



Department of

**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# **Public Attitudes to Health and Social Care Services in Northern Ireland**

## **2009**

This research was commissioned by  
Public Health Information and  
Research Branch,  
Department of Health, Social Services  
and Public Safety



November 2009



## Contents

|   |           |
|---|-----------|
| <b>1. Executive Summary</b>   | <b>4</b>  |
| <b>1.1 Key Findings</b>   | <b>4</b>  |
| <b>2. Introduction</b>  | <b>4</b>  |
| <b>3. Background</b>  | <b>5</b>  |
| <b>4. Methodology and Fieldwork</b>                                     | <b>5</b>  |
| <b>5. Results</b>   | <b>7</b>  |
| <b>5.1 Overall Satisfaction with Health and Social Care Services</b>    | <b>7</b>  |
| <b>5.2 Use of Health and Social Care Services in the last 12 months</b> | <b>7</b>  |
| <b>5.2.1 Social Work Services</b>                                       | <b>8</b>  |
| <b>5.2.2 Community Nursing Services</b>                                 | <b>9</b>  |
| <b>5.2.3 Allied Health Professionals</b>                                | <b>10</b> |
| <b>5.2.4 Home Help/Homecare Services</b>                                | <b>11</b> |
| <b>5.2.5 Day-centre Services for Older and Disabled People</b>          | <b>12</b> |
| <b>5.2.6 Day-centre Services for Children and Families</b>              | <b>13</b> |
| <b>5.2.7 Community Pharmacy Services</b>                                | <b>14</b> |
| <b>5.2.8 Dental Services</b>  | <b>15</b> |
| <b>5.2.9 Community Psychiatric Services</b>                             | <b>17</b> |
| <b>5.3 Use of Hospital-related Health and Social Care Services</b>      | <b>18</b> |
| <b>5.3.1 Overnight Stay in Hospital</b>                                 | <b>19</b> |
| <b>5.3.2 Half Day Surgery</b>   | <b>21</b> |
| <b>5.3.3 Outpatients Appointment Services</b>                           | <b>23</b> |
| <b>5.3.4 Hospital Accident and Emergency (A&amp;E) Department</b>       | <b>25</b> |
| <b>5.3.5 Direct Use of the Ambulance Services</b>                       | <b>27</b> |
| <b>5.4 Other Public Attitudes towards Health and Social Care Issues</b> | <b>28</b> |
| <b>5.4.1 Health Promotion Messages</b>                                  | <b>28</b> |
| <b>5.4.2 Problems Facing HSCS</b>                                       | <b>28</b> |
| <b>5.4.3 Paying for HSCS Services</b>                                   | <b>28</b> |
| <b>5.4.4 Complementary or Alternative Medicines/Treatments</b>          | <b>29</b> |
| <b>5.4.5 Complaints</b>   | <b>29</b> |
| <b>5.4.6 Public Attitudes towards Washing Hands</b>                     | <b>30</b> |
| <b>5.4.7 Public Views on Infections</b>                                 | <b>30</b> |
| <b>5.4.8 Prepared to Travel Further Afield to get a Health Service</b>  | <b>31</b> |

## **1. Executive Summary**

This report presents key findings from the Public Attitudes to Health and Social Care Services in Northern Ireland Survey (2009). Respondents were asked to rate different aspects of each of the Health and Social Care Services (HSCS) they had used within the last 12 months.

### **1.1 Key Findings**

- Overall, 82% of respondents reported they were satisfied (14% were very satisfied; 68% were satisfied; 14% were dissatisfied and 3% were very dissatisfied) with the HSCS in Northern Ireland at present. The proportion who reported they were satisfied overall is the same as the 2006 survey.
- The proportion of respondents reporting they were satisfied with the HSCS in Northern Ireland ranged from 75% for respondents with experience of Community Psychiatric Services to 93% for respondents using Dental Services to 98% using Pharmacy Services to 100% for respondents using Day Centre Services for older people and disabled people.
- A larger proportion of males (85%) than females (80%) were satisfied with the overall service in 2009 – the same proportions as in 2006.
- The proportion of respondents that were satisfied with the overall HSCS in Northern Ireland ranged across age groups increasing from 79% of those aged 50 to 64 years to 87% of those aged 65 years and over. In 2006, overall satisfaction with HSCS in Northern Ireland ranged from 78% of those aged 45-64 years to 89% of those aged 18-24 years.

## **2. Introduction**

In 2009 the Public Health Information and Research Branch (PHIRB) within the Department of Health, Social Services and Public Safety commissioned Central Survey Unit (CSU) within the Northern Ireland Statistics and Research Agency (NISRA) to include a module in the Northern Ireland Omnibus Survey on public attitudes to HSCS.

### **3. Background**

This survey establishes the percentage of respondents who have used different elements of Health and Social Care Services within the last 12 months. Respondents that have used these services are then asked a series of questions to establish how they rate different aspects of the services they received. This survey also examines public attitudes towards health promotion messages, alternative treatments, HSCS complaints procedure, the importance of washing hands, MRSA (infections), and to see if patients are prepared to travel further afield for treatment.

Previous surveys were conducted in 2003, 2004, 2005 and 2006. The DHSSPS commissioned Social and Market Research (SMR) to conduct these surveys. This report includes comparisons with the 2006 results.

### **4. Methodology and Fieldwork**

The fieldwork for this survey was conducted in June 2009. The survey is based on a representative sample of adults aged 16 years and over. A final sample of 1,173 respondents was achieved and the survey was conducted using computer assisted face to face interviews.

One adult in each household was randomly selected to participate in the survey by the interviewer's computer. Selecting only one individual for interview at each sampled address means that the probability of selection for the survey is inversely related to the size of the household. Thus, before analysis, the data are weighted in relation to the number of eligible adults at the address. This weighting process adjusts the results to those that would have been achieved if the sample had been drawn as a random sample of adults rather than of addresses.

