

NORTHERN AREA HEALTH BOARD

Report No 3/2003

People Living In Finglas and Their Health

The Northern Area Health Board commissioned the Department of Community Health and General Practice, Trinity College, Dublin to prepare a needs analysis report for the Finglas area. The report comes in two parts: part 1 examines health needs and current service provision from the perspective of the local community; part 2 examines health needs and current service provision from the perspective of the health and social service providers. The report is an example of the importance of researching the health needs of a small area. In this regard the DED, the smallest unit for which population statistics are available, was used. By concentrating on a small area, the findings of such a survey will assist the future planning, development and delivery of health services in the Finglas area and may also be used as the model for the development of services in other areas.

SUMMARY – PART 1

Summary

The main survey findings are presented in this summary. More detailed findings are available in the results section for use by health planners employed by the area boards. The information contained in this document is also pertinent to those working in primary care or with a special interest in health care.

Objective of the research

To assess the health needs of households and their individual members residing in Finglas.

Methodology - *How the assessment was conducted*

Initially, key individuals, representing organisations and service providers in the community were contacted to inform them of the proposed study and to ascertain the key health and social issues in the area. These issues were included in the questionnaire. A cross sectional study in the twelve district electoral divisions of the study area was then conducted. Primary or principal carers (defined as the person in the household who manages the welfare and health of the family/household) were interviewed in 325 of the selected 420 households. The households were selected employing a cluster sampling methodology. 30 clusters were chosen from both the four less deprived district electoral divisions and the eight more deprived district electoral divisions. Each of the 60 clusters consisted of six adjacent households. The primary carers were interviewed in their homes, using an interviewer administered questionnaire.

What the research found

Of the 420 households selected to participate in the survey, over 77% participated, indicating a keen interest in health related issues. Data were also collected on 963 individuals residing in these houses.

The people of the area

This is generally an older population with one third over the age of 50 years and almost half of these aged 65 years or over. Eighty-three of the primary carers were aged between 65 and 85 years old, of whom, 30 (36%) were living on their own. Of those who stated that they were the primary carers, one third were men.

Primary or principal carers reported that:

- 44% of all household members were outright owners of their homes, 12% of householders were residing in government supported accommodation,
- 31% of households did not own a car,
- just 2% of households were occupied by non-nationals,
- 35% of households had medical card cover,
- 26% of households had neither medical card nor private health insurance,
- 13% described themselves as lone parents,
- 40% of primary carers had primary school education or less.

Lifestyle and family issues

Primary or principal carers reported that:

- 63% had experienced stress in the year prior to the survey, of these;
 - 41% consulted their general practitioner because of their stress,
 - 25% had received prescribed medication,
 - 8% had visited a counsellor.
- 12% experienced violence or intimidation in the previous year, of these;
 - 26% had experienced the incident in their own homes,
 - 55% had reported the violent incident to the police,
 - 37% had sought medical assistance.
- 54% worried about their teenagers' socialising,
- 46% found their teenagers' attitudes or behaviours upsetting,
- 28% of household members, 18 years or over, smoked,
- 1% of household individuals, over 18 years old, had a problem with either alcohol or drugs.

Chronic illness and disability

Primary carers reported that:

- 29% (adjusted) of the 963 household members had a chronic illness,
 - the most common chronic illnesses were cardiovascular disease (33%), respiratory (25%) and arthritis (12%).
- Overall, 4% (adjusted) of household members had a disability (either mental or physical), of these;
 - 30% had their disability since birth,
 - 80% reported a physical disability.

