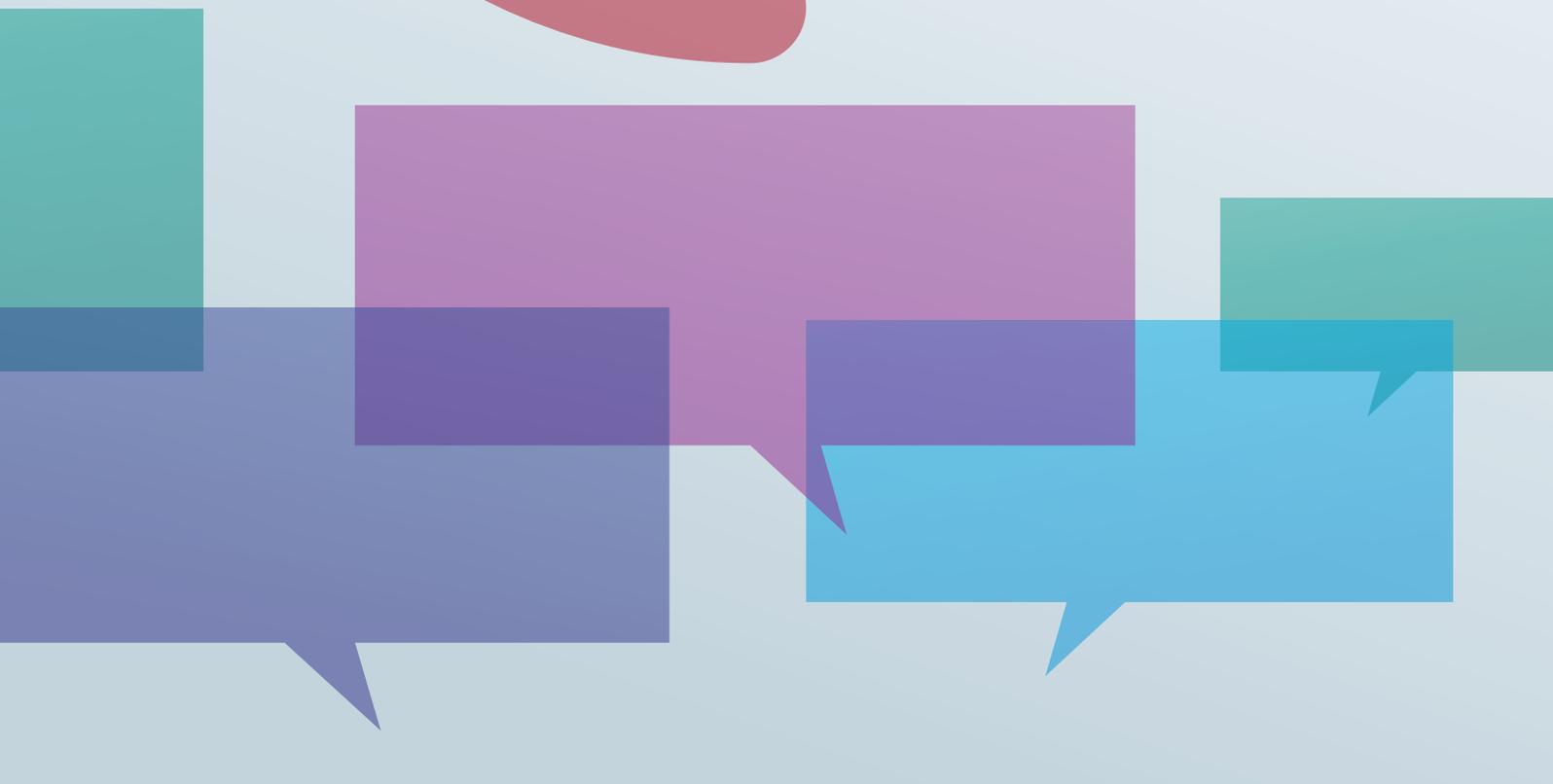




Listening to Older People

Experiences with Health Services

A collaborative exercise conducted by the HSE Quality Improvement Division and Age Friendly Ireland



Acknowledgements

Greg Price from the HSE Quality Improvement Division and Pat Doherty from Age Friendly Ireland would like to thank all of the people who took part in the Listening Meetings held in 2015.

We would particularly like to acknowledge and thank the older people who took time to come to the events around the country and share their own experiences. This report would not have been possible without their willingness and openness to tell their stories. We acknowledge their bravery in talking about personal matters in front of others and allowing their stories to go on record.

We would also like to thank:

- ▶ Age Friendly Ireland who facilitated the meetings through the National Age Friendly Cities and Counties Programme.
- ▶ The Chairs of the five Age Friendly Alliances who took part and introduced the events.
- ▶ The Chairs and coordinators of the local Older Peoples Councils in Cork, Donegal, Dun Laoghaire, Limerick and Roscommon who organised the events locally.
- ▶ Officers and staff of the Local Authorities and HSE who attended the events to hear first-hand what older people had to say about health care services in their area.
- ▶ The Regional Development Consultants from Age Friendly Ireland who assisted in securing the involvement of the five Older Peoples Councils.
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Good communication is at the heart of all good services and one of the key priorities of the Health Service Executive (HSE) is to involve patients in the evaluation of our health services. International research has found that the quality and safety of healthcare can be improved by working in partnership with patients and service users. This means listening to the patients' perspectives on how our health services work or don't work for them.

We need to understand patients' perspective on everything from access to acute hospitals — by public and private transport to the functioning of outpatients' and emergency departments to their experiences as inpatients. It also means finding out how people experience health services in the community — from home help to primary care centres. This aligns with government policy to support older people to remain in their homes and communities for as long as possible.

Currently, the principal way that patients can inform us about their experiences is through the “Your Service, Your Say” system. Patients can do so by talking to a HSE staff member, services manager or complaints officer. Alternatively, they can write, phone or email their comment, compliment or complaint directly. With this system, we receive a number of individual complaints. However, we rarely receive wider feedback about the health services.

In 2014, the HSE teamed up with Age Friendly Ireland to get feedback from older people on our health services. Through its Age Friendly Cities and Counties Programme, Age Friendly Ireland works with state agencies and local authorities across Ireland to improve public services for older people. The Age Friendly Cities and Counties Programme brings groups of older people together in Older People's Councils who then partake in Age Friendly Alliances to develop initiatives that improve the lives of older people living in communities across Ireland.

From this collaboration with Age Friendly Ireland, we published the report, ‘Listening to Older People: Experiences with Health Services’ (2015). Essentially, this report presents the feedback we received from older

people across Ireland. More specifically, it is the result of “listening meetings” with groups of older people in Galway, Kilkenny, Meath, Kildare and Dublin. Members of the Advocacy Unit of the HSE participated in these meetings and took notes on the feedback from the older people. Age Friendly Ireland staff also took notes and the combined notes formed the basis of the report.

In 2015, we held a second round of listening meetings with older people in Cork, Dun Laoghaire, Letterkenny, Limerick and Roscommon. As with the previous listening meetings, these gatherings did not centre around specific issues but were an opportunity for older people to have an open discussion about our health services.

Participants ranged in age and situation but generally speaking, they were the “well elderly” who could readily express their views. The listening meetings also included carers — spouses or siblings, and in some cases paid carers or home helps. They were held in public venues convenient for those who participated and lasted about two and half hours.

The report which follows is a result of this second round of listening meetings that we held with the Older People's Councils in the Age Friendly Cities and Counties Programme. However, as a direct result of the feedback we received from older people following the first report, we have made significant changes to the format of this report. Older people asked that their feedback be divided up on a geographical basis rather than by the type of service (e.g, acute hospitals, primary care, etc). So, as you will see, this report is divided up into five chapters based on each region where we held the listening meeting — Cork, Dun Laoghaire, Letterkenny, Limerick and Roscommon.

In this report, we also decided to include responses to the older people's feedback from the service providers. This involved asking the hospital managers and community healthcare chief officers in each area to respond to the older people's feedback. Throughout the report, we have placed the relevant response from the service provider straight after the older person's feedback. We hope that this will help both parties — the service users and

the service providers to understand each other better.

We have found that by including the service providers' response to the older people's feedback, sometimes, the information provided answers the query directly. In other words, a lack of information about the service was at the core of the issue.

However, this is not always the case as poor communication with patients at a vulnerable time is sometimes the biggest issue. We hope that service providers and service users will take the time to read and digest what people say.

Listening to what people have to say about their experiences of our health services is undoubtedly a key to improving these services. Similarly, understanding how these health services work will also help improve patients' experience of community and hospital services.