In this report please note:

- All percentages presented in the tables and the text have been rounded to whole numbers.
- Due to rounding of percentages, row and column totals may not always sum exactly to 100%.

- Where respondents are permitted to give a multiple response answer, percentages will not sum to 100%.
- Due to filtering and missing data the base numbers within individual tables may change.
- All statistically significant findings are reported at the 5% level.
- Some of the proportions quoted in the report are based on small numbers of respondents and therefore caution should be used when drawing conclusions from the data.

It should be highlighted that there are some methodological differences between the 2009 survey carried out by CSU and the 2006 survey carried out by SMR.

- In 2009, respondents were eligible to participate in the survey if they were aged 16 years and over, while in 2006 eligible respondents were aged 18 years and over.
- In 2009 the survey was conducted via face to face interviews, while in 2006 it was conducted via telephone interviews.
- Although both surveys selected only one person in each household to participate in the survey, the 2009 data was weighted to reflect this, while the 2006 data was not (see previous page for more detailed explanation).
- Respondents were asked to answer follow-up questions on the services they have used within the last 12 months. In 2009, refusals to answer and don't know responses have been excluded from the analysis, while in 2006 they were included. Please note that this does not affect the accuracy of the statistically significant results that are reported in the publication.
- In previous public attitudes surveys questions were asked on GP services. These questions were not included in the 2009 survey as a separate GP patient survey commenced during 2008/09. This GP patient survey includes topics such as patient access to care, consultations with healthcare professionals, the surgery environment and whether patients are satisfied with their treatment. Further information, including 2008/09 results, is available at [www.dhsspsni.gov.uk/pc-primary-care](http://www.dhsspsni.gov.uk/pc-primary-care)

## 5. Results

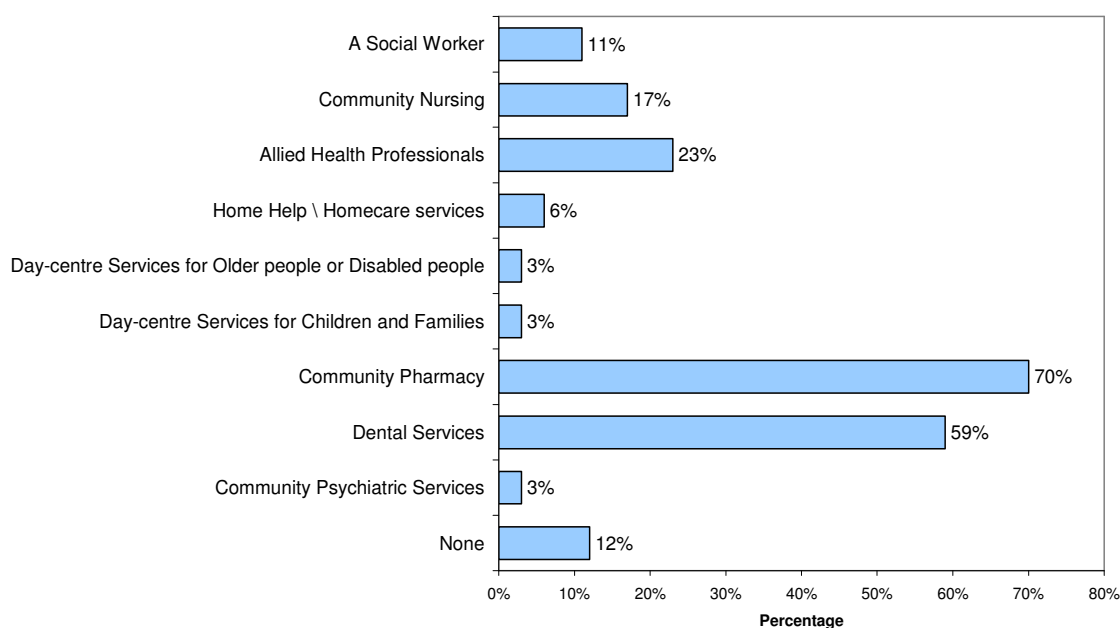
### 5.1 Overall satisfaction with Health and Social Care Services

Overall, over four fifths (82%) of respondents reported that they were satisfied with the HSCS in Northern Ireland; 14% reported they were very satisfied and 68% reported they were satisfied; 14% reported they were dissatisfied and 3% reported they were very dissatisfied. This is the same overall rate (82%) as found in the 2006 survey results (20% reported they were very satisfied; 62% reported they were satisfied; 13% reported they were dissatisfied; 3% reported they were very dissatisfied).

### 5.2 Use of Health and Social Care Services in last 12 months

In this survey, respondents were asked if they have had any direct experience of using any of a range of health and social care services within the last 12 months. Direct experience is where the respondent has used the service themselves or where they were directly involved in the service on behalf of a child or relative. Within the last 12 months over two-thirds (70%) of respondents had directly used a community pharmacy, and 59% had used dental services (Figure 1). By comparison, 3% of respondents had direct experience of Day-centre Services for older people or disabled people, Day-centre Services for children and families and Community Psychiatric Services. The results have been presented in this section in the same order as they appeared in the questionnaire.

Figure 1. Use of Community Health and Social Care Services (2009)



### 5.2.1 Social Work Services

Just over one in ten (11%) respondents reported that they had directly experienced the services of social workers in the last 12 months. In this section only those respondents have been included in the analysis (131 respondents).

Respondents were asked to rate their overall level of satisfaction with social worker services, 79% of respondents in 2009 were satisfied with the services and 21% were dissatisfied. The proportion who were satisfied overall in 2009 is similar to the proportion in 2006 (80%).

