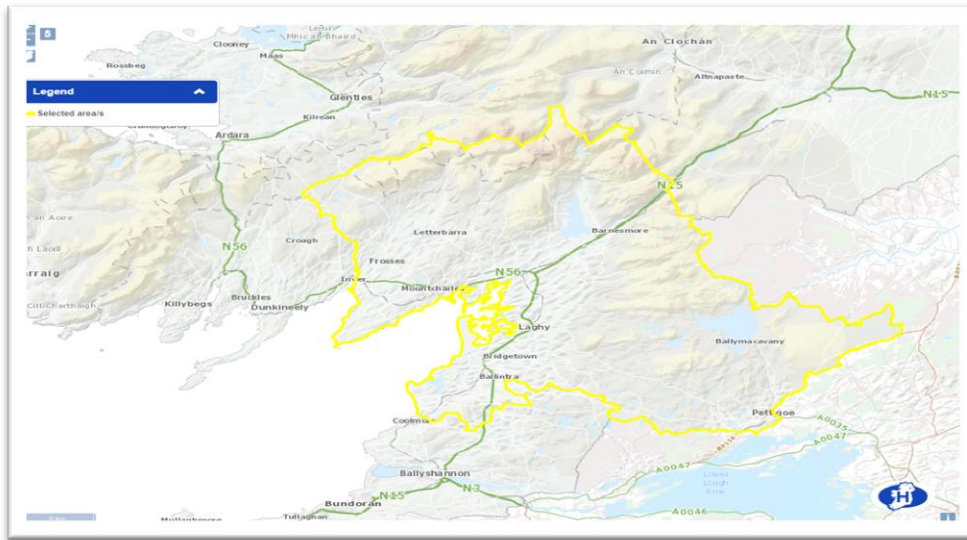


4.6 Donegal Primary Care Team Area Profile

1. Background

The Donegal Primary Care Team (PCT) encompasses the town of Donegal and stretches from Inver bridge to the West, as far as Pettigo to the East and north through the Barnesmore Gap with the coastline to the southwest. It borders the PCT areas of Ballyshannon/ Bundoran to the south, Killybegs to the west, Finn Valley to the north/ north east and Dungloe to the north west.

Figure. 1: Donegal PCT area



The Donegal Primary Care Team has not met now for over a year. Regular members included: Physiotherapist, Occupational Therapist, Speech and Language Therapist, Dietician, Community Health Forum representatives, Public Health Nurses, Community Mental Health Nurses, Director of Nursing at Donegal Community Hospital, Director of ID services and Physical and Sensory Services. When functioning, the Team met monthly and had HSE administration support and an HSE Facilitator.

The Community Health Forum in Donegal was established in 2012 supported by the Donegal Family Resource Centre. Meetings took place, but it never really took off the ground like other Community Health Forums, as it was deemed difficult to engage local organisations and individuals.

The CHF and PCT have however completed a number of joint projects over the years:

- Carers support project
- Information and health screening events
- Mental health awareness events
- Social Prescribing Programme

2. Overview of Area¹

The Donegal PCT covers a large geographic area. Donegal Town is the only significant urban centre and serves as the service/ shopping district for the area with the following services available in the PCT area:

- 10 primary schools
- 1 post primary schools
- 1 full time library
- 1 Community Hospital (29 beds providing palliative care, respite care, convalescence, rehabilitation, assessment and some continuing care)
- 1 Day Centres
- 5 Public Health Nursing Services
- 1 council Public Services Centre
- 2 Community Centres (Donegal Town and Mountcharles)
- 1 Fire stations
- 1 Garda stations
- 1 MABS
- Part time Social Prescribing Programme
- 1 arts/ theatres (donegal craft village)
- 1 Community Centre
- 1 Men's Shed

Two Family Resource Centres are located in the area (Donegal Town and Pettigo), offering various family and community supports and services such as after school clubs, counselling, parenting courses, community group supports, the Good Morning Service for older people and the Social Prescribing Programme. There are two community centres in the area, one in Donegal Town and the other in Mountcharles.

The area is well served by sports/ physical activity groups, **youth projects, carers groups, womens groups, mental health support groups, addiction support groups, family support services and senior citizen groups.**

There are a number of public bus companies operating in the area - Bus Eireann (inter-city and regional service), private commercial bus companies and Local Link which runs a service from Donegal Town and Glencolumcille and another route from Donegal Town to Ballyshannon with stop offs in between.

Donegal Town has been identified as one of a number of 'Strategic Town' in the Donegal County Development Plan that performs 'Special Economic Functions' for the following reasons:

- a Development Centre with a focus on tourism
- tourism and the Wild Atlantic Way
- Centre for delivery of Local Authority Services

¹ The statistical data in the section is drawn primarily from the Area Profiles developed by the HSE Public Healthy Department using Census 2016 data and other relevant health data sources.