10 Themes Identified in the Listening Report

- ▶ Poor Communication between healthcare staff & patients
- ▶ Lack of respect and compassion for older people
- ▶ Poor hygiene in acute hospitals
- ▶ Long waiting times in outpatients departments and inconsiderate appointment scheduling
- ▶ Lack of hot meals in emergency departments
- ▶ Delays in arrival of ambulances
- ▶ Need for more GPs in rural areas
- ▶ Support groups for carers valuable
- ▶ More home help hours needed
- ▶ Inadequate public transport to hospitals

The feedback from older people in the Roscommon region covered all aspects of social and medical care from home help to ambulance services to experiences of acute hospitals, both as an in-patient and an out-patient.

In some cases, the specific concerns were about delays in transferring from one GP to another. In others, there were broader complaints about poor communication and lack of respect for the ill person.

When the Service Provider responses to the feedback from the older people are included, it becomes clear that sometimes, the most important thing missing is clear communication about how the services work. For example, if patients have a clear idea – within reason – when they will be seen in the Emergency Department, they can make better arrangements for transport home. This can be a particular concern for older people who either rely on public transport or need to arrange in advance for a neighbour to drive them home.

The following sections provide more detail about what concerns older people in Roscommon about their health services.

Home Help

Home help is a key component of older people's ability to continue to live in their own homes. One older person expressed frustration about the lack of home help, broadening out to more general criticism of the value of these listening sessions.

“Home help services have been cut to the bone. Home help staff barely have time to talk to the patients. Vision is useless when there is no action. How much of the feedback from last year's listening sessions has been acted on and what has been achieved? The front line staff are amazing but they work long hours and are stressed and understaffed.”

Response from Older Services Manager

Home Help services in Roscommon are prioritised for those clients with high care need (i.e. those who require assistance with personal care, getting to and from bed, assistance with eating etc) within the allocated budget. The number of hours delivered is based on budget allocation to Older Person Services Roscommon. There has not been a reduction in Home Help provision in Roscommon.

- ▶ Number of Home Help hours delivered in Roscommon in 2014 was 231,947
- ▶ Number of Home Help hours delivered in Roscommon in 2015 was 242,267

This equates to a 4.4% increase in Home Help provision in 2015.

Community Supports

Older people are outspoken about the need for community supports to help them stay in their own homes as long as possible. The Meals on Wheels service is seen to be a key service for many older people, offering nutritious meals for those who live alone and can no longer cook for themselves.

“People need to be supported to stay in their own homes.”

Response from Older Services Manager

The HSE endeavours to support people to live independently in the community, providing a range of services designed to support people to stay in their own homes e.g. home help, home care packages, day care services. Only about 5% of all older people ever need residential or nursing home care. Residential care is usually needed after a spell in hospital, when the individual is ready to leave general hospital, but not quite well enough yet to manage at home alone. It can also be the best

options when an older person becomes unable to live alone through illness or disability.

“The Meals on Wheels service is a voluntary service. The HSE stopped providing or supporting this service.”

Response from Older Services Manager

The Home Help Department prioritizes clients for a Home Help service based on those with high care needs. The department made a decision to cease providing a Meals on Wheels service to new clients in 2009. Where clients were in receipt of Meals on Wheels in 2009, they have retained that service. Both the HSE and voluntary groups, in partnership, provide a meal service, some with delivery. For example, meals are prepared in the Sacred Heart Hospital, Roscommon and in the Plunkett Community Nursing Unit, Boyle and delivered by volunteer drivers. Others are prepared and delivered by a voluntary group in Keadue and Athlone which is grant aided by the HSE. The HSE Home Helps in Roscommon are delivering some meals that are prepared in the kitchens of our public units, i.e. Sacred Heart Hospital Roscommon, the Plunkett Community Nursing Unit, Boyle and Aras Mhathair Phoil, Castlerea. We also provide grant aid funding to Ballaghadereen, Strokestown and Elphin Day Centres who prepare some meals for delivery by HSE Home Helps in Roscommon.

Primary Care Services

The main feedback about GP services in Roscommon is around the delay in transferring from one GP to another. Some people explained how they waited for months for their files to be transferred to their new GP.

“It took 6 months to get a file transferred to a new GP.”

“It took two and a half years to transfer to a new GP on the medical card scheme. In the meantime, she paid for the GP services.”

Response received from Primary Care

Patients covered under the GMS who decide to change GP are required to fill in a change of GP form and get this signed by the new GP who has to be registered on the GMS system. This has then to be submitted to the Primary Care Reimbursement Scheme (PCRS). It can take up to three months to be processed within PCRS. Then the patient is issued with a new medical card with the new doctor’s details. During the time that the change of doctor form is being processed, the patient continues to be covered under GMS services by their existing GP.

The lack of coordination between physical and mental health services was another issue of concern.

“One woman’s physical health needs are being overlooked because they are waiting for mental health services to access her, although her family members told the doctor that she has been dealing with these issues for years.”

Response from Consultant Psychiatrist

Firstly, it appears that this is an issue pertaining to the doctor and not mental health. Physical/medical needs should not await mental health assessment and should be investigated and managed in the first instance. Secondly, the Psychiatry of Later Life team endeavour to assess all referrals within one to two weeks of receiving the referral and immediately if urgent assessment required. We also welcome any contact from the referral agent to discuss.

Disability Services

Older people have expressed concern that some older people with disabilities are “pushed out” of hospital when they are not ready – without a homecare package organised for them. Some older people explain how they don’t want to go into respite care, for fear of not getting back to their own homes.

Roscommon disabilities support group

“Older people or people with disabilities are being pushed out of hospitals when they are not ready and there is no package in place for them; Is there no social worker or case worker to coordinate services for them? People are afraid to go for respite in case they won’t be able to go home.”

Response from Disability Manager

Disability Services provide services to people with disabilities under 65 years. Early unplanned discharges from Acute Hospitals are not within the remit or the control of the Disability Department. This department has always endeavoured to support and provide service based on need within the resources available to us. Older persons over 65 years receive their services on discharge from the Older Persons Services. We will bring this issue to the attention of Older Persons Services as a matter requiring attention

There is no social worker or case manager employed within HSE Disability Services Roscommon to co-ordinate services specifically for physical and sensory disabilities

In relation to people under 65 years with a disability, we have not experienced this in our service to date. Clients are availing of respite on an ongoing basis and continue to return home. There have been no issues to date that we have been made aware of. These issues may arise with some older people who are in respite and worry that they may not be able to return to their own home.

Ambulance Services

The time it takes for an ambulance to reach a person who fell and broke bones or had a heart attack or stroke is the biggest concern for older people. Some people are also critical that ambulances can’t come to Roscommon from Castlebar Hospital, even though it is closer to where they live than Galway University Hospital.

“One woman fell and broke her nose and wrist and had to wait for an hour and eight minutes for the ambulance to arrive.”

“My son found someone in a collapsed state. It took the ambulance 45 minutes to arrive even though we were only three miles outside the town.”

“Ambulances are not allowed to come to Roscommon from Castlebar, even though it can be quicker than from Galway!”

Response from the Director of National Ambulance Service

We would require further information on each case before we could reply to the individual issues raised. The National Ambulance Service aims to supply services in as timely a manner as possible based on the clinical requirements of the patient. It is disappointing that this may not have occurred for the patients mentioned here. In the future, we would welcome an opportunity to attend these listening sessions so that we could outline the National Ambulance Service processes and procedures which include telephone assistance to callers while ambulances are en route.

Care in Acute Hospitals

Dignity & Respect: Many older people raise issues about the communications between healthcare professionals and patients. Some older people have experienced doctors shouting or speaking loudly to patients across other patients. Other older people feel that the standard of care varies hugely from excellent to very poor.

“There were people from the same town visiting and they could hear everything that the doctor was saying to me. It was the same when the doctor spoke to other patients on the ward. In private healthcare there is extra respect for patients. A lot of people cannot afford private care and they expect to be treated with respect and compassion in the public system. It is not acceptable to speak to a patient on a public ward in such a loud voice when there is nothing wrong with their hearing.”

Response from the Hospital Services Manager

Roscommon University Hospital has a limited number of private / single rooms and therefore most patients are cared for in four or five bedded rooms on wards. We acknowledge that this causes problems in trying to maintain confidentiality, particularly on ward rounds. Consultants are aware of this and do their best to discuss the plan of care with patients in a lower tone of voice. If sensitive information is being discussed with patients or families then, this is usually done in an office and not on the ward.