In 2009, over seven in ten respondents rated each of the different aspects of the service they received as either good or excellent. Just over seven tenths (71%) of respondents in 2009 rated the service in terms of the helpfulness of information provided as good or excellent, the corresponding figure in 2006 was also 71%. Similar proportions of respondents in 2009 and 2006 rated the service in terms of the explanation of the next steps in their care as either good or excellent (71% in 2009 and 69% in 2006). Over three quarters of respondents in 2009 (77%) and in 2006 (79%) rated the general attitude of social workers as either good or excellent.

In 2009, respondents were asked what one change, if any, do you think would improve Social Work services in the future (Table 1).

Table 1: Suggested improvements to Social Work services

|                           | 2009 |
|---------------------------|------|
| More staff                | 17%  |
| More funding              | 14%  |
| Better information        | 11%  |
| Better access to services | 8%   |
| Reduced waiting times     | 4%   |
| Other                     | 22%  |
| None                      | 21%  |

More than one fifth (22%) of respondents suggested an 'other' change, for example better attitude from the Social Workers and better communication with other agencies involved.



## 5.2.2 Community Nursing Services

Almost one fifth (17%) of respondents had direct experience of community nursing services within the last 12 months. Community nursing includes health visitors, midwives and district nurses. In this section only these respondents have been included in the analysis (199 respondents).

Over nine in ten respondents (93%) were satisfied with the overall community nursing service. A similar proportion (91%) of respondents was satisfied with the overall service in 2006.

In 2009, nearly nine in ten respondents (88%) rated the service as good or excellent in terms of the helpfulness of information provided; 86% rated it as good or excellent in terms of the explanation of the next steps in their care, and 90% rated the general attitude of the community nursing services as good or excellent. These results were similar to those found in 2006 where the proportion of respondents who rated these aspects of the services as either good or excellent were; 89% for the helpfulness of information provided, 86% for the explanation of the next steps in their care and 91% for the general attitude of their community nursing services.

In 2009, respondents were asked what one change, if any, do you think would improve community nursing services in the future (Table 2).

**Table 2: Suggested improvements to Community Nursing services**

|  | 2009 |
|--|------|
| More staff   | 17%  |
| More funding   | 11%  |
| Better information   | 4%   |
| Better access to services (e.g. longer opening hours, shorter waiting lists) | 6%   |
| Reduced waiting times  | 8%   |
| Other  | 13%  |
| None   | 40%  |

Thirteen percent of respondents suggested a range of other options that they believed would improve community nursing services, for example, the need to spend more time with patients or have the same professional for the duration of the care.

### **5.2.3 Allied Health Professionals Services**

Almost one quarter (23%) of respondents reported that they had direct experience with allied health professional services within the last 12 months. Allied health professionals/professions include; occupational therapy, physiotherapy, speech and language, chiropody and podiatry services. Only these respondents have been included in the analysis for this section (269 respondents).

There was an increase in the proportion of respondents who reported that they were satisfied with the overall allied health professional services, rising to 95% in 2009 from 90% in 2006.

In 2009, four fifths (80%) of respondents rated the service in terms of the convenience of getting there as good or excellent. This is an increase from the 2006 survey where 70% of respondents rated this aspect of the service as good or excellent. There has also been an increase in the proportion of respondents that rated the service as good or excellent in terms of the length of time taken to obtain the service; rising to 73% in 2009 from 63% in 2006. In both 2009 and 2006, 86% of respondents rated the service in terms of the helpfulness of information provided as good or excellent. A similar proportion of respondents in both 2009 and 2006 rated the service as good or excellent in terms of the explanation of the next steps in their care (80% and 81%, respectively) and the general attitude of the allied health professionals/profession staff (91% and 89%, respectively). Nearly four fifths (79%) of respondents rated the condition of the premises as either good or excellent in 2009; this is an increase from 2006 (68%).

More funding (18%) was the most commonly reported change that respondents suggested would improve the service in the future. This was followed by reduced waiting times (13%), more staff (8%), better access to services (7%) and better information (4%). More than one third (36%) of respondents reported they could not think of any one change that would improve the service in the future, whereas 12% of respondents reported a range of other suggestions (e.g. spend more time with the patient).

#### **5.2.4 Home Help / Homecare Services**

In 2009 less than one in ten (6%) respondents had direct experience of using home help / homecare services within the last 12 months. Only these respondents have been included in the analysis in this section (76 respondents).

Almost nine in ten respondents (87%) in 2009 were satisfied with the overall home help / homecare services. This compares with 83% of respondents in 2006.

In 2009, 73% of respondents rated the length of time taken to obtain an appointment as good or excellent, 82% rated the helpfulness of the information provided as good or excellent and 88% rated the general attitude of the home help or homecare staff as good or excellent. The corresponding figures from the 2006 survey are similar at 71%, 73% and 76% respectively.

Respondents were asked what one change, if any, do you think would improve home help/ homecare services in the future. Of the 76 respondents, 26 could not think of any one change to improve this service. A small number of respondents (11 or less) indicated that more funding, more staff, reduced waiting times, better access to services, better information and staff spending more time with the client would help improve the services.

### **5.2.5 Day-centre Services for Older and Disabled People**

A small proportion (3%) of respondents had directly experienced the day-centre services for older and disabled people within the last 12 months. Only these respondents have been included in the analysis of this section (40 respondents).

All 40 respondents (100%) were satisfied with the overall day-centre services for older and disabled people. This is an increase from the 2006 survey where 78% of respondents reported they were satisfied with the overall service.