Hospital services

Primary or principal carers reported that:

- 33% (adjusted) of household members used a hospital service in the 12 months prior to the survey, of these;
 - the main reasons for attending were injury or an acute emergency (19%), cardiovascular disease (15%), and ear, nose, throat and eye problems (11%),
 - 62% were elective or planned attendances at the hospital,
 - 43% attended outpatients, 24% were seen in accident and emergency, 11% were day patients and 23% were admitted to hospital,
 - 79% were satisfied with outpatient services,
 - 72% were satisfied with inpatient services,
 - 92% were satisfied with the day care service,
 - 66% were satisfied with the accident and emergency service.
 - The main reasons for satisfaction and dissatisfaction were common to all hospital services,
 - their main reasons for satisfaction were that staff were friendly and the individuals had received good treatment and care,
 - their main reason for dissatisfaction was the long waiting periods encountered.
- Hospital services were more likely to be used by those with chronic illness, those attending the general practitioner and those waiting for health care.

Health services for women

Female primary or principal carers (of child bearing age) reported that:

- 50% (56/113) were using a method of family planning,
- 52% of women aged 18 to 65 had a smear in the last five years,
- 50% of women aged 18 to 65 had a breast examination in the last five years,
- 41% of women aged 52 to 66 years (eligible for the BreastCheck programme) had a mammogram in the last five years.

Primary or principal carers reported that:

- 52% of the women's most recent pregnancies were planned,
- 38% opted for general practitioner and hospital shared care,
- 24% of the women smoked during their last pregnancy,
- 85% delivered their last child in the Rotunda Hospital.

Community health services

Primary or principal carers reported that:

- 58% (adjusted) of the household members had attended their general practitioner in the last year,
 - the main diagnoses or treatments that resulted in the individuals attending were; respiratory conditions (22%), cardiovascular disease (16%) and ear, nose and throat problems (8%).
 - The main purpose of the individuals most recent visit to the general practitioner was a sudden illness (42%) or a repeat prescription (25%),
 - 83% were satisfied with services provided by their general practitioners;

- the main reasons for satisfaction were, the doctor provided good treatment or care (65%), the doctor listened to their problem(s) (46%) and the doctor was friendly (38%),
 - the main cause of dissatisfaction was that the doctor did not listen to their problem(s) (7%).
- 16% of respondents were unhappy with the current 'out of hours' general practitioner service,
- 3% of the individuals had consulted a community nurse in the last year, of these,
 - 96% were satisfied with the service provided.
- 84% of children aged between two and five years residing in their households had completed the routine childhood vaccines,
- 82% of children aged between two and five years had received the meningitis C vaccine,
- the most common sources of health information were the staff at their general practice (67%),
- just 12% of the population had visited a dentist in the 12 months prior to the survey and 91% were satisfied with the service.

Waiting for health care

- 7% (adjusted) of the household members were on a waiting list, of these,
 - 71% were waiting for hospital services,
 - 29% were waiting for dental services and other community services.

Additional health services identified by the people in the area

- 71% of the primary carers identified additional health needs in the area,
 - 36% requested improved services for the elderly,
 - 35% suggested that the 'out of hours' general practitioner services should be reorganised,
 - 31% suggested clinics to promote 'a healthy lifestyle',
 - 21% specifically suggested services dedicated to adolescents including the provision of psychological services and contraceptive advice,
 - other services suggested included free primary care and expansion of the dental service to all members of the community.

Conclusion

The people living in Finglas were keen to participate in the study and made valuable suggestions about the services needed in the area. It is hoped that the information will be an important resource for health planners and service providers in the area.

SUMMARY - Part 2

The main research findings are presented in this summary. More detailed findings are available in the results section.

Objective of the research

To gain a better understanding of the health needs and the current service provision in the area from the health and social service providers' perspective. The participant's

perceptions of co-ordination and teamwork amongst service providers was explored and suggestions were sought on how to facilitate the primary care team to work together effectively.

How the study was conducted

Permission was obtained from the General Manager of Community Care Area 6, in the Northern Area Health Board to contact the senior manager of each health service discipline within the health board. Persons employed in private practice were contacted individually. Service providers were informed about the study and asked to discuss with their colleagues the health needs in the area. A topic guide was provided to assist with their discussion. They were requested to nominate a colleague from their discipline who would be willing to be interviewed on their behalf.

