housing areas such as Mulhuddart. In the past the Health Boards have had the finances to build centres and capital building programmes have been approved by the Department of Health and Children. More recently, since funding levels have reduced, the Health Board has developed more creative approaches to funding the development of facilities. For example in Hartstown the Northern Area Health Board, has developed a joint approach to the development of a mixed use development with FOLD (a registered Housing Association) and in that way has accessed housing funds from the Department of Environment and Local Government. It is possible that such an approach will be explored for the Mulhuddart area.

For smaller scale uses such as community houses, community crèches and GP surgeries, the local authorities sometimes allocate a housing unit for these uses. (Such a housing unit in Castle Curragh has been made available to the health board and efforts are being made to attract a GP to the unit). Along with the new development levies and the requirement for private developers to provide childcare facilities and community rooms, more and more community infrastructure is now being developed and provided by private developers.

Figure 2 shows the main decision making structures in relation to health infrastructure provision and sets out ways that the Primary Health Group Mulhuddart could influence this decision making processes through the development of consultation processes and through the establishment of communication lines between the Primary Health Group Mulhuddart, the Northern Area Health Board and Fingal County Council. The extent of the influence of the Primary Health Group Mulhuddart in this area is limited and the use of existing

structures such as RAPID, the County Development Board or Blanchardstown Area Partnership where both the Northern Area Health Board and Fingal County Council are working collaboratively is likely to have greater influence.

Figure 2 Influencing Health Infrastructure Provision

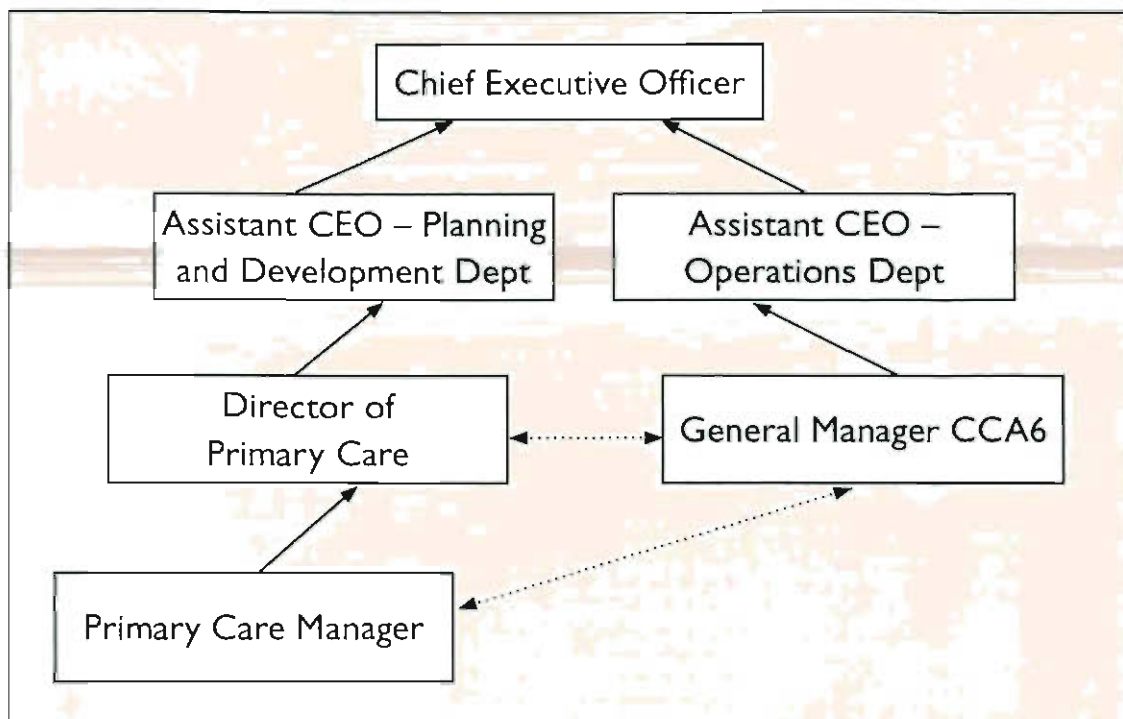


5.4 Getting the Services into Mulhuddart

The provision of GPs has been discussed earlier in the report. In addition to the provision of GPs the Northern Area Health Board has a range of health professionals based in Roselawn and Carduff health centres and in other HB locations. Decisions in relation to the allocation of HB personnel to an area are at the discretion and under the management primarily of the heads of discipline and ultimately the General Manager of the area. There are exceptions for some services which are centrally managed or are under specialist services, such as psychiatry, dentistry, etc. Therefore it is clear that most operational matters are dealt with by the General Manager and it is he/she that is the key person to engage with. For this reason in order to influence the allocation and location of health personnel to Mulhuddart it is important that a good working relationship and lines of communication are developed with the General Manager of Community Care Area 6. The hierarchical structure of the health board, with the position of the General Manager and the role of the planning and development department in health board head office is shown in Figure 3.