“There are examples of some excellent care – someone had a heart attack and was on an operating theatre in University Hospital Galway in two hours. He had a stent put in and was back at home in three days. There are examples of poor care. For example, I witnessed a very poor experience in Portiuncula Hospital where a man was left sitting on a chair in the Emergency Department, begging to be transferred to UCHG. He was admitted to Portiuncula and then three days later, when he was very sick, he was transferred to University Hospital Galway by ambulance. He ended up with a tracheotomy.”

“My mother in law, who has dementia, was on a ward

with a young girl who had anorexia nervosa. An elderly man was put on the same ward. He had no pyjamas and was wearing two hospital gowns. He was using a bed pan. There was no consideration for dignity or respect to patients.”

Some of the comments relate directly to the communications between healthcare staff and patients.

“Healthcare staff and consultants in particular, don’t talk to older patients or patients with disabilities, they talk to their family members or carers.”

“There seems to be an ageist attitude at the centre of care for the elderly. There is an emphasis on the age of the patients in hospitals and Emergency Departments. Care should be about clinical need, not age.”

“When people are in hospital, they feel that they have no voice and need someone to advocate on their behalf.”

Response from the Hospital Services Manager

The Support and Advocacy for Older People in Ireland (SAGE) has attended hospital meetings and staff members are aware of this service. We have posters on the ward informing patients. Nurses on the wards do advocate for their patients. This is an integral role of the nurse. The risk advisor, who is also the complaints officer will meet with patients as part of the Patients’ Liaison Services role and will advocate for patients also.

“If patients were treated with respect, things would improve.”

Response from the Hospital Services Manager

Communication with patients, relatives and between staff, is an ongoing theme in complaints, both locally and nationally. There are numerous initiatives being

rolled out in all hospitals to improve communication. For example, the appointment of Patient Liaison Services (PALS) and the role out of the “hello my name is” campaign. Communication has also been identified as the theme for the Patient Council in 2016.

Some people also spoke about their experience of being in an Emergency Department, waiting for a bed. The issues of timing of operations and discharge from hospital were also raised.

“Beds are available but people are waiting on trolleys. Is there no computer system in place to check bed availability, like it is done in hotels?”

“An operation was scheduled for 7am, but the theatre didn’t open until 9am.”

“One woman spoke about her experience in Sligo Hospital when a doctor came in at 2.45am to discharge her. She lived 50 miles away and refused to go home.”

Outpatient Services

Many older people travel great distances for outpatients’ appointments in acute hospitals. The comments below express the frustration felt by older people waiting for a long time once they arrive for their appointment.

Many older people also raised concerns about difficulty getting to appointments made very early in the morning. The cost of transport to and from hospitals was also an issue. On a positive note, one older person expressed satisfaction with the text reminder for appointments service.

“Waiting times in clinics are too long; they always run late and nobody says anything. Older people get used to waiting or walk out without having been seen. In outpatients in University Hospital Galway there is no communication at all. Appointments can be for 2pm and a patient is still there at 6pm. They miss their train home.”

“I was given an appointment for 10am but was not seen until 12. If I had travelled by taxi, it would have cost a lot of money.”

“If someone is given an appointment for 8am, they have no way of getting there.”

“If someone re-schedules an appointment, they are put at the end of the queue. This is not acceptable.”

Response from Hospital Services Manager

When someone re-schedules an appointment, that person is offered the next available date, however as Out Patients Department clinics are very busy, the next available date may be in two to three months’ time, so it may feel like to patients that they are being put at the end of list. Patients will be removed from the Outpatient Department Clinic lists and a letter sent to the GP if they fail to turn up for appointments.

Waiting a long time for appointments was another issue raised. Yet, sending text reminders to patients about their appointments was seen to be a good service.

“One woman spoke about her husband (62), who had to wait for seven years for an MRI scan. He had prolapsed discs and was told to retrain as he could no longer work in construction.”

“One woman spoke about waiting for too long for an MRI. She had to pay privately twice to get it done.”

“Getting text reminders for appointments is a good service.”

Nursing Homes

The move from shared wards to private rooms in nursing homes is one issue that attracts different views. This feedback from an older person encapsulates the lived experience of many residents. However, the response

to the feedback also captures the changing views of newer residents.

“In the Sacred Heart Hospital, Roscommon, a decision was made to redesign rooms. At the moment there are four residents per room, but it was decided to split rooms into private rooms. Residents were never asked what they wanted. They felt that they would get better care in shared rooms as it was easier for staff to mind them and they preferred to have company. There was no engagement with residents regarding this issue.”

Response from the Sacred Heart Hospital

There are many forums available to our residents to address concerns in regard to any issues they may have. These include the residents meetings where concerns are brought to the Clinical Nurse Manager. Residents also attend the monthly governance meetings and can bring up issues there. Residents can also talk with the Director of Nursing or the Clinical Nurse Manager at any time. The organisation, Support and Advocacy Service for Older People in Ireland (SAGE) offers support to residents who want to raise issues about their care.

In regard to the residents concern about the introduction of single rooms and the fact they were happy with the shared accommodation; this was fed back to HIQA inspectors. The residents were given an opportunity to feedback to HIQA on this issue themselves. The residents were concerned that the Sacred Heart Hospital may be closed if it did not meet the HIQA standards for single room accommodation. The staff addressed this concern to the best of their ability by reassuring our current residents that it would not impact on them and that it would only impact on future admissions.

While the residents at the meeting were happy with the shared accommodation, we had prior approval of funding for the 50 single bedded unit. Six residents requested single rooms and are on a waiting list for same. Since the approval of the above unit more residents are requesting a single room, personally via their Clinical Nurse Manager and through the residents meetings. Now the choice is available to the resident, it is my belief that we will see more residents choosing single rooms.

Older people in Donegal raise many issues about the acute hospitals and community care services in the county. One of the biggest issues is the poor public transport links to Letterkenny Hospital. This often results in the need for older people to ask neighbours or family members to bring them by car to outpatient appointments as taxis can be prohibitively expensive.

Long waiting times in both out patient clinics and emergency departments is a concern shared by older people across the regions. Some older people also have very serious concerns about the levels of hygiene, particularly in relation to intimate care of patients in Letterkenny Hospital.

However, not all the feedback is negative. Some older people have suggestions on how the services could be improved. The service provider responses to the older people's concerns speak about the service provision as a whole.

The following sections represent the different areas of service provision that received the most feedback from older people in Donegal.

Home Help

The social dimension of home help is one issue that older people highlight in their feedback. Older people speak about how it's important that the person who is helping isn't rushed and has time to talk to the older person as well as see to his / her needs.

"Giving someone 15 minutes of home help is nothing. It does not give enough time to help with getting dressed or lighting a fire or to have any social interaction. There is a huge need for this service. Loneliness is a killer. It can affect physical health. This issue is not taken seriously by the HSE. Home helps play an important role in alleviating loneliness."

"A lot of older people don't get any home help at all. They may have had an hour or two but it got cut. They'll end up in a nursing home. Unless someone needs personal care, they don't get home help at all."

"One woman said that she knows home helps who get

paid for 30 minutes but stay for an hour with the person."

Community Supports

Some older people feel that there are not enough community supports to help people stay in their own homes for as long as possible. The need for sheltered housing to facilitate better integration of older people into the community is also raised. Many people feel that public health nurses do a fantastic job but they are often overstretched. One person also highlighted the fact that the mental health needs of older people can be overlooked.

Many older people are pleased to avail of services offered in day centres and by active retirement groups. One person raised an issue about funding for the Good Morning befriending volunteer services which is funded by the HSE.

"Older people find it very difficult to heat their houses. Some of them can't light a fire and they stay in bed all day. They get cold and sick."

"Public Health Nurses do a fantastic job but they can't do regular visits. They have too many clients on their books."

"There is only one psychiatrist in mental health care of the elderly. There are difficulties in recognising mental health issues in elderly patients."

"One woman who cared for her elderly mother for many years said that there was very little support for carers. A public health nurse used to call to her mother once a month. After she left and was not replaced, nobody called."

Response from the Older People's Services Manager

Donegal Older People's Service has a full time carers' development officer who offers one to one support to family carers in addition to supporting carers' network and support groups. In the past number of years a training package has been delivered to carers to enhance their skill set in delivering care in the home. This is the first of its kind in the country.

"Nursing homes are not the solution. Older people are sitting in nursing homes like zombies. We need to look at housing and sheltered housing so that older people are integrated into the community. Cooperation between different government departments is required."