In 2009 just over four fifths (81%; 33 respondents) rated the service in terms of the convenience of getting there as either good or excellent, this is an increase from 2006 where 59% of respondents provided this rating. Around eight in ten respondents rated the following aspects of the service as good or excellent; the length of time taken to obtain an appointment, the general attitude of the day-centre staff and the condition of the premises.

Respondents were asked what one change, if any, would improve the day-centre services for older or disabled people in the future. Of the 40 respondents, 33 could not think of any one change to improve this service. A small number of respondents (9 or less) indicated that more funding, reduced waiting times, more staff, better information and better access to services would help improve the services.

### **5.2.6 Day-centre Services for Children and Families**

Three per cent of respondents had directly experienced day-centre services for children and families within the last 12 months. Only these respondents have been included in the analysis for this section of the report (34 respondents).

Overall, nine in ten respondents (90%; 28 respondents) were satisfied with the day-centre services for children and families in 2009.

In the 2009 survey, questions were included for the first time on public attitudes towards day-centre services for children and families, therefore comparisons with previous surveys are not possible.

Respondents were asked to rate different aspects of the services, and over seven in ten respondents rated the following aspects of day-centre services for children and families as either good or excellent; the convenience of getting there, the length of time taken to obtain the service, the general attitude of the day-centre and the condition of the premises.

Respondents were asked to suggest one change that would improve the day-centre services for children and families in the future. Of the 34 respondents, 5 could not think of any one change to improve this service. A small number of respondents (6 or less) indicated that more funding, more staff, reduced waiting times, better access to services and better information would help improve the services.

### 5.2.7 Community Pharmacy Services

Over two thirds (70%) of respondents reported that they had directly experienced the services of a community pharmacy in the last 12 months. The questions asked to gauge public attitudes towards community pharmacies in 2009 differ from what was asked in previous surveys and thus some comparisons are not possible. Where comparisons are possible they have been presented in the text. In this section of the report, only respondents who have directly experienced community pharmacy services within the last 12 months have been included in the analysis (820 respondents).

Almost all (98%) respondents were satisfied with the overall community pharmacy service in 2009, this compares with 99% of respondents in 2006.

Over nine in ten respondents rated the following aspects of this service as either good or excellent; the convenience / ease of accessing it (95%), the standard of the premises (97%), and the expertise and information provided by the pharmacist (95%). Almost nine in ten (88%) respondents rated the service in terms of the opening hours as good or excellent.

In 2009, respondents were asked to suggest what one change, if any, would improve community pharmacy services in the future and the responses are given in Table 6 below.

Table 6: Suggested improvements to Community Pharmacy Services

|  | 2009 |
|--|------|
| Better information   | 2%   |
| Collection and delivery service  | 9%   |
| Increased service provision (e.g. blood pressure monitoring, smoking cessation, weight management) | 6%   |
| Better access to services (e.g. longer opening hours)  | 22%  |
| Other  | 7%   |
| None   | 53%  |

More than half (53%) of respondents who had used the services could not think of any one change that would improve this service in the future.

### 5.2.8 Dental Services

Nearly three fifths (59%) of respondents had direct experience of using dental services within the last 12 months. In this section, only these respondents have been included in the analysis (695 respondents).

A large proportion of respondents (93%) were satisfied with the dental services overall. However, this is a decrease from 2006 when 96% of respondents were satisfied.

Table 7: The proportion of respondents rating Dental Services as good or excellent

|   | 2009 | 2006 |
|---|------|------|
| Convenience of getting there                | 84%  | 86%  |
| Length of time taken to get an appointment  | 61%  | 62%  |
| Helpfulness of the information provided     | 83%  | 90%  |
| Explanation of the next steps in their care | 85%  | 90%  |
| General attitude of the dentist             | 92%  | 95%  |
| General attitude of the reception staff     | 90%  | 93%  |

In 2009 and 2006, similar proportions of respondents rated the convenience of getting to the service (84% and 86% respectively) and the length of time taken to obtain an appointment (61% and 62% respectively) as good or excellent.

In 2009, a lower proportion of respondents, than in 2006, rated each of the following aspects of the service as good or excellent; the helpfulness of the information provided (83%), the explanation of the next steps in their care (85%), the general attitude of the dentist (92%), and the general attitude of the reception staff (90%).

In 2009, respondents were asked to suggest what one change, if any, would improve dental services in the future and the responses are given in Table 8, below.

**Table 8: Suggested improvements to Dental Services**

|   | 2009 |
|---|------|
| Reduced prices/ costs                             | 24%  |
| Reduce waiting lists and times                    | 17%  |
| Better premises                                   | 2%   |
| Better provision of NHS (Health Service) services | 17%  |
| Better advice/ explanation of treatment           | 1%   |
| Better explanation of costs                       | 1%   |
| Better opening hours                              | 4%   |
| Better pain relief                                | 1%   |
| Other   | 7%   |
| None  | 25%  |

In 2009 the most frequently reported change to improve the service in the future was reduced prices/costs (24%), followed by reduced waiting lists and times (17%) and better provision of NHS (Health Service) services (17%). One quarter (25%) of respondents could not think of any one change that would improve dental services in the future. Almost one in ten (7%) stated a range of other improvements (e.g. more dentists and better disabled access).



### **5.2.9 Community Psychiatric Services**

A small proportion (3%) of respondents reported they had directly experienced community psychiatric services within the last 12 months. In this section, only these respondents have been included in the analysis (36 respondents).

In 2009 three quarters (27 respondents) were satisfied with the overall community psychiatric services, this is similar to the proportion of respondents who were satisfied with community psychiatric services in 2006. By comparison, one quarter (9 respondents) were dissatisfied with Community Psychiatric Services in 2009.