In the absence of large amounts of capital funding for the development of a 'state of the art' primary health care centre and the shortage of existing appropriate infrastructure, it is necessary to lay the 'foundations' and create 'favourable conditions' for the future establishment of a primary care team. An important part of this (together with having a GP base in the area) is to locate as many health services in the area as possible and to promote good joint working between the services, to the ultimate benefit of the community.

Figure 3 Part of the Health Board Structure



Health boards have recently been asked by the Department of Health and Children to look at existing manpower and to develop 'team approaches' to primary care from within existing staffing levels. In light of the absence of large amounts of capital funding for physical infrastructure and the freeze on recruitment, it appears that this 'team approach' together with a group of locally based GPs may be the way that primary care will be rolled-out. There now appears to be less emphasis on developing one primary health centre in an area (probably because of the cost implications of this) and to build up health services provision throughout an area, so long as they are linked in terms of communication, individual care, with a team approach, etc. This approach was referred to by one health board interviewee as a 'virtual primary health care unit'.

5.5 Getting Approval for a Primary Health Team

As mentioned above, the Health Board is a hierarchical structure with ultimate decisions being made at the top, at CEO level or board level and operational matters being (largely) managed at an area level. Mulhuddart is within Community Core Area 6 of the Northern Area Health Board and operational matters such as public health nursing, occupational health and social work are under the management of the General Manager of Community Care Area 6. The General Manager reports to the Assistant CEO with responsibility for Operations in the Northern Area Health Board head office in Swords.

Planning and Development matters which relate to Community Care Area 6 (which covers planning and development in relation to Primary Care) are dealt with by the Assistant CEO with responsibility for Planning and Development, also based at Swords. As part of the Planning and Development Department the Director of Primary Care manages the Primary Care Unit, which has its own manager. The structure chart Figure 3 shows the Health Board structure as it relates to primary care operations and planning for Community Care Area 6.