"After discharge from a hospital, a lot of older people go into nursing homes. Would it not be better to spend this money on providing services in their home, such as home help and meals on wheels?"

Response from the Older People's Services Manager

Donegal has fewer older people in long term care than the national average with 2.8% of the over 65s compared to 4% nationally. Our community hospital network supports older people to return home and remain there by providing regular planned respite as well as convalescent and rehabilitation services.

"It is good to have day centres and active retirement groups. They play a big part in meeting social needs. Befriending is a great service too. People don't like strangers coming into their house. They prefer carers from their local community."

"The Good Morning befriending service (which includes regular telephone calls to older people) has to apply for grants in each area. This service could be rolled out to the entire county if resources were available. Volunteers with the Good Morning service do things that home helps don't do, such as lighting a fire, hoovering, dusting, taking an older person to the shops or post office and making them feel like part of the community."

Response from the Older People's Services Manager

The Good Morning service receives significant funding from the HSE with 6 centres operating county wide.

Primary Care Services

The issue of GPs being able to carry out scans on patients is a long standing one which is raised by older people in Donegal. So too is the issue of the opening hours of primary care centres, which some older people say should be extended beyond office hours. Some people also spoke about the Nowdoc GP out of hours service in Donegal. People can access this service by phoning to make an appointment. It is not available on a walk-in-basis.

"The primary care teams need to be better resourced so that they can provide scans and other services in the community and relieve the pressure on outpatient departments in hospitals. For example, the waiting time for an ECG is 18 months."

"The opening hours for primary care centres need to be extended beyond 9am to 5pm."

"The Nowdoc service needs to improve. Doctors do not come out in emergencies."

"Nowdoc. I had a very good experience of Nowdoc and hope that this service is not withdrawn from the area. It is really needed."

"A Nowdoc doctor may decide not to go out but they will send out an ambulance to take the patient to the hospital if needed. If the Nowdoc clinic is located close by, the best option is to go to the clinic. It is a very good service for emergencies at the weekend. It is dispersed around the county and is accessible. I don't want to have it centralised in Letterkenny."

Emergency Departments

Long waiting times lying on trolleys or sitting on chairs is one of the most stressful situations faced by older people in emergency departments. It's a common complaint across the country. The lack of access to hot food and drinks is raised as an issue. Some people suggest that there need to be special policies to address the needs of older people in emergency departments.

“An elderly person was waiting with chest pain on a chair in the Emergency Department at Letterkenny Hospital from 3pm till 2am.”

“An older person was in the Emergency Department at Letterkenny Hospital and only waited for 20 minutes and the care was excellent.”

“There is no policy on how to treat older people in Emergency Departments. Having someone over 85 on a trolley in the corridor is not acceptable. Staff should have clear policy on how to treat older patients.”

Response from Hospital Services Manager

Every effort is made to accommodate patients in an appropriate ward as soon as a bed becomes available but high activity in the emergency departments has led to regrettable delays for patients. Elderly patients are prioritised above other patients for a bed, however issues regarding infection control etc, may cause delays. There is robust governance and oversight of all patients waiting for a bed in all hospitals.”

“There are no hot meals in Emergency Departments although patients spend a long time there. There is no food or refreshments provided at all between 8pm and 8am. Patients can be discharged at 2am or 3am in a taxi, unaccompanied. An elderly man in a wheelchair wanted to stay in the Emergency Department sitting in his wheelchair until the morning. He pleaded with the staff members to let him stay but he had to pay for a taxi to take him home alone to an empty, cold house in the middle of the night.

Response from Hospital Services Manager

New healthier options for vending machines are coming on line in the near future. The provision of transport for late discharges is an ongoing issue that the hospitals are working on to resolve.

Care in Acute Hospitals

Some older people also have very serious concerns about the levels of hygiene, particularly in relation to intimate care of patients at Letterkenny General Hospital. The lack of good public transport links to Letterkenny General Hospital is also an issue for many older people – especially if they have to attend the hospital at short notice. Some older people suggest that outdoor space should be available within the hospitals and volunteers could be used to ease the burden on staff.

“There is an issue regarding older people and people with dementia being put in nappies or using commodes when they go into an acute hospital. When they go home, they don't have this facility. For dignity and privacy, toileting is better. Mixed wards are not good for this either.”

Response from Hospital Services Manager

Continence care is proactively promoted. Nappies are no longer ordered and have been replaced with continence pads which are only used at family / patient request.

“The hygiene in Letterkenny General Hospital leaves a lot to be desired. Patients' personal care needs are sometimes neglected. An elderly gentleman was left in a pyjama top and wearing a pad, no pyjama bottom, wrapped in a sheet. Patients don't get baths or showers often enough. Their hair is not combed. More advocates are needed in hospitals. If family members visit regularly, patients are looked after better. Food is sometimes left out of reach of elderly patients.”

“Sometimes older people are told to phone in the morning to check if they can get a bed. How will they get to the hospital? They need someone to drive them

and take a day off work and this isn't always possible at such short notice."

"The care in hospitals is generally very good, but waiting times are disgraceful. Travelling distances to treatments are too long. Access by public transport is not good — people have to take multiple buses."

"Older people in hospitals don't get enough of activity and movement. They are left lying in a bed or sitting on a chair. There is a need for outdoor spaces or parks for the elderly like in Japan."

"The role of nurses has been diluted. They spend a lot of their time recording things on computers. It is not a criticism, but there has to be other staff available to look after patients."

Response from Hospital Services Manager

During the staff moratorium 2009–2014, hospitals were not in a position to hire nurses or health care assistants. This situation did lead to a shortage of staff at ward level to meet the care needs of the patients. There has been a slow return to the previous staffing numbers. The National Framework for Safe Nurse Staffing was launched in 2016 and this will assist in having the correct number of staff on duty at any one time.

Outpatients Services

The difficulty of getting suitable transport to outpatients' appointments is an issue for older people in Donegal. The long waiting times once there and even longer waiting lists to make an appointment in the first place are real concerns for older people in Donegal.

"There is a waiting list of two years for orthopaedic or cardiology outpatient appointments and then another long wait for tests. GPs can't refer for tests directly".

"In outpatients in Letterkenny Hospital, all appointments are for 9am. Everybody arrives at the same time."

"Public transport is very poor. It is difficult to access buses for a lot of older people using wheelchairs as often they don't have wheelchair access. People can pay up to €100 for a taxi to attend an appointment. There are no trains. Donegal is a big county and more outreach clinics are needed."

"One older person said the appointment for day surgery was cancelled three times on the day of surgery. Some people don't show up or can't get to appointments — a lot of money is being wasted."

Response from Hospital Services Manager

There is a recognised capacity issue in some hospitals. There is a competing demand from scheduled (planned) and unscheduled (emergency) care for each bed. If there is a high level of emergency admissions to a hospital, all beds are used and the booked admissions are cancelled and re-scheduled.

Specific Geographical Issues: Arranmore Island

"There is a proposal for facilities on Arranmore Island with consultation on which care facility would meet the needs of the local community. A 6 bedded unit for respite short / medium term care would meet the needs best. The proposal will go to the HSE. Sixty five per cent of the population on the island are elderly. Their care needs will be greater in the future and this needs to be planned for. Older people want to be supported in their homes, close to the local community and remain on the island, rather than be moved 100 miles away to a mainland facility. The local GP supports this."

Response from the Older People's Services Manager

Discussions are at an exploratory stage.

The issues raised by older people in Cork were similar to other parts of the country when it comes to community-based health services. However, older people in county Cork raised different issues about hospitals in the region — many of which relate to the overcrowding of larger hospitals, poor design and poor communication between staff and patients.

Older people speak about their needs to have access to public health nurses and home help services.

Specific issues are also raised by older people living on the islands off the coast of county Cork. The need for rural GPs to be replaced when a doctor retires and the need for island-based public health nurses is a real concern for some people.

Older people also speak about how support groups for family carers or those with a disability go some distance

to helping people cope with day to day difficulties. However, they also emphasise the need for physical and emotional support that kind and compassionate home help services can provide.

Home Help

The cutbacks in hours of those providing home help services are a grave concern for a lot of older people in county Cork. Many older people say that carers/home help services need to have more time when they visit older people. Some of those working in the home help services point to the greater needs of older people as they age.

“Home helps are an integral part of life for older people and the resourcing of home helps is a big issue. By adequately resourcing home helps — and public health nurses, the HSE will be able to achieve the values and vision of its corporate plan.”