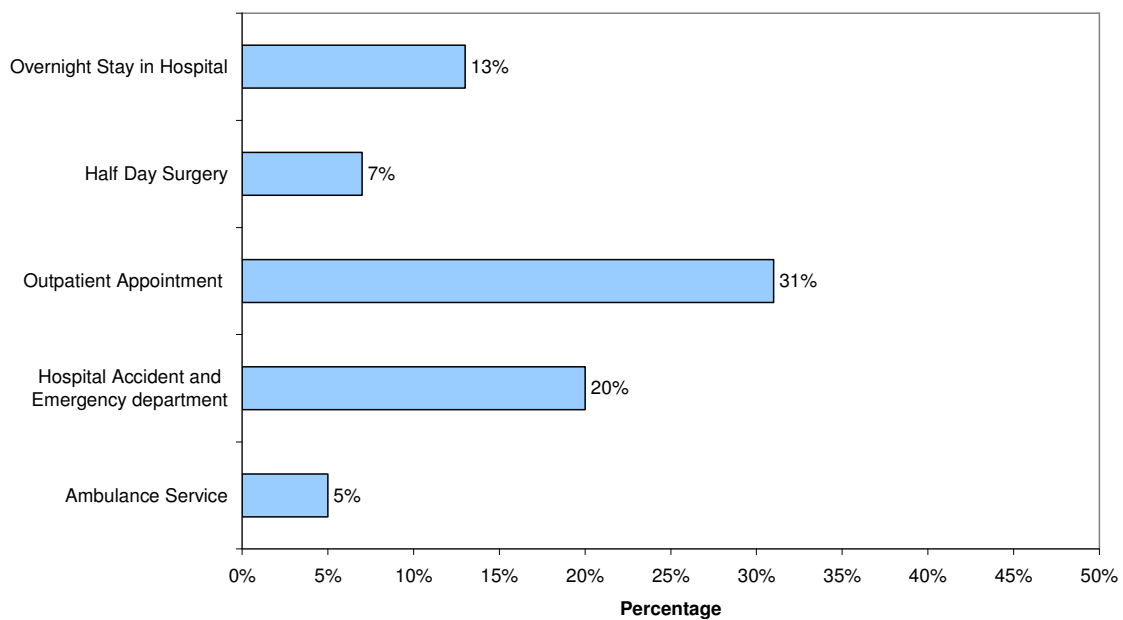
The proportion of respondents rating the different aspects of Community Psychiatric Services as good or excellent ranged from just over half of respondents for the time taken to obtain an appointment to almost nine in ten for the general attitude of community psychiatric staff.

When asked what one change, if any, do you think would improve community psychiatric services in the future. Of the 36 respondents, 13 could not think of any one change to improve this service. A small number of respondents (5 or less) indicated that more funding, reduced waiting times and better access to services would help improve the services.

### 5.3 Use of Hospital-related Health & Social Care Services in the last 12 months

Respondents were asked if they had used any of five hospital-related services or if they had accompanied a child to any of these services (these services do not include private or non-NHS/ health service services). The largest proportion of respondents had used outpatient services (31%), followed by A&E services (20%), and 13% had had an overnight stay in hospital. The Ambulance Service was the service where the lowest proportion of respondents had direct experience of using it (5%), the next lowest was Half-day Surgery (7%).

Figure 2. Use of Hospital-related Health and Social Care Services (2009)



### 5.3.1 Overnight Stay in Hospital

Just over one in ten respondents (13%) had an overnight stay in hospital or had accompanied a child for an overnight stay in hospital for a planned or emergency treatment within the last 12 months. In this section, only these respondents have been included in the analysis (154 respondents).

Overall, 85% of respondents were satisfied with their overnight stay in hospital, this compares with 88% of respondents in 2006. In 2009, 15% of respondents were dissatisfied with their overnight stay in hospital, overall.

Over four fifths (82%) of respondents rated their stay in hospital as good or excellent in terms of the convenience of getting there, this is an increase since the 2006 survey when 73% of respondents rated this aspect of the service as good or excellent. All other aspects of the service that respondents were asked to rate had similar proportions of respondents rating them as good or excellent in 2009 and in 2006, these results are presented in Table 9, below.

Table 9: The proportion of respondents rating the service as good or excellent

|   | 2009 | 2006 |
|---|------|------|
| Helpfulness of the information provided             | 81%  | 79%  |
| Explanation of the next steps in their care         | 79%  | 77%  |
| General attitude of the doctors                     | 85%  | 84%  |
| General attitude of the nurses                      | 91%  | 88%  |
| Condition of the premises                           | 75%  | 71%  |
| Standard of cleanliness and hygiene of the premises | 77%  | 71%  |
| Quality of hospital food                            | 50%  | 42%  |
| Level of privacy                                    | 59%  | 60%  |
| Discharge arrangements                              | 69%  | 71%  |

In 2009, 11 of the 154 respondents rated the condition of the premises as poor. The most commonly reported responses were dirty wards, dirty entrance areas and public areas, the decoration, furniture or fixtures and fittings, and the level of tidiness. Seven of the 11 respondents that rated the condition of the premises as poor also reported that they were concerned there was a risk of contracting an infection during their stay due to the condition of the premises.

Sixteen of the 154 respondents rated the standard of the cleanliness and hygiene of the premises as poor; their most commonly reported reasons were dirty wards, the decoration, furniture or fixtures and fittings and dirty entrance areas and public areas. Almost all of these respondents (15 of the 16 respondents) reported that they were concerned there was a risk of contracting an infection during their stay because of the standard of cleanliness and hygiene.

Of respondents who had an overnight stay in hospital for planned treatment (95 respondents), nearly three quarters (74%) were informed of their admission date by letter, and 19% were informed by phone call. Nearly all (97%) of these respondents were satisfied with the method of notifying them of their admission date. Almost one third (31%) of these respondents were given a choice of admission date, and 96% were satisfied with the amount of prior notice they received for their admission date.