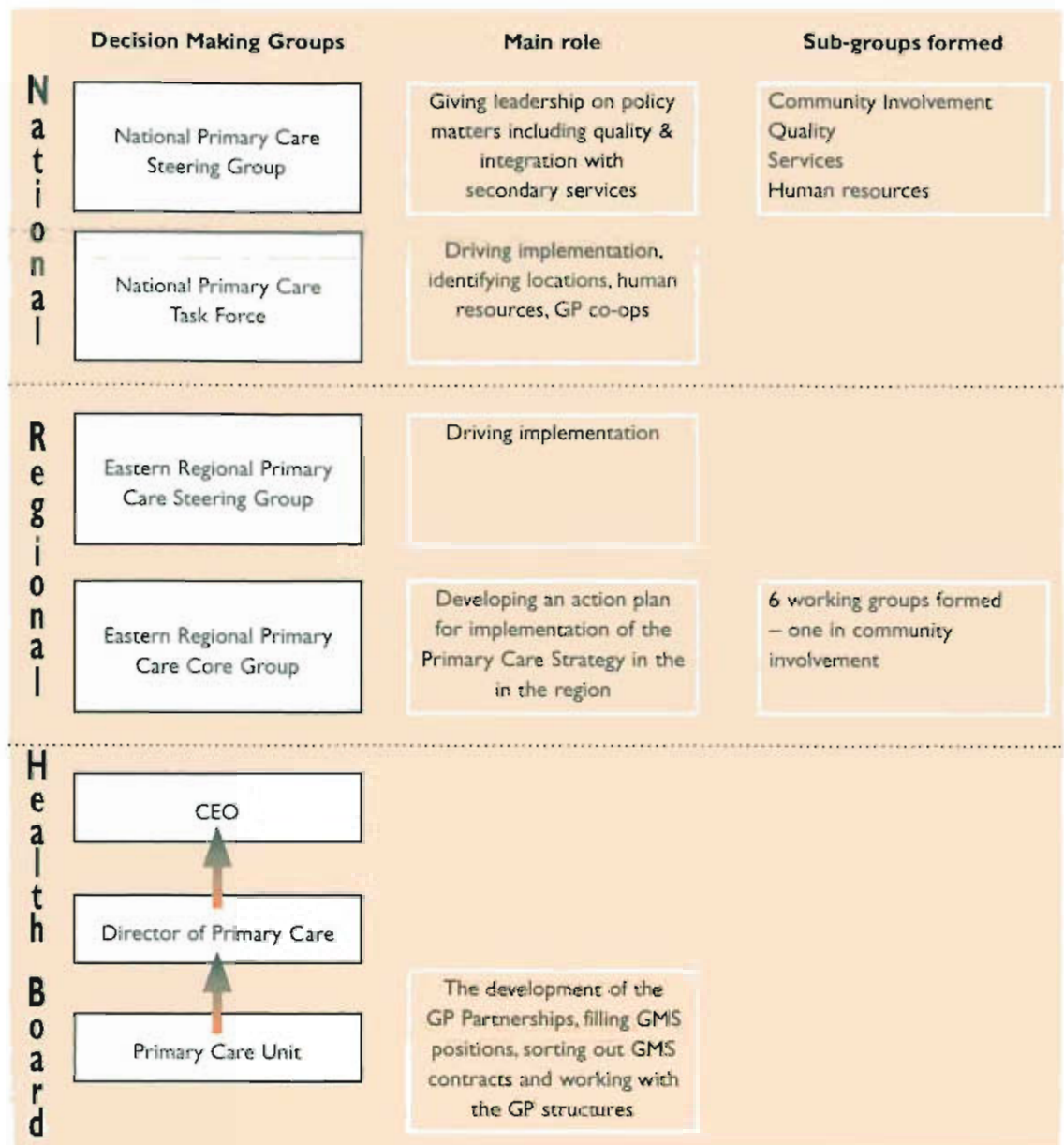
The Primary Care Team has responsibility for supporting the development of the GP Partnerships, filling GMS positions, sorting out GMS contracts and working with the GP structures to ensure that appropriate levels of manpower are in place. The Director of Primary Care has a key role in the roll out of the primary care strategy at a local level.

In addition to the health board structures in relation to primary care, there are also structures at a regional level within the Eastern Regional Health Authority and at a national level. These groups are shown in Figure 4. At a national level the National Primary Care Task Force is an inter-disciplinary group responsible for driving the implementation of the changes and developments contained in the Primary Care Strategy. Another group known as the Primary Care Steering Group includes representation from the Health Boards, primary care professional groups, unions and other stakeholders (including the community and voluntary sector). [2] It has established 4 working groups to look at different issues including community involvement, quality, services, and human resources. It is hoped that the community involvement working group will come up with practical models of community involvement that will make a difference. However some issues including responsiveness to local communities, consultation approaches and representation of minority groups needs are reported to be issues that the group has been grappling with.

At a regional level the structures include an Eastern Regional Primary Care Steering Group (which includes the Assistant CEOs in charge of operations, the Directors of Primary Care, the General Managers, HB professional managers and consumer representation) and a Primary Care Core Group, which includes the social partners, consumer groups, the community and voluntary sector (currently vacant) and professional groups. The Core Group has established, 6 working groups to look at different aspects of the Strategy and is in the process of developing an action plan for implementation of the primary care strategy for the Eastern Region in Spring 2004. This action plan will include proposals as to how communities can be involved in primary care units in the region in the future. It is expected that approaches to community involvement to be included in the action plan will reflect the experience in Lifford, Co Donegal and will be largely based on guidelines being developed by the 'community involvement' working group of the National Primary Care Steering Group.



Figure 4 Primary Care Strategy Decision Making Structures



For the Primary Health Group Mulhuddart, the most important groups to influence and open communication with are the General Manager (at health board level), politicians and the National Primary Care Steering Group. These are the most influential groups in terms of implementation of the primary care strategy (and selection of locations) and are involved in developing approaches to community involvement in primary care. In practical terms keeping communications open with such a large number of groups would be very difficult. For this reason, it is important that good working relationships and good lines of communication are developed with local health board officials.