“A woman representing home helps speaks about her experience working for 14 years in the home help services: When she first started, she says there was great cooperation between healthcare professionals on the provision of services to older people. There have been a lot of cutbacks in recent years, yet she wonders what happens to the hours of an older person who dies? She says that home helps feel responsible for older people and see their needs. People who were receiving home help service eight years ago now have greater needs and no extra home help hours.

For example, she speaks about a brother and a sister who live together. The sister was hospitalised for one week and the brother was attending day care. The brother was asked to sign forms to put his sister into a nursing home. He was so upset that he was

crying. He had promised his sister to keep her in her home for as long as was possible. He phoned the home help. After the home help’s involvement, the idea of putting his sister in a nursing home was dropped and he received an apology.”

“She also speaks about another older woman with arthritis who is very heavy and can’t get out of bed by herself. There is no hoist. Her son, who lives with her, also has arthritis. He has to change her pad and put her to bed at night. Giving this family half an hour in the evening would make such a difference.”

“Another example is an 84 year old woman, living in horrific conditions. She lives in one small room and sleeps on the couch. Her diet consists of bread, cold meats and some fruit delivered to her twice a week. Her clothes, which she also sleeps in, are very dirty and haven’t been changed in weeks. When the home help made enquiries, nobody wanted to do anything to change this lady’s lifestyle. Home helps get very attached to older people, but they can’t get cooperation to help them.”

Response from the Community Care Services

Home Help is not an integral part of life for older people, it is for some, but for the vast majority of older people it is not. The majority of older people are self sufficient and get by with the help of family and sometimes use of their own financial resource. It is mainly people with a high clinical need who require our service, and for that group, it is essential that they access the support. Part of the issue is that home support is viewed as an entitlement and the general public either cannot see or refuse to see that it is resource driven and not freely available as required or desired.

In terms of the time we give to people, Home Help is task driven. The tasks are identified by way of clinical assessment and then a “time to task” analysis is applied. This determines how much time we spend in people’s homes. If the person themselves or the Home Help reports that more time is required we reassess and go from there. We spend the minimum amount of time in homes with a view to ensuring more people receive a service — clearly this has both a positive and negative effect.

The HSE has committed to increasing funds in the area of home support but that money is merely an attempt to bring service levels back to where they were a few years back. The HSE is taking positive steps in the area of Home Help, but more needs to be done and it needs to be done quickly.

Public Health Nurses

Many older people say that they need better access to public health nurses.

“In St. Michael’s Centre in Bandon, adequate resourcing of public health nurses is required. The catchment areas have been extended in recent years and public health nurses can’t reach everyone.”

“One woman, who is the fulltime carer for her husband, speaks about her experiences. She explains how she does his dressings and administers medication, but she needs advice or help at times. Nurses in the community are only available for an hour from 9.30am until 10.30am. She says that she has a good relationship with them but the primary care services are only available 9am-5pm but family carers work 24/7.”

Response from the Community Care Services

It is satisfactory to hear that this lady, who is caring for her husband, has a good relationship with the local public health nurse and that the nurse comes out to her house when needed. Family carers and spouses must also look to family, neighbours and local community for support. As stated above, it is important that we communicate fairly and honestly the scope and limitations of all HSE services to our service-users and assist them to have a correct expectation of what the health service can reasonably provide.

Primary Care Services

Some older people have found that when they come home from hospital after an operation, there is very little support for them in the community. Others say that there is a need for greater flexibility within primary care services. The need for more rural GPs was another point raised. Support groups for family carers and people with disabilities are very valuable for those who use them, according to the feedback from older people in Cork.

“One woman in her eighties speaks about having operations in hospitals. She says that she found the care was perfect with staff going out of their way to help. However, when she got home, she felt there was very little support from GPs and other primary care services. She lives every day with pain and various conditions and manages the house. She says she needs help and can’t afford private help because she is on the state pension.”

“Primary care is very important for older people. There is a need to focus on ‘looking in’ on older people to be able to address their needs.”

Response from the Community Care Services

There is a National Programme for Primary Care which has responsibility for GPs, Public and Community Nursing services and Physiotherapy, Occupational Therapy, Podiatry, Dietetics etc. In the localities, Primary Care works closely with other community health services (Social Care – Older Person and Disability services) to deliver services that meet the needs of individual people within the available budget. It is evident from these comments that there is an urgent need for Primary and Community Care services to be very clear with individual patients and with the public in general, regarding what services (type, scope and quantity of service) can be delivered and what services can't. This needs to be documented in plain English and be made readily available as part of a “communication and gentle education process” to our patients and their families / carers at the time of engagement with our services. For example, it may be appropriate to “gently advise” people regarding the scope and limitations of the Home Support service. However, it may also be necessary for either the GP or local public health nurse to act as a key worker and to follow up and ensure that all measures have taken to ensure that the management of this lady's chronic pain is optimised.

“When rural GPs retire, it is very difficult to get someone to replace them. Young GPs do not want to set up practice in remote rural areas. Access to primary care is very important for rural communities where there is a large proportion of older people.”

Response from the Community Care Services

Yes, it is becoming more and more difficult to get young GPs to work in rural areas. General Practice has changed over the years. GPs now generally favour working in group practices in towns where they can provide a larger range of high quality and more specialised GP

and nursing services in custom-built Primary Care Centres which cannot be economically provided in smaller areas. This trend is likely to continue and is similar to the challenges faced by local shops, post offices and pubs in rural settings. The provision of better rural transport services funded and designed to meet local need and managed by the Community sector may present a partial solution to providing better access to GP care which is likely to be based in larger towns in the future.

“A family carers' group was set up in Bandon. It has 16 members. The group offers compassion and experience but needs funds to continue. By supporting groups like this, the HSE will put their corporate strategy into action.”

“A family carers and persons with disabilities support group was set up in East Cork with 69 members. The group meets once a month and feels part of the local community. It is a good way forward and should be supported.”

Emergency Departments

There isn't a lot of feedback in Cork about the Emergency Departments. One man speaks about his experiences.

“Nine months ago, he was referred to the Emergency Department with strangulated haemorrhoids by his GP. He waited for six hours even though he was triaged straightaway. His GP had given him painkillers but after 6 hours, he needed more as sitting was very uncomfortable. He suffered a reaction to the pain killers and collapsed. He says that the nurse knew that it was a reaction to codeine. He was left face down on the trolley in the Emergency Department for 25 minutes. He says that it was very uncomfortable and he spent the night on the trolley. In the morning, he was moved to a ward and then discharged. Why was he moved? Was that done to ‘cook the books’?”

Response from Cork University Hospital Services Manager

Cork University Hospital (CUH) has one of the busiest Emergency Departments in the country with an average of 180 patients attending for review every day. A number of initiatives have been put in place to assist

with patient flow and reduce waiting times. All patients requiring inpatient treatment are admitted to a bed on an inpatient ward. Due to the many demands for inpatient beds, such as GP referrals, admissions from Outpatient clinics, trauma and emergency admissions, there may be at times delays in transferring patients from the ED to the inpatient ward. Management continue to identify and implement initiatives that will reduce waiting times and improve the patient experience.

Care in Acute Hospitals

Older people speak about the closure of smaller hospitals which they believe leads to overcrowding in larger hospitals. The poor communication of the staff in hospital receptions was also raised. Some people suggest that improvements could be made to the signage around hospitals. The need for benches, better set-down facilities and parking was identified, in particular more disabled parking.

“The HSE policy of closing smaller hospitals and concentrating on big hospitals is a disaster. It leads to overcrowding, difficult access and problems with parking. Medical centres are needed in every town to deal with minor problems, which will keep big hospitals for serious cases and surgery.”

Response from Cork University Hospital Services Manager

The Reconfiguration roadmap was published in 2011. It outlines a plan of how, why and where we deliver our acute hospital services. The roadmap provides for the first time in this region a plan that has been agreed between all six acute hospitals on how services should be re-organised to ensure the best possible healthcare system for people in Cork and Kerry.

Cork University Hospital (CUH) will be the main regional tertiary centre for Cork and Kerry. It will continue to be the major teaching hospital of University College Cork. Some services currently provided at CUH will be moved to alternative city hospitals to allow CUH to become an efficient tertiary specialist hospital supported by appropriate critical care. Paediatric services will be

concentrated at what will ultimately become a regional paediatric hospital on the CUH Campus. All cancer work will be concentrated at CUH.

CUH will provide 24 hour Emergency Department, 24 hour Acute Medical Unit, 24 hour emergency surgery, critical care and the following specialist services: Cancer; Cardiac; Renal; Maternity; Neuroscience; and Paediatric services. It will provide 24/7 care for medical and surgical emergency patients.