Around one in ten (16 respondents) reported that more staff and more privacy would improve the service in the future. 42 respondents reported they could not think of any suggestions to improve this service in the future.

Nineteen of the 154 respondents reported that better food would improve their overnight stay in hospital. When given a list of improvements and asked which ones they would like to see, the most commonly reported suggestions were better quality food, more choice with meal times, more choice for younger people, better presentation and more choice for ethnic minorities.

Sixteen of the 154 respondents reported that more privacy would improve their overnight stay in hospital. When asked a follow-up question to determine if they would prefer a multi-bedded ward or private room, nearly two-thirds of these respondents reported they would prefer a private room and the remaining reported they would prefer a multi-bedded ward.

### 5.3.2 Half Day Surgery

Almost one in ten (7%) respondents had used half day surgery services or had accompanied a child to half day surgery services within the last 12 months. This is a medical procedure carried out in hospital which did not require an overnight stay. In this section, only these respondents have been included in the analysis (84 respondents).

In 2009, almost all respondents (98%) were satisfied with the half day surgery services, this compares with 95% in 2006.

As in previous sections respondents were asked to rate different aspects of the half day surgery services. Table 10 below shows the proportion of respondents who rated each of these aspects as excellent or good in 2009 and 2006.

Table 10: The proportion of respondents rating the service as good or excellent

|   | 2009 | 2006 |
|---|------|------|
| Convenience of getting there                        | 79%  | 78%  |
| Helpfulness of the information provided             | 91%  | 85%  |
| Explanation of the next steps in their care         | 87%  | 80%  |
| General attitude of the doctors                     | 94%  | 84%  |
| General attitude of the nurses                      | 98%  | 90%  |
| Condition of the premises                           | 85%  | -    |
| Standard of cleanliness and hygiene of the premises | 91%  | 81%  |
| Level of privacy                                    | 87%  | 79%  |

- No comparison available as question was not included in the 2006 questionnaire.

Compared with 2006, a larger proportion of respondents in 2009 rated the following aspects of the service as good or excellent, the attitude of the doctors (94%), the attitude of nurses (98%) and the standard of cleanliness and hygiene of the premises (91%).

The 2009 results are similar to those from 2006 for the following aspects of the service; the convenience of getting there (79% in 2009 and 78% in 2006), the helpfulness of the information provided (91% in 2009 and 85% in 2006), the explanation of the next steps in their care (87% in 2009 and 80% in 2006), and the level of privacy (87% in 2009 and 79% in 2006).

In 2009, respondents were asked to rate the condition of the premises, and 85% rated this aspect of the service as good or excellent. As this question was not included in the 2006 questionnaire, no comparison is possible.

A large proportion of respondents reported that they were informed of their admission date by letter (89%) and 2% were informed by phone call. Almost all respondents (98%) were satisfied with the method by which they were notified of their admission date. More than one third of respondents (37%) were given a choice of admission dates, and almost all respondents (98%) were satisfied with the amount of prior notice they were given for their half day surgery admission date.

More than half (46 respondents) could not think of any one change to improve this service. Of those who could think of a change, the two most commonly reported changes respondents suggested to improve the service were reduced waiting times and more funding.

### 5.3.3 Outpatients Appointment Services

Nearly one third (31%) of respondents reported that they had an outpatients appointment or accompanied a child to an outpatients appointment in a hospital within the last 12 months. In this section of the report, only these respondents have been included in the analysis (368 respondents).

Overall, 92% of respondents were satisfied with the outpatient appointment services, this was a decrease from 2006 when 96% of respondents were satisfied.

In 2009 there was a decrease in the proportion of respondents who rated the explanation of the next steps in their care as either good or excellent; falling to 75% in 2009 from 82% in 2006. All other aspects of the service that respondents were asked to rate had similar proportions of respondents rating them as good or excellent in 2009 and in 2006 (Table 11).

Table 11: The proportion of respondents rating the service as good or excellent

|   | 2009 | 2006 |
|---|------|------|
| Convenience of getting there                        | 75%  | 69%  |
| Helpfulness of the information provided             | 78%  | 82%  |
| General attitude of the doctors                     | 86%  | 87%  |
| General attitude of the nurses                      | 93%  | 91%  |
| Condition of the premises                           | 72%  | -    |
| Standard of cleanliness and hygiene of the premises | 74%  | 77%  |
| Level of privacy                                    | 73%  | 76%  |
| Method of notifying them about appointment          | 98%  | 94%  |

- No comparison available as question was not included in the 2006 questionnaire.

Respondents who reported the condition of the premises as poor were asked follow-up questions to find out what they found poor about them. Seven per cent of respondents rated the condition of the premises as poor and the most commonly reported reasons were the decoration, furniture or fixtures and fitting, dirty entrance areas and public areas, and reported dirty wards. Over half of these respondents (13 of 25 respondents) reported they were concerned about contracting an infection because of the poor conditions of the premises.

One in 20 respondents (5%) rated the standard of cleanliness and hygiene of the premises as poor and these respondents were asked what they found poor about the standard of cleanliness and hygiene. The most commonly reported reasons for rating this as poor were dirty entrance area and public areas and dirty wards. All 17 of these respondents reported that due to the poor standard of cleanliness and hygiene they were concerned about contracting an infection during their stay.

The majority (91%) of respondents who had an outpatient appointment were notified of the appointment date by letter and 4% were notified by phone call. Almost all (98%) respondents were satisfied with the method of notification, this was an increase from 2006 (94%). Three in ten (30%) respondents reported that they were given a choice of appointment dates, and almost all respondents (96%) were satisfied with the prior notice they received in 2009 compared with 93% of respondents in 2006.