These are the areas of potential that will be built upon over the next number of years and a Local Area Plan has been drafted for the town to capitalise on that potential.

Population

There were 11,773 people living in the Donegal PCT area in 2016. Twenty percent were under the age of 14 and 18% over the age of 65. The birth rate is declining along with rest of the County and national trends (8%), but not as much as in other PCT areas. The greatest population shift has occurred, as in other areas, in the 20 – 34 age where nearly 300 people aged between 20 – 24 have left the area. Another significant population shift is in the 65+ age bracket, where population increases were experienced and nearly 300 people moved into the 65+ age bracket. The increase in the 60 – 64 age bracket alone (24%) is higher than the County average (17%) and the national figure (24%).

The projected population change figures show that this trend of increasing older numbers of people, and a decreasing birth rate will continue into the future. Over the next ten years the population in the over 70 year old age bracket is expected to increase by up to 47% (projected 471 more older people), whereas the decrease at the younger end of the spectrum will decline by up to 18% (projected 188 less young people aged under 15). Interestingly, the haemorrhage of the 20 – 34 year old age cohort will be stemmed according to population projections with increases expected in this grouping.

Age Dependency

The shifting demographics detailed above points to a high age dependency ratio of 62%. This is not as high as some of the other PCT areas but above the County and (60%) and national average (53%). The old age dependent population is particularly high at 29% well above County (25%) and national figures (20%). This reflects the large numbers of older people in the PCT area. The young dependent population is 33%, a little lower than the County and national average.

Nationality & Ethnicity

Eleven percent of the population in the Donegal PCT area identify with a nationality other than 'Irish'. 423 people (4%) are from the UK and 222 (2%) are Polish. The remaining nationalities are from elsewhere in the EU and the rest of the world with 4% visitors. Forty five people who live in the Donegal PCT area identified as Travellers in the 2016 Census which amounts to 0.4% of the population.

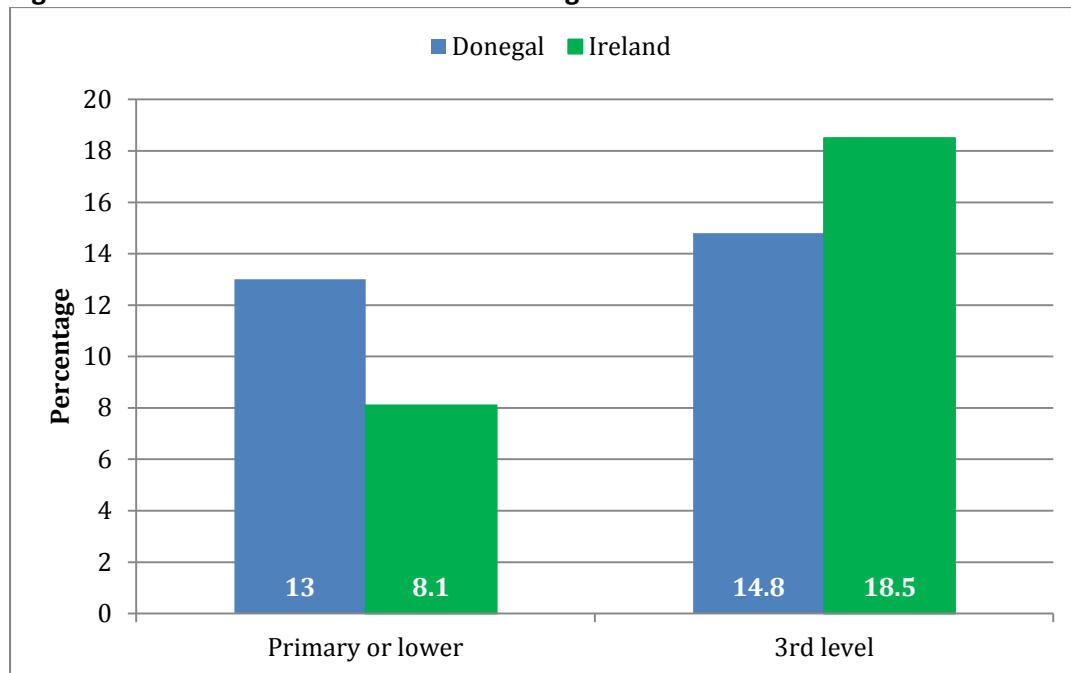
Socio-Economic Profile

A significant proportion of the population fall into the 'professional' work category in the area (6%) and this is higher than the County and CHO 1 figure (although lower than the national figure of 8.1%). A further 17% fall into the unskilled or semi-skilled work category and is in line with County and CHO 1 figures.