Given the health reform process and the development of new management and operational structures, it is expected that the implementation structures for primary care will change significantly. It is also possible that the criteria for making decisions and allocating funds will change. In light of these proposed changes it is very important that communities such as Mulhuddart, (through their community organisations) develop effective and maintain good working relationships with appropriate health board officials, throughout the process so that they can remain informed of the new structures and can become involved in consultation and participation processes in relation to primary care.

5.6 Future Possibilities Summarised

Having examined the complex decision making processes and structures in relation to the four particular aspects (i.e. increasing GMS GP provision, allocating appropriate physical infrastructure, improving levels and access to health services and developing a primary health team for the area), this section puts forward some ways that the Primary Health Group Mulhuddart could interact with and influence the main stakeholders in these decision making processes. In order to maximise the possible areas of influence in relation to health provision by the Primory Health Group Mulhuddart (and similar communities faced with the same issues, needs and deficiencies), it is necessary that the other stakeholders including the Northern Area Health Board, Fingal County Council, the Primary Care implementation structures and the Department of Health and Children develop effective approaches to community involvement and to collaborative working between stakeholders.

It is also necessary for communities to be strategic and to target the relevant decision making structures in order to present the case for Mulhuddart. Gathering as much evidence as possible to support the case being made is crucial to the success of these endeavours. To this end, ratios of GPs and other professionals to the population may prove useful, data on morbidity and mortality rates at District Enumeration Division level, as will a detailed health needs assessment of the area. Accessing this type of data will require the co-operation and assistance of the Eastern Regional Health Authority and the Northern Area Health Board (the current holders of this information at District Enumeration Division and local level).

Targeting and lobbying particular members of groups including politicians (Councillors and TDs) on decision making structures (i.e. the Eastern Regional Health Authority, the Northern Area Health Baard, Fingal County Council, Ministers in the Department of Health and Children, etc.) may also be effective.

A process for communities (like Mulhuddart) to follow in order to begin to address same serious health services deficiencies in the community and to influence the relevant decisiion making processes, are set out in 'Template for Community Invalvement in Primary Care' in Appendix VII.



Appendix I

List of Interviewees / Consultees

Table 11 Interviewee List

Name		Organisation
Adrian	Charles	General Manager Community Care Area 6
Angie	Daly	Combat Poverty Agency
Audrey	Travers	Blanchardstown Traveller Support Group
Breda	Grehan	Public Health Nurse, Corduff HC
Catherine	O'Malley	Public Health Nurse, Corduff HC
Concepta	De Bruin	Primary Care Manager, Northern Area Health Board
Dr Aiden	Culhane	GP Partnership Liaison person for Dublin 15
Dr Marian	Dwyer	Blanchardstown Centre Surgery
Dr Philip	Crowley	Institute of Public Health
Fergal	Goodman	Dept of Health and Children
Joe	Doyle	Drugs Taskforce Coordinator
Joy	Synnott	North Western Area Health Board
Karen	Gorman	Mulhuddart Community Youth Project
Maggie	Hand	Blanchardstown Traveller Support Group
Marie	Mc Kay	Corduff and Mulhuddart Community Drugs Team
Mary	O'Sullivan	Traveller CDP
Moirra	Hyland Doyle	Greater Blanch Response to Drugs
Monica	Manning	CAN – Community Action Network
Niall	Sexton	Forum 15
Noel	Mulvihill	General Manager, Community Care Area 7
Nova	Farris	Wellview
Orla	Tracey	Dir. of PHC, Northern Area Health Board
Paula	Keating	Primary Care Unit, Northern Area Health Board
Philip	Cogavin	Dept of Health and Children
Prof. Ivan	Perry	Primary Health Task Group
Sandra	Losty	Tolka River Project
Yvonne	Delaney	Public Health Nurse, Corduff HC

Appendix II

Approach to Cluster Consultations

1. Welcome and introductions

2. Set out the purpose of the meeting

- Background – In needs assessment, health is priority for local people. Also prioritised by the HB – but no funding and no local GP service
- Health Fact Sheet – outline contents to stimulate debate

3. Ask people for their experiences of accessing health services

- Getting practical examples of how this affects women, men, children, old people, etc.
- Concentrate on primary health needs (Prompts – GPs, Public Health Nurses, Physiotherapists, Speech and Language Therapists, Social Workers, Occupational Therapists)

4. Ideas and solutions generation

- What would you like to see in the area? (Prompts if needed – types of clinics, surgeries, health professionals, information, advice, screening,)
- What else would improve the health of you and your family? (Identifying other health impacts and needs – diet, smoking, stress, exercise, environment, living conditions, working conditions, etc.)
- How can we get these messages about all the needs identified to the decision makers?
- How would you like to be involved? What supports / information would you need in order to be involved?