In 2009, respondents were asked to suggest what one change, if any, would improve outpatient services in the future and the responses are given in Table 12, below.

Table 12: Suggested improvements to Outpatient Services

|  | 2009 |
|--|------|
| Better information   | 2%   |
| Reduce waiting times   | 22%  |
| More staff   | 10%  |
| More funding   | 8%   |
| Better access to services (e.g. longer opening hours, shorter waiting times) | 4%   |
| Increased notice of hospital outpatients admission date                      | 2%   |
| More choice of outpatients admission dates                                   | 4%   |
| Other  | 10%  |
| None   | 37%  |

The most commonly reported change respondents suggested to improve this service in the future was to reduce waiting times (22%), followed by more staff (10%) and more funding (8%). Almost two fifths (37%) reported they could not think of any one change to improve this service in the future. One in ten respondents (10%) suggested a range of improvements (e.g. convenience in terms of car parking/ transport and appointment times).



### 5.3.4 Hospital Accident and Emergency (A&E) Department

In 2009 one fifth (20%) of respondents reported they had visited the hospital A&E department, or had accompanied a child to A&E, within the last 12 months. In this section, only these respondents have been included in the analysis (236 respondents).

Overall, there was an increase in the proportion of respondents who were satisfied with the A&E services in 2009; increasing to 81% from 71% in 2006. Almost one fifth (19%) of respondents in 2009 were dissatisfied with the A&E services.

There was an increase in the proportion who reported the service as good or excellent in terms of being seen and treated quickly by the doctor or nurse (52% in 2009 and 41% in 2006). All other aspects of the service that respondents were asked to rate had similar proportions of respondents rating them as good or excellent in 2009 and in 2006, these results are presented in Table 13.

Table 13: The proportion of respondents rating the service as good or excellent

|   | 2009 | 2006 |
|---|------|------|
| Convenience of getting there                        | 78%  | 70%  |
| Been seen and treated quickly by doctor/nurse       | 52%  | 41%  |
| Helpfulness of the information provided             | 67%  | 70%  |
| Explanation of the next steps in their care         | 66%  | 72%  |
| General attitude of the doctors                     | 80%  | 76%  |
| General attitude of the nurses                      | 86%  | 83%  |
| Condition of the premises                           | 70%  | -    |
| Standard of cleanliness and hygiene of the premises | 71%  | 65%  |
| Level of privacy                                    | 60%  | 54%  |

- No comparison available as question was not included in the 2006 questionnaire.

Respondents who reported the condition of the premises as poor were asked follow-up questions to find out what they found poor about them. In 2009, one in ten (10%) respondents rated the condition of the premises as poor, and the most commonly reported reasons for the poor rating were, dirty entrance areas and public areas, the decorations, furniture or fixtures and fittings, and the level of tidiness. Nearly three quarters of these respondents (17 of 23) reported this caused them to be concerned about contracting an infection during their stay.

Just over one in ten (11%) respondents rated the standard of cleanliness and hygiene of the premises as poor. The most commonly reported reasons for rating this as poor were dirty wards, the level of tidiness and dirty entrance areas and public areas. Of these respondents the majority (23 out of 26) were concerned about contracting an infection during their stay due to the poor standard of cleanliness and hygiene.

Respondents were asked what one change, if any, do they think would improve A&E services in the future and the range of responses are shown in the following table (Table 13).

Table 13: Suggested improvements to Hospital A&E Department Services

|                      | 2009 |
|----------------------|------|
| Better information   | 3%   |
| Reduce waiting times | 33%  |
| More staff           | 19%  |
| More funding         | 6%   |
| Other                | 13%  |
| None                 | 18%  |

The most frequently reported change was to reduce waiting times (33%), followed by more staff (19%) and more funding (6%). Nearly one fifth (18%) of respondents reported that they could not think of any one change to improve the service, whereas 13% suggested a range of other improvements (e.g. cleaner premises, better security and more privacy).

### **5.3.5 Direct use of the Ambulance Services**

In 2009, questions on public attitudes towards ambulance services were included in the survey, these questions were not included in previous surveys and thus comparisons are not possible between 2009 and 2006. A small proportion (5%) of respondents had directly used the ambulance service or had accompanied a child in an ambulance within the last 12 months. Only these respondents were included in the analysis for this section of the report (53 respondents).

Respondents were asked which ambulance services they had used, 66% (35 respondents) reported they used the 999 accident and emergency ambulance service, 38% (20 respondents) used the non-emergency (Patient Care) ambulance services (a small number of respondents had used both).

Of the 35 respondents who had used the 999 accident and emergency ambulance service, 27 had used the traditional A&E ambulance with a crew of 2 and 8 had used the rapid response vehicle (single paramedic in a car or jeep). Almost all of these respondents were satisfied with the service and when asked for one suggestion to improve the service in the future, 23 respondents reported no change and a small number of respondents made other suggestions including increased staffing levels, better staff attitudes and faster ambulance response.

Eighteen respondents were satisfied with the non emergency ambulance service. These respondents were also asked what one change, if any, they could think of to improve this service in the future; 11 respondents reported no change. Of those who could think of a change, the two most commonly reported changes were increased staffing levels and faster ambulance response.

## **5.4 Other Public Attitudes towards Health and Social Care Issues**

### **5.4.1 Health Promotion Messages**

Respondents were asked a series of questions to see if over the last year, health promotion messages in the media or via information leaflets have made them take actions to improve their health and well being.

Nearly half of respondents reported that health promotion messages have made them take actions to; eat more fruit and vegetables (46%), improve their diet in other ways (43%), or increase the amount of exercise they take (36%). Of respondents who drank alcohol, one quarter (25%) reported that health promotion messages have made them reduce the amount of alcohol they drink. Of those who smoke, one quarter (25%) have reduced the amount they smoke or have stopped smoking. A further 8% of respondents have taken an other action to improve their health and well being due to health promotion messages in the last 12 months.