A lady who is a carer for her husband spoke of her experience: *“CUH is an amazing place, they have been helping my husband for the last 14 years. There is an issue of accessing CUH cancer treatment in East Cork – it costs €70 per day by taxi. She emphasised that her husband always received great care from the South Infirmary Hospital and CUH”.*

Response from Cork University Hospital Services Manager

The Cancer Centre within Cork University Hospital is one of eight designated cancer centres and forms part of a network of equitably accessible state-of-the-art cancer treatment facilities. Patients who have to travel a distance to the centre can apply for assistance with the costs to their local Community Welfare Officer. The Irish Cancer Society also provides assistance to patients who have to travel long distances.

“More benches / seating is required in Cork University Hospital – both inside and outside.”

Response from Cork University Hospital Services Manager

In April 2016, CUH completed a refurbishment of the main reception area to include additional seating for use by patients and the public visiting the hospital. CUH is presently undertaking an upgrade of the landscape / seating areas outside the main hospital entrance and these observations will be included in the upgrade work being carried out.

“The provision of disabled parking is very limited, compared to Aldi or Tesco that are nearby.”

Response from Cork University Hospital Services Manager

In addition to the disabled parking spaces available in

the public car parks, CUH has a number of designated patient specific disabled car parking areas i.e. ring-fenced spaces adjacent to the HEPC Outpatient Clinic and ring fenced spaces adjacent to the main hospital entrance for patients attending the Dialysis unit.

“The signage in the Bandon Suite at Cork University Hospital is very confusing. It is not clear where to queue. Someone needs to spend a day walking around the hospital from an older person’s point of view.”

Response from Cork University Hospital Services Manager

CUH is reviewing all signage within the hospital and has completed a Way Finding project. The project brief was to review the existing site and environs, seek advice on way-finding and develop a way-finding strategy for the Hospital. The next stage is to seek funding to support the implementation of the way finding strategy.

“One man speaks about his experience as an inpatient in the Bon Secours Hospital in Cork for a week. He says that it is a very high tech hospital and that he had a lot of tests done but he was moved three times while he was there. He felt that it was the same as in the public system – all driven by money.”

Outpatients’ Clinics

“One older man speaks about his experience at the fracture clinic at Cork University Hospital. He says that it was outstanding. However, the staff in the reception area had very poor communication skills. They didn’t make older people feel at ease. They didn’t make eye contact. He felt that they should be put to work in a back office.”

Response from Cork University Hospital Services Manager

The CUH Executive Management Board recognises the importance for training to support staff working on the front line. A three month training programme for Outpatient Department staff ran from March- May 2016. Its aim was to enhance staff communication skills in challenging environments whilst revisiting our values

of compassion, kindness, respect and engagement.

Health Services on Clear and Bere Islands

The lack of public health nurses based on Clear Island is an issue raised by one older person. The absence of support for those with mental health problems is another concern for those living on Bere and Clear Islands.

“The local Public Health Nurse retired and for the last two years there isn’t any public health nurse for two or three days per week. In the winter, 110 people live on the island, but in the summer it goes up to 500, including tourists and visitors. They have nobody to turn to for advice. Having a public health nurse come from the mainland does not work. People need access to a public health nurse 24/7. There is a helicopter pad for access to an acute hospital, but there is nobody who can provide advice or make a decision that a helicopter ambulance is required. People living on the island feel like a ‘ship out in the Atlantic’, with no accessible service.”

“If somebody is threatening to commit suicide, who can people living on the island contact? Often people have to care for someone with mental health issues for a week before they can access help. It’s not clear who has the authority to call an air ambulance. People living on the islands are in a different set of circumstances and need a different solution (service). What is the HSE policy on providing health services to people living on the islands?”

Response from the Community Care Services

The HSE is committed to providing a quality nursing service to the islands. In this regard, prior to the retirement of one of the existing nurses on Clear Island, the HSE received approval to fill the upcoming vacancy and subsequently proceeded to recruit a successful candidate. In the following year, the HSE was again required to access the recruitment competition panel to fill island nursing vacancies. To further consolidate

the HSE's commitment to these vacancies, another recruitment drive was undertaken in 2016 to enhance existing nursing services within Clear Island and this has recently provided a successful candidate who is currently being processed for appointment through the National Recruitment Service. The existing nursing service is augmented by a comprehensive 24 hour emergency service which is available should circumstances require it.

Most of the feedback from older people in Limerick relates to people's experiences of inpatient and outpatient services in acute hospitals. Some older people talk about positive experiences of care while in hospital. Others speak about a lack of empathy generally from staff, and grumpy receptionists in particular. The feedback from older people in Limerick also relates to experiences in University Hospital Waterford and the Emergency Department in particular.

Care in Acute Hospitals

Older people's experience in acute hospitals varies hugely as can be seen from the following remarks.

"One man spoke about a positive experience he had in University Hospital Limerick. He was referred by his GP, had an ultrasound and then surgery in two weeks. It went well."

"One woman spoke of her experience in University Hospital Limerick when she had gallstones. She was transferred by ambulance to the Mater Hospital but the driver did not want to take her as there was no nurse available to travel."

"One man spoke about his wife's experience after she had an operation on her stomach on a Friday in Limerick Hospital and was discharged the next day. He explained how she became very unwell and he had to bring her back to the hospital on Sunday. His wife was told that she was going to be sent home on Monday. He spoke to the doctor and told him that she was not ready to go home and if they didn't look after her there, he was going to take her to a different hospital where she would be looked after (they have private health insurance). She was kept in the hospital until Friday. Had he not spoken out, his wife would have been sent home on Monday."

"One man spoke about his experience of Limerick Hospital which was very positive. He had nothing but praise for staff who work there. On two occasions when he attended, he was treated with dignity, compassion and good manners."

"One woman said that before the Minister's visit to Limerick Hospital, patients were moved by ambulance to hospitals in Nenagh and Ennis. This is disgraceful! It is treason, she said."

"One man spoke about his experience of Limerick Hospital, where he was a patient on four occasions in the last two years. On two occasions, he had problems with his heart. He received excellent treatment from doctors and nurses and had no complaints at all."

"One woman spoke about her experience of acute hospitals. She had both good and bad experiences. She became unwell while she was in Waterford and was taken to the hospital by ambulance. She had cancer before and the doctor told her that it was the same problem as before. She was discharged from the Emergency Department in her night clothes and had to take a taxi to Tramore. She complained to University Hospital Waterford and heard nothing back. Then she forgot about it."

Response from Hospital Services Manager

University Hospital Waterford has a Patient Services Office who has responsibility for the monitoring and management of all feedback from service users. Any formal complaint should have been processed through this office with a response issued to the complainant following investigation and review. This service also ensures that patient feedback is channelled to the appropriate departments / services and used to enhance and improve the quality of our services.

"Another woman spoke about her experience of the emergency departments. She said that the Emergency Department at University Hospital Waterford was appalling. She said the receptionists in the Emergency Department should be asked to speak clearly and that they need to communicate with patients who are waiting. Being polite and having good manners does

not cost anything. Patients need staff who have good manners, not grumpy receptionists and they need to be kept informed. Not doing that means that patients don't matter!"

Response from Hospital Services Manager

University Hospital Waterford is currently availing of a new programme called, "Improving Service User Experience" to support healthcare staff to provide a high quality service. The programme focuses on self awareness, support and skills required to ensure effective communication with the service user across disciplines to ensure best possible outcomes for all.

The inpatient experience of an older man with dementia in South Tipperary General Hospital is told here by his daughter.

"Her father was put on a mixed ward in South Tipperary General Hospital. When she went to visit him, he was lying naked uncovered in a bed. Staff told her that they ran out of sheets. Her mother got a phone call to say that he assaulted a lady on the ward. It turned out that he went to the toilet without anyone there to help him. When he got back to the ward, he got into bed with a woman, who he thought was his wife and called her by his wife's name. Care can be good sometimes, but it is not consistent. The same woman spoke of her own experience when a nurse made 23 attempts to take her blood. After three hours, she finally agreed to get the doctor. She found this experience very traumatic and got upset recounting this experience."

Response from Manager at South Tipperary General Hospital

At South Tipperary General Hospital we have made a number of improvements for our patients with dementia. There are now dementia champions on all wards. We are all the time putting in place new recommended measures to assist patients and to make their stay more comfortable. I totally agree with you that patients need staff with good manners. Whenever we receive complaints about poor communication we deal with the staff at fault at the times in question. Thankfully, we have not received many complaints in this regard.