Twenty service providers agreed to participate. They represented a broad spectrum of health and social service providers in the community including dentist, doctors, nurses, pharmacist, therapists and other staff including those involved in care of the elderly. The information was collected through taped semi-structured interviews.

What the research found

The results are presented under three broad categories: the health issues in the community; services and resources available or required in the community, and co-ordination and teamwork in the area.

The health issues in the community

The health service providers were asked what were the main health issues in the area. The responses were allocated into one of three categories: physical, mental and social. The respondents reported that:

- The physical problems covered a broad spectrum of diseases affecting all age groups, though older people were more likely to have chronic illnesses.
 - The main problems were respiratory diseases, cardiovascular conditions, arthritis, diabetes and terminal illness. In addition the elderly experienced decreased mobility, increasing frailty and chronic leg ulcers
- Depression was the main mental health problem among people in Finglas and this affected both young and old.
 - The main factors associated with depression were bereavement, loneliness, isolation, fear of assault and social deprivation.
- Overall the main social issues that had an impact on the health of the community were: the effects of substance misuse (including associated crime); increasing loneliness and isolation; fear for personal safety; and factors associated with social deprivation such as poor housing and inadequate nutrition.

Services and resources in the community

The health service providers were also asked to elicit the main barriers or difficulties they experienced in delivering their service, to suggest methods on how to improve existing services and to identify additional services required.

The main barriers described were insufficient staff, difficulties encountered in attempting to access other health services and long delays waiting for hospital consultations. Problems in the health centre facilities; inadequate privacy for clients and a lack of adequate administrative staff, were other barriers to effective service delivery.

Respondents were asked what resources were required in the area. Most of the respondents stated they did not have enough resources and reported the need for:

- More staff within their own specific service and within other services.
- Expanded services for the elderly including additional local day care and respite facilities, extension of the Meals on Wheels service and increased access to the personal security schemes.
- Facilities for parents of young children,
 - for example, a family resource centre where parents are supported and child centred services are based.

Respondents were asked for suggestions on how to improve services. Apart from the many resources already mentioned the main suggestions were:

- Improve formal communication between disciplines so as to improve teamwork.
- Incorporate more health promotion and prevention activities in their daily work.
- Collate information on the different services available in the area and disseminate the information to both service providers and service users.
- Provide ongoing training and further education for service providers to ensure they continue to provide a good service.

Co-ordination and Teamwork in the area

The respondents were asked to discuss the level of co-ordination amongst service providers in the area. Most of the respondents said that there was some level of co-ordination (ranging from good to poor) in the area.

They reported that:

- There was no formal structure for communicating within the health services and most co-ordinating occurred on an informal basis.
- Communication was mainly by telephone with very little 'face to face' meetings with the other disciplines.
- The level of co-ordination depended on the inter-personal skills of the individuals working within the different disciplines and how long they had worked in the area.
- The service providers worked in isolation and this negatively affected the delivery of the service.
- Respondents said that there was poor integration of health services and poor co-ordination between the acute hospital services and the community health services.
- Co-ordination was generally much better if the services were in close proximity to each other.

Respondents were asked to give suggestions as to how the primary care team could work better for the community. The majority of the participants made very positive suggestions and displayed a great willingness to work together.

The respondents suggested that:

- The community need to be guaranteed that high quality of care can be delivered through the primary care services.
- The service providers should be trained and supported to facilitate effective inter-agency co-ordination.
- It was important to have structured team meetings and good communication between the different public and private service providers.
- The service providers needed to be based within a geographical area.
- Knowing the individuals in the team and using information technology would improve communication.

Conclusion

The service providers were very positive about the value of different disciplines working together as a team, a philosophy which is endorsed in the primary care strategy. They displayed a willingness to facilitate a team approach to primary health care in order to enhance the health care service for the people living in the Finglas area.

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