5. Finish

- Get names and details of those interested in getting involved
- Identify those with the 'good stories' – might be useful for future media campaign
- Suggest they all lobby politicians and health officials as much as possible about needing local services
- Let them know what the group is doing next – looking at examples of primary health units elsewhere, media campaign, getting a GP into the area, having local clinics, etc.
- Thank people for coming



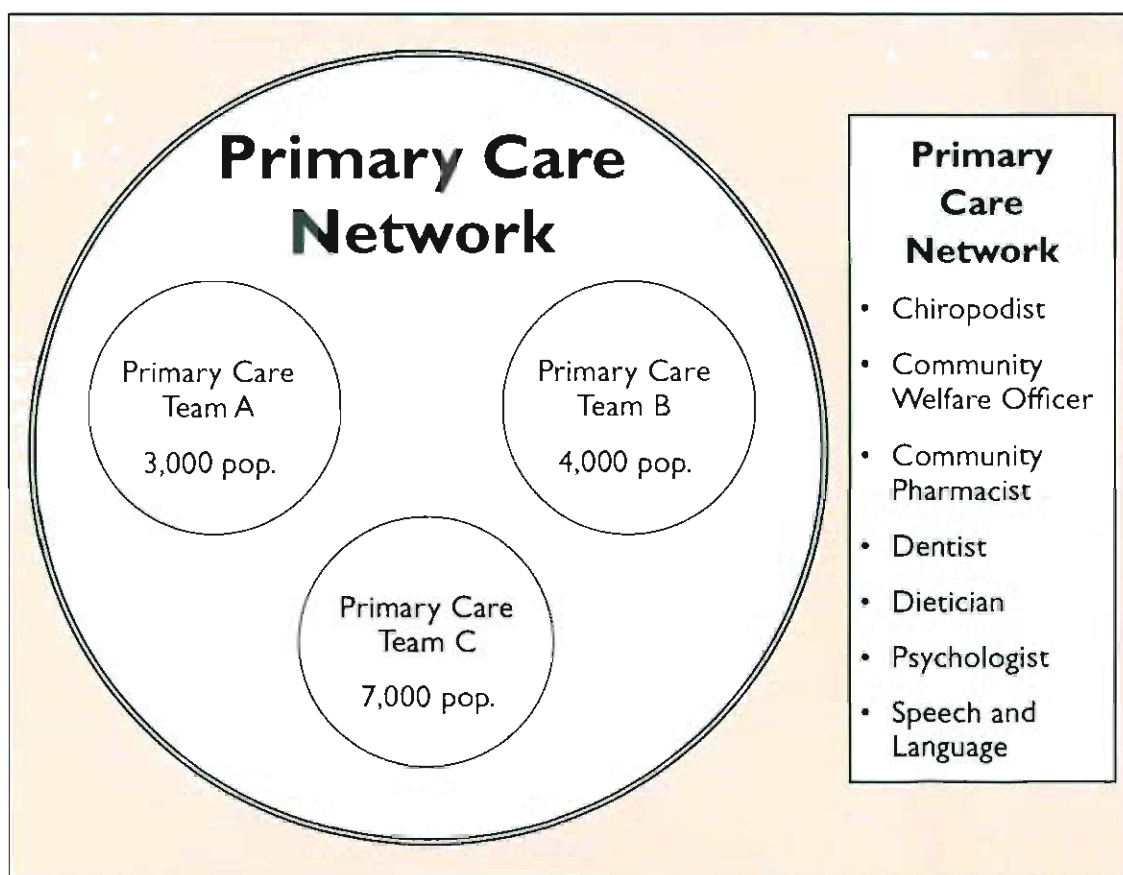
Appendix III

Primary Care Teams and Networks

The table and figure below are taken from *Primary Care – A New Direction*, Department of Health and Children, 2001. [2]