Emergency Departments

Older people's experience of and opinion of the emergency department at University Hospital Limerick depends a lot on when they are seen and how staff communicate with them as can be seen from the following feedback.

"An older man spoke about attending Limerick hospital with his grandchildren. They only had to wait for 15 minutes. Sometimes the media only focuses on the negative stories and this bad publicity affects people."

"One older man spoke about his experience of attending the Emergency Department in the evening: He had a pain in his elbow and waited until 7am to be seen."

"One older woman spoke about her experience in the Emergency Department at Limerick Hospital. She said that the care and attention that she received were excellent. She said that doctors and nurses work very hard and are not to blame: the problems are with the system. She needed to order orthotic shoes but was advised that she was not old enough (she is 75) to get them. She has to wait for a year and a half and that's not right."

“One woman spoke about her experience last winter when she developed a bad chest infection. She was going to Shannondoc, but decided that she was very ill and went to the Emergency Department instead. When she arrived, it was chaotic with 30 or 40 other older people there. She was triaged by a very nice nurse and put on a trolley. She had to go for an x-ray but was told that her trolley would be gone when she came back. The nurses were very busy minding very sick people. They were very good and were doing their best. It was decided to send six patients to St. John’s by ambulance. It was like heaven and she received great care there. One woman was concerned about her hair. A nurse came in at 7am to put colour in her hair. Nurses are saints. She said that had she stayed in Limerick Emergency Department, she wouldn’t have survived.”

“A woman who worked in the UK for a number of years said that if a patient is still in the Emergency Department four hours later, the hospital there is fined. Can someone go there and see how it is done? She had experience of attending Emergency Departments in Turkey and the USA and her experience there was excellent. Ireland is a third world country when it comes to Emergency Departments.”

Poor communication, particularly between receptionists and patients, was raised as an issue by a number of older people.

“Are office / reception staff trained to communicate? They are very grumpy. They “cut the nose of you”. They don’t even look at patients in Emergency Departments. A bit of “niceness, politeness and good manners” are needed; everybody is sick there.”

“One woman spoke about her experiences at the Emergency Department in Limerick Hospital. The receptionist did not make eye contact with her, asked her to take a seat, but there were no free seats so she had to stand for three hours. When she asked the receptionist when she would be seen and pointed out that there were no seats available, the receptionist was rude towards her and replied: “What do you want me to do about it?” She was triaged at 7am, sent out again and was only seen by a doctor at 1.45pm. The urologist advised her that she had an aneurism on her kidney (she only has one kidney). He told her to go home and that he couldn’t do anything for her. She felt very upset after this experience and was ashamed to be Irish. She decided to go see her own GP in Newcastle (UK), who reassured her and treated her with kindness and empathy. Her friend, however, had a positive experience when she attended the ED in Limerick with a kidney stone. She was kept in and had day surgery. Then she was referred to Nenagh, where the stone was dispersed in 2 weeks.”

“The Emergency Department in Limerick is appalling. The receptionists could be asked to speak clearly. They need to communicate with patients who are waiting. Being polite and having good manners does not cost anything. A doctor in the Emergency Department in Limerick said to her: “Look at this place – it’s like a zoo. You could die in this zoo!” Patients need staff who have good manners, not grumpy receptionists and they need to be kept informed. Not doing that means that patients don’t matter!”

“One man spoke about the importance of good communication and customer service skills. In different businesses, staff are trained to communicate with their customers. He said that he did not have recent experience of hospitals but the last time he was in hospital, his experience was good. The health service is getting a lot of very bad press. What can be done about that? He said that people don’t hear about any attempts to do something about it.”

Response from a training session for administrative staff in the Emergency Department of University Hospital Limerick

The training emphasised the vital role clerical and administrative staff has in creating a positive, caring and compassionate first impression on patients presenting at the Emergency Department. Emphasis was placed on personal presentation, customer service, communication skills, handling difficult situations and managing complaints. Staff accepted that there were areas where they need to take responsibility for patient experience. However, the clerical staff felt resentful for being expected to shoulder the lion's share of the blame for the recent negative feedback. However, there were heartfelt expressions of remorse and sadness at some of the events in the Emergency Department in recent months which showed that staff were genuinely and personally affected and concerned. Staff made suggestions that could improve services for the public such as giving people access to change machines and payphones.

Outpatient Services

One woman attending the outpatients department speaks about how she found a video showing people's experiences of cancer distressing.

"A woman raised an issue regarding a television in cancer outpatients department showing people with tumours and operations. She found it very upsetting and did not think that the content was suitable."

Difficulties of files going missing or not being informed of results of scans are among the issues raised by older people.

"One woman had to make 15 phone calls to find out the results of a scan. When she finally got to speak to someone, she was asked: "Who gave you my number?" There was no empathy shown."

"A woman spoke about her brother-in-law who attends the Warfarin clinic. His experience has always been good, however the last time he attended, staff could not locate his file and spent two and a half hours looking for it. She also spoke about her own experience a few years ago when she had a mammogram and heard nothing after it. She received a phone call about a year later and had to have surgery for breast cancer. It turned out that the doctor's secretary retired and the new secretary mislaid her file."

Arranging appointments through different departments was an issue raised by one man.

"A man who has Type 2 Diabetes was referred for an eye test in 2013. His appointment was made for 2015. When he was referred by the doctor in the diabetic clinic, it took two and a half weeks."

“A man said that his experience of attending the cardiac unit in Limerick Hospital has always been excellent.”

Community Services / Primary Care

The Shannodoc service was commented on by one woman who used its services at a particularly busy time of year.

“One woman spoke about her experience of attending Shannodoc. She went on New Year’s day, she had an appointment for 3pm and was out by 4pm. It was a very good experience, although they were very busy.”

Home Help

The need for more home help hours for older people in the region was raised.

“Home help hours have been cut and there are not enough beds in nursing homes, which is forcing more people to go into hospitals. Twenty minutes of home help is of no use. If more home help was available to older people, it may relieve the pressure on hospitals.”

Step Down Facilities

One person suggested a solution to the lack of step down facilities for older people in the Limerick region.

“The hospitals in Ennis and Nenagh should be used as step down facilities not just for a nine to five service.”

Senior Manager from the Primary Care area for Limerick and North Tipperary attended the listening meeting and took a note of the issues raised in relation to primary care services.

Private Health Insurance

One woman questioned the validity of pensioners paying for private health insurance.

“One woman had to have an x-ray in Limerick Regional Hospital. As a private appointment, she was seen within a week. She would have had to wait for 3 to 6 months for a public appointment. She asked why she has to pay for private health insurance to get seen so much earlier? She had a hip replacement in Croom and the care was second to none. She says that she can’t afford to keep paying for private health insurance. She says that it is very expensive but that she lives alone and needs to be in good health.”

Home help services were the principal services which older people in Dun Laoghaire gave feedback on. The stress of being a fulltime carer and the need for time off for these carers was also mentioned. Older people also expressed some concern about GPs making separate appointments for blood tests which were charged for. In her response, the community health chief officer explains how home care hours are allocated to those with most medical need — primarily for personal care. However, the service provider acknowledges the need for social support, especially when a family member is a fulltime carer.

Community Services / Home Help Services

The time constraints on home helps and the lack of clarity on the role of home helps are raised as an issue.

“One older person spoke about the lack of continuity of a person’s care. Home care packages, for example, could provide a different person each day which can be distressing and frightening to older people.”

Response from the Community Health Chief Officer

The HSE is cognisant of this issue which is also reflected in complaints and observations made by clients and their families. The standard operating procedures for the new tender programme in 2016 will include operational protocols to ensure that one provider can deliver appropriate care where that is the desire of the individual in receipt of such care.

“Someone who has home help explained how nobody has defined what that role is. The Home Help comes in makes a cup of tea and is gone and there is still a house that needs cleaning and food that needs cooking.”

Response from the Community Health Chief Officer

The HSE’s primary focus in the delivery of support is to deliver personal care as a first priority where there is a clinically determined need. The HSE realises that many individuals require minimal social supports to maintain their independence and is committed to supporting such cases where resources allow.

“There are time constraints on home help — the infamous 30 minutes is unjustifiable.”

Response from the Community Health Chief Officer

We have had to introduce 30 minute care slots in the context of pressure on resources to ensure that the individuals who require supports get them, albeit in a limited manner. In most of these cases, 30 minute “slots” are approved for medication prompting, or indeed may only form one component of care where there are multiple visits to a client

“I was very sick two years ago and home help and meals on wheels were arranged. The meals on wheels were disgusting and I couldn’t eat them. I didn’t need the home help but it was arranged for five days a week. I was told to hold on to it as I could need it in a few years. So I still have a home help but only for one hour a day. She’s a wonderful lady.”