### **5.4.2 Problems Facing Health and Social Care Services**

The 2009 survey asked respondents what they feel is the biggest problem facing health and social care services in Northern Ireland today. The largest proportion of respondents reported it to be problems or delays with funding (23%), followed by not enough funding (17%) and waiting lists and times to obtain services are too long (13%). Six percent of respondents reported there were no problems.

Over seven in ten (71%) respondents felt that health and social care services treat all groups fairly (i.e. in relation to age, gender, religion or race). This compares with 70% in the previous survey in 2006. Respondents who reported that HSCS do not treat all groups fairly most commonly report older people (77%) as not been treated fairly, followed by the working class (14%), disabled people (11%) and people from certain geographical areas (7%).

### **5.4.3 Paying for Health and Social Care Services**

The proportion of respondents who have paid for HSC services directly from their own funds in the last 12 months decreased to 12% in 2009 from 16% in 2006. These services do not include paying for prescribed medication, dental treatment, or treatment

paid for by private medical insurance. Respondents who had paid for HSC services were asked three supplementary questions; what was the last service or treatment they paid for, the main reason they chose to pay for the service and did the service meet their expectation. Of these respondents, one fifth (20%) paid to attend physiotherapy, 19% paid to attend an optician, 18% paid for a private consultation and 10% paid to attend a chiroprapist. The main reason given for respondents paying for the service was that they did not want to wait (42%), other reasons included the treatment is not available on the NHS/ they had to pay (29%) and 11% had to pay towards new spectacles. The majority (92%) of these respondents reported that the service they paid for met their expectations.

#### **5.4.4 Complementary or Alternative Medicines/ Treatments**

Over one in ten (15%) respondents reported they had used complementary or alternative medicines/ treatments in the last 12 months; this is a decrease from 23% in 2006. More than three fifths (62%) of all respondents reported that GPs should be referring patients for complementary or alternative medicines/ treatment and 55% reported that the Health Service should pay for patients to use complementary or alternative medicines/ treatment. These results are similar to the 2006 survey where 60% of respondents felt GPs should refer patients to complementary or alternative medicines/ treatment and 55% felt the Health Service should pay for patients to use complementary or alternative medicines/ treatment.

#### **5.4.5 Complaints**

Respondents were also asked their opinions on the complaints procedures and the largest proportion of respondents had no knowledge of it (34%). Almost one third (32%) of respondents felt the HSCS are effective at resolving complaints and 30% felt the HSCS was not effective at resolving complaints. As the answer categories for this question changed between the 2009 and 2006 surveys comparisons are not available. Over seven in ten (71%) respondents were aware that there is a complaints procedure in place should anyone have a complaint about a Health or Personal Social Service in Northern Ireland. This is an increase since the 2006 survey where 66% of respondents were aware of these procedures.

Of respondents who were aware of the complaints procedures in 2009, a small proportion (71 respondents) had raised a complaint about care or treatment through this procedure and one fifth of these respondents required help, advice or support to access the complaints procedure. A range of sources of support were utilised including GPs, solicitors, family members and the health trust. Just over one third (24 respondents) were satisfied with the outcome of the complaints procedure on the last occasion they had used it.

#### **5.4.6 Public Attitudes towards Washing Hands**

The survey asked respondents to rate how important it is to wash their hands before or after a range of eight different scenarios. The answer categories for these questions in 2009 are different from those used in the 2006 survey and thus comparisons are not possible. Nearly all respondents thought it was very important to wash their hands after going to the toilet (97%) and after changing a nappy (97%). Around nine in ten respondents thought it was very important to wash their hands before and after visiting someone in hospital (94%), before and after handling food (91%), before and after visiting someone in a nursing home (90%) and before you eat (86%). Just over one fifth (22%) of respondents felt it was very important to wash their hands after a social handshake.

#### **5.4.7 Public Views on Infections**

Over nine in ten (94%) respondents had heard of MRSA. This is an increase since 2006 where 91% of respondents had heard of MRSA. Respondents who had not heard of MRSA were informed that MRSA bacteria can exist harmlessly on people's skin and rarely effects healthy people, it generally effects those who are ill and have open wounds or infections. Of these respondents nearly one third (31%) were aware of this. Half of all respondents (50%) were very concerned about acquiring an infection if they had to go into a hospital, and over one quarter (27%) were fairly concerned about this.

Respondents were asked who they think should be involved in the fight to reduce healthcare associated infections, and the most commonly reported answer was the hospital healthcare workers (66%), followed by DHSSPS (59%) and patients (43%). Nearly two fifths (37%) of respondents felt the government is sufficiently addressing the question of healthcare associated infections. Respondents were also asked who they

feel is most responsible for the reported rise in healthcare associated infections (i.e. superbugs) and 24% of respondents felt it was the government and a further 24% felt it was healthcare workers.

#### **5.4.8 Prepared to Travel Further Afield to get a Health Service**

At least four fifths of respondents reported that they would be prepared to travel further to get a health service if they were to get the service sooner (80%) or if it were of a better quality (83%). Respondents were asked if they had a choice, would they rather be treated for a health condition in a hospital or in the community or would it depend on the health condition. Over three quarters (77%) of respondents reported that it would depend on the health condition they required treatment for, 13% would prefer to be treated in hospital and 10% would prefer to be treated in the community.

Produced by:

Public Health Information and Research Branch  
Department of Health, Social Services and Public Safety  
Castle Buildings, Stormont, Belfast BT4 3SQ

Telephone: (028) 9052 2520

Textphone: (028) 9052 7668

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)