Table 12 Proposed Membership of Primary Care Team	
Proposed Membership of Primary Care Team	Number Envisaged
General practitioner	4.0
Health Care Assistant	3.0
Home Helps	3.0
Nurse/midwife	5.0
Occupational therapist	0.5-1.0*
Physiotherapist	0.5-1.0*
Social worker	0.5-1.0*
Receptionist / clerical officer	4.0
Administrator	1.0

Figure 5 Primary Care Network and Teams



Appendix IV

Bibliography and References

- [1] *Quality and Fairness, A Health System for You*, Department of Health and Children, November 2001
- [2] *Primary Care – A New Direction*, Department of Health and Children, 2001
- [3] *Traveller Health – A National Strategy 2002-2005*, February 2002
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- [9] Five Year Development Plan for Mulhuddart – Recommendations to be included in the final plan, Stephen Rourke, April 2002
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- [12] Progress Report to the Primary Health Group Mulhuddart, Sharon Casgrave, 22nd October 2003
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- [14] Blanchardstown RAPID Plan, June 2002
- [15] Copy of correspondence dated 11 February 2003 from ERHA to Mr Joe Higgins, TD
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- [17] *White Paper on a Framework for Supporting Voluntary Activity and for Developing the Relationship between the State and the Community and Voluntary sector*, Department of Social Community and Family Affairs, September 2000
- [18] *Building Healthy Communities Through Inter-Agency Approaches*, CPA and Blackhall Community Forum, 2003 International Healthy Cities Conference
- [19] *People Living in Finglas and their Health*, Department of Community Health and General Practice, Trinity College, February 2003
- [20] *Review of General Practice Manpower, Training, Recruitment and Retention*, Northern Area Health Board, July 2003



Appendix V

Glossary

ADM	Area Development Management Ltd.
AIT	Area Implementation Team
CAN	Community Action Network
CCA	Community Core Area
CDB	County/City Development Board
CDP	Community Development Project
CDT	Community Drug Team
CPA	Combat Poverty Agency
DED	District Enumeration Division
ERHA	Eastern Regional Health Authority
ESRI	Economic and Social Research Institute
FÁS	Foras Áiseanna Saothair - National Training and Employment Authority
GBDP	Greater Blanchardstown Development Project
GMS	General Medical Services
GP	General Practitioner
IMO	Irish Medical Organisation
NAHB	Northern Area Health Board
NAPS	National Anti-Poverty Strategy
NICHE	Northside Community Health Initiative
RAPID	Revitalising Areas by Planning, Investment and Development