Response from the Community Health Chief Officer

Meals on Wheels support is generally managed by voluntary organisations that receive financial support from the HSE. In all cases, such services are regulated in line with HACCP (Hazard Analysis Critical Control Points) by the Environmental Health Service. Should any individual have concerns regarding their local Meals on Wheels service, they should in the first instance refer the matter to the Meals on Wheels provider. Alternatively, they can refer the matter to their local public health nurse who will investigate the matter if necessary.

“Home help was the best thing that ever happened to my father. It kept him fit. He didn’t want the home help coming into a dirty house so he was always going around cleaning it before she came.”

Response from the Community Health Chief Officer

The Home Help service has and will continue to be an invaluable service to persons who require support to enable them to live at home. Home Help services are now primarily focused on delivering personal care although social supports will continue to be an integral part of the service for those who require them.

The need for fulltime carers to have time off was raised by one fulltime carer.

“One woman spoke about looking after her 93 year old mother who needs full time care. She said that there is a lot of stress on the carer to provide this fulltime care. There are not enough Carer hours available to relieve people caring for relatives.”

Response from the Community Health Chief Officer

This Community Health Office supports over 4,400 dependant persons in the South Dublin East/ Wicklow area. There are continued growing service demands in the area. With regard to home care and home help resources, we received in excess of €2.5m in 2016. The area endeavours to support as many individuals as possible within the above financial allocation, and will seek additional resources to address unmet need.

“A carer coming in to relieve full time unpaid carers is as much about making sure the carer doesn’t end up in hospital along with the patient.”

Response from the Community Health Chief Officer

The determination to provide care is always primarily based on the clinical assessed needs of the applicant. The circumstances of full-time, “unpaid” carers are considered and taken into account when the full care needs are being determined.

Primary Care Services

Some people raised issues around costs for extra services from their GPs.

“I went to a GP on Monday and was told to come back on Thursday for a blood test and was charged a second time.”

“A few years ago, if you needed a blood test you went to your GP and it was included in the price. Now the GP charges separately, but if you go to the hospital, with a letter from your doctor you get it for free.”

Response from the Community Health Chief Officer

General Medical Scheme (GMS) patients should not be charged for routine bloods tests. This is covered by section 27 of the GMS contract which states “The medical practitioner should not demand or accept any payment or consideration whatsoever other than payments under paragraph 26, in reward for services provided by him under this contract.

Where a GP practice is in receipt of a HSE-funded blood courier service, it is inappropriate to advise clients to attend hospital for routine blood tests. If a GMS patient is inappropriately charged for a routine blood test, they can contact their local HSE Primary Care Centre or via ‘Your Service Your Say’. The matter will be investigated by the HSE with a view to arranging a refund where appropriate.

“My friend, who is 85 years of age, had a stroke and fell out of bed, pulling his catheter out as he did so. His wife dialled 999 and received an excellent service. When he was in hospital, an attendant needed extra help to get him in or out of the bed but his wife had to do it on her own at home.”

Response from the Community Health Chief Officer

In such cases, the public health nurse should be contacted in order to initiate a home care application to enable the provision of home support to a carer.

Overview of the issues raised

The summary of the issues raised by older people in the listening sessions provides an excellent snapshot of the concerns they have about health services.

The importance of home help services was by far the biggest concern among older people as it was raised in all the listening sessions. The need for other community based supports, such as Meals on Wheels, support groups for carers and befriending services were also highlighted. It is clear that the majority of older people want to remain living in their own homes for as long as possible and these supports help them do so. Public health nurses are praised for their work in the community but many people feel they are overburdened and can't get around to seeing older people often enough.

The Listening Sessions also draw our attention to poor communication in parts of our hospital system. Some older people find that they are waiting for long periods of time at out-patients clinics and in emergency departments without any explanations when they will be seen. The experience of waiting overnight without access to hot food and drinks and/or being sent home in the middle of the night is particularly distressing for an older person.

Poor communication between health care professionals and patients, and indeed reception staff and patients, has been highlighted as an issue by older people in both in-patient and out-patient settings. Some older people also believe there isn't enough respect and compassion shown to older people in acute hospitals, particularly those with dementia.

In this report, we asked service providers to respond to the feedback from older people in the listening sessions. In some cases, the service providers gave excellent responses, clarifying issues and providing clear information about plans for improvements. In other cases, the responses were quite official and in themselves lacked empathy and compassion – the key components essential to good healthcare services.

However, overall we are pleased to have invited responses from the service providers. Their responses provide a much fuller report and a mutual feedback loop for both older people and the service providers.

Summary of the main themes across healthcare settings and geographical areas

In-patient experiences
Poor communication, including instances of doctors shouting at patients (<i>Roscommon, Limerick</i>).
Lack of respect and compassion for patients in public wards (<i>Roscommon</i>).
Inadequate privacy for patients with dementia (<i>Roscommon</i>).
Poor hygiene regarding intimate care of patients (<i>Donegal, Limerick</i>).
Emergency Departments
Long waiting times for hospital beds for older people (<i>Roscommon, Donegal, Cork</i>).
Need for clear policies for dealing with older people in waiting areas (<i>Donegal, Limerick</i>).
Lack of hot meals for those waiting overnight (<i>Donegal</i>).
Outpatient Departments
Long waiting times in outpatients clinics (<i>Roscommon, Donegal, Limerick</i>).
Poor communications about when patients will be seen (<i>Roscommon, Cork, Limerick</i>).
Text reminder for appointments a good service (<i>Roscommon</i>).
Hospital-wide issues
Poor public transport links to hospital (<i>Donegal, Cork</i>).
Nurses spending more time recording information rather than looking after patients (<i>Donegal</i>).
Need for better signage, set-down facilities and indoor / outdoor seating (<i>Cork</i>).

Ambulance Services
Delays in arrival of ambulance (<i>Roscommon</i>).
GP Services
Delays in transferring from one GP to another (<i>Roscommon</i>).
Need for extended opening hours in GP surgeries (<i>Donegal</i>).
Need for better resources such as scanning facilities (<i>Donegal</i>).
GP Out of Hours services good if available in the area (<i>Donegal, Limerick</i>).
Lack of GPs in rural areas (<i>Cork</i>).
Public Health Nurses
Public Health nurses do excellent work but they are overstretched (<i>Donegal, Cork</i>).
Older People's Services
Cuts to home help hours (<i>Roscommon, Donegal, Cork, Limerick, Dun Laoghaire</i>).
Limited meals on wheels service (<i>Roscommon</i>).
Befriending services praised (<i>Donegal</i>).
Support groups for family carers and people with disabilities very useful (<i>Cork</i>).

Next Steps

In the future, we would be keen to see hospital and community based services organise listening sessions in their geographical area. These listening sessions could allow different patient groups to speak about their experiences of the health services. Service providers could be on hand to answer questions about how and why services operate in certain ways with an openness to see where improvements could be made. Ideally, such listening sessions would be facilitated by an unbiased independent facilitator who would give equal opportunities to both the patients and the service providers to speak honestly and frankly about their experiences.

We would be pleased to work in collaboration with the Older People's Councils in the Age Friendly Cities and Counties Programme on such an initiative. We would also be willing to provide hospital and community based health services with expertise and support to organise such listening sessions in their catchment areas. We look forward to your feedback on this report and these suggestions.

Addendum from Age Friendly Ireland

We at Age Friendly Ireland are pleased to engage with the HSE in these now annual Listening Meetings. The exercise allows older people to communicate with the HSE through the national network of Older People's Councils which are a key element of the Age Friendly Cities and Counties Programmes. We also believe that these listening meetings allows the HSE to realise one of its own goals – to communicate effectively with its service users – as set out in the National Positive Ageing Strategy (2013).

Older People's Councils represent the diversity of the older population in a city or county. They are linked to older people's organisations (such as active retirement groups) while also supporting the participation of marginalised older people by including the voices of carers and advocates.

One of the central aims of the national Age Friendly Cities and Counties Programme is to provide both the opportunity and the infrastructure for older people to come together and share their experiences with agencies such as the HSE at a local, regional and national level. These experiences are then shared with the Age Friendly Alliances in each city or county, where representatives from state and voluntary agencies can find solutions to the issues raised.

This Listening Meeting Report is another important part of the process to create an inclusive, equitable Ireland in which older people can live full, active, valued and healthy lives.