Appendix VI

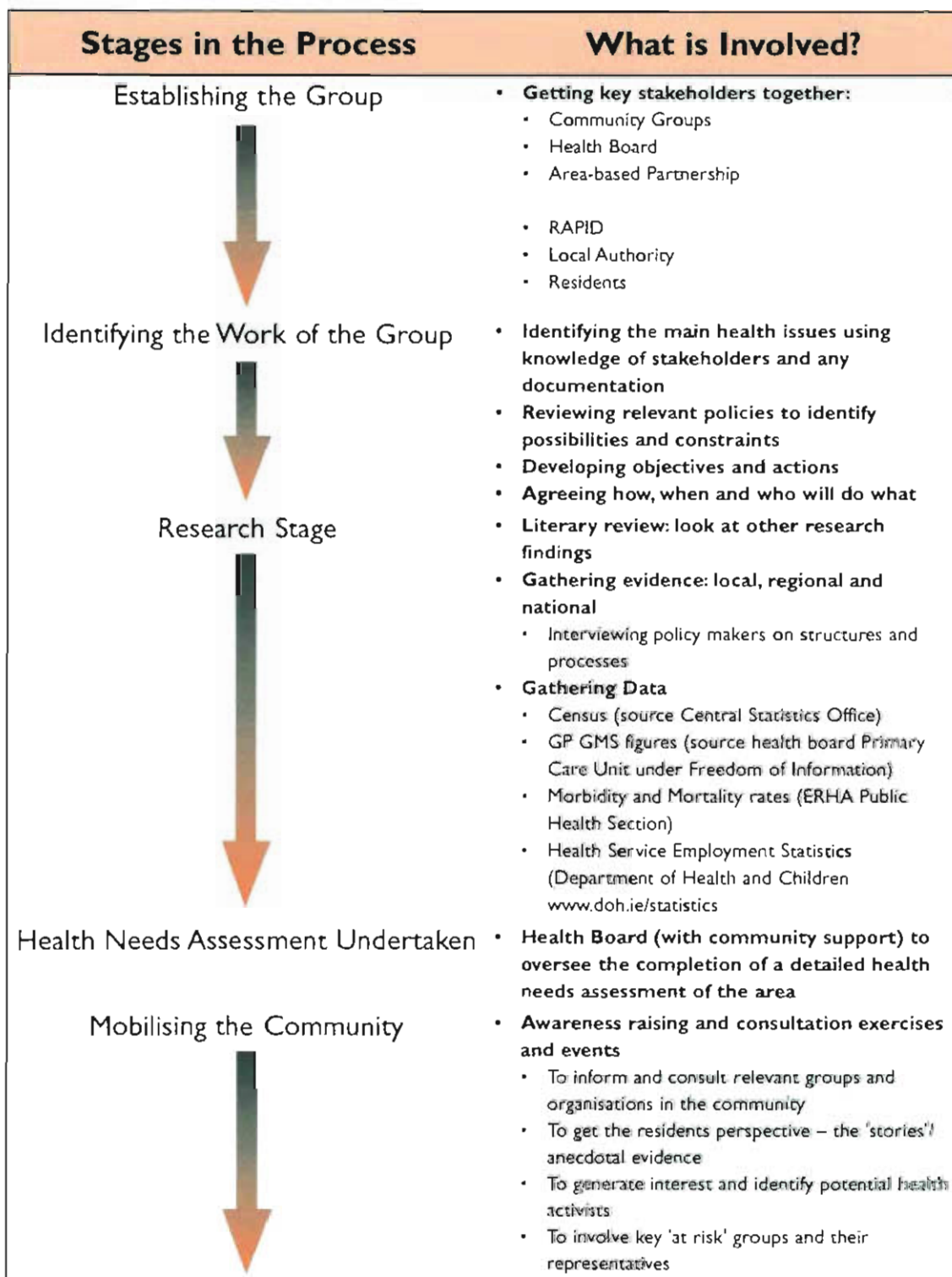
Membership of the Primary Health Group Mulhuddart

Ann	Losty	Greater Blanchardstown Development Project
Beryl	Walsh	Wellview Green Health Resource Centre
Celia	Durnin	Forum 15
Fr. Eugene	Taffe	Mulhuddart Planning and Development Group
Lillian	Horris	Blanchardstown Area Partnership
Niall	Sexton	Forum 15
Niall	Behan	Blanchardstown RAPID
Nava	Farriss	Wellview Green Health Resource Centre
Nuala	Kane	Greater Blanchardstown Development Project

Appendix VII

Template for Community Involvement in Primary Care

Figure 2 Influencing Health Infrastructure Provision



Stages in the Process

What is Involved?

Building a Shared Vision



- Arrange site visits to a range of different primary care units / teams involving key stakeholders and any new community health activists
- Gather information on how they work and take photos
- Actively network with the key people in the preferred units

Getting the Support of the 'Movers'



- Identify the main health providers in the area and decision making structures
 - For HB – the General Manager of the area and the Director of Primary Care
 - For GPs – the local GP Partnership, contactable through the HB's Primary Care Unit
 - Other providers? – Breastcheck, IFPA, etc.
- Make contact and arrange to meet
- Set out the issues and hopes for the outcome of the research
- Seek support or resources as necessary
- Writing up the main issues from consultants
- Keeping key stakeholders and potential community activists involved
- Working out possible actions and potential partners in them

Pulling it all Together

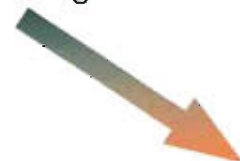


Dissemination and Awareness Raising (&PR)



- With publication, a summary / flyer and a formal launch of the research, target the following:
- community groups, organisations and residents using appropriate methods
 - health providers – GPs, Health Board (CCA General Manager; Heads of Discipline and Head Office Senior Staff) and other locally based agencies
 - decision making structures including RAPID AIT, CDB, Steering Groups and Taskforces at Regional and National level
 - policy makers in Government Departments, CPA, RAPID, ADM, Area Partnership, etc.
 - All local politicians – TDs and Councillors (and candidates), Politicians on the health board and Relevant Ministers

Lobbying and Seeking Commitments



- Arrange and meet with key decision makers in order to seek commitments to:
- Pursue actions
- To involve and consult the community during design and implementation of actions
- To undertake actions recommended

Implementation of Key Actions