Educational Attainment

The proportion of people who have attained primary level education only is 13% which is similar to other PCT areas and County figures, but above the national figure of 8.1%. Looking at third level attainment, Donegal has a relatively high proportion of people who obtained a third level qualification (15%) which is above the County figure and one of the higher third level attainment levels among the PCTs.

Figure 2. Education attainment in the Donegal PCT area



Unemployment

The rate of unemployment fell to 6% (642 people) in Donegal Town in 2016 and this is one of the lowest rates recorded across PCTs (outside of Killybegs which recorded a rate of 5.8%). It is also below the County and CHO 1 average figures but slightly above the national figure of 5.6%. This rate has decreased significantly since 2011, but it is difficult to know whether the fall in unemployment is a result of job creation and opportunities in the area or the migration/emigration of the working population or the increase in the number of people ageing into retirement or the number of people on labour market schemes (TUS/ CE) which takes them off the unemployment register. It is likely it is a combination of all these factors.

Occupation

The total number of people at work in the Donegal PCT area in 2016 was 5,927 accounting for 52% male and 48% female. The greatest numbers work in Professional Services, Commerce and Trade and Manufacturing (outside of the 'Other' category).

Industry	Total	Male	Female
Agriculture, Forestry, Fishing	422	390	32
Building & Construction	300	279	21
Manufacturing Industries	775	517	258
Commerce and Trade	1173	657	516
Transport & Communication	271	217	54
Public Administration	464	193	271
Professional Services	1611	425	1186
Other	911	426	485

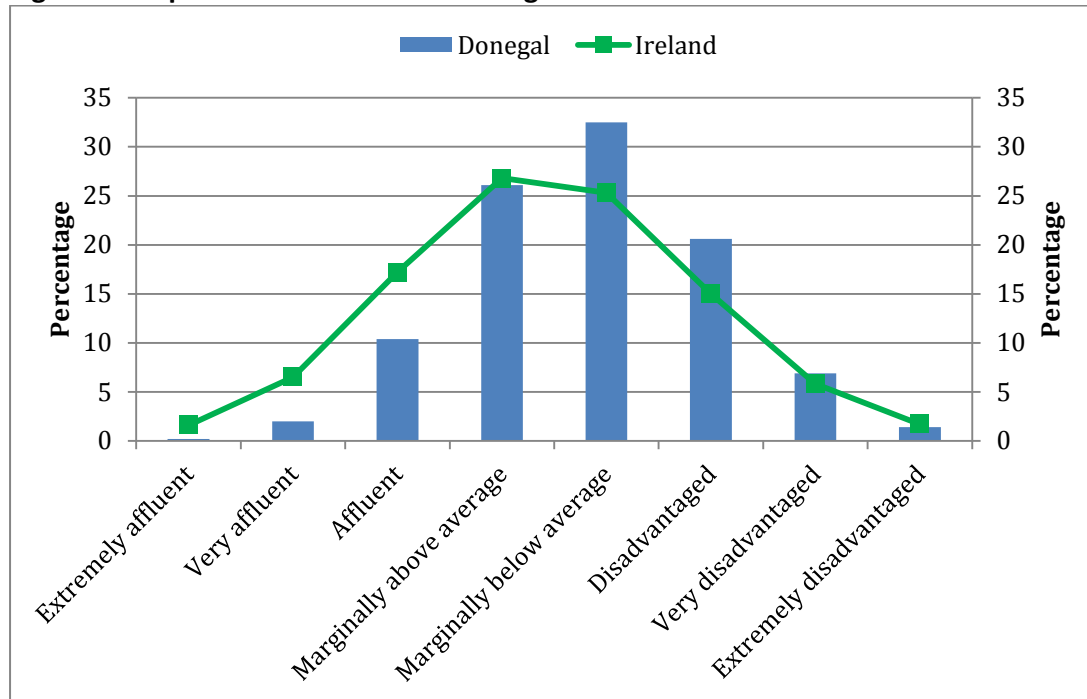
Family Structure

There are a total of 3,775 family units in the Donegal PCT area. Nearly a quarter of these fall into the 'retired' and 'empty nest' category. There are almost 1,000 adolescents (pre-adolescent and adolescent) in the area corresponding to 23% of the population which is in line with County and national trends. Looking at the types of families in the area, 15% of all families are one-parent families, slightly lower than the County (18%) and national (18%) figures.

Deprivation

The deprivation scores for Donegal are lower than other PCT areas and the County average, at 29% of the population ranking the same as Moville (29%) and Letterkenny (21%). It indicates that nearly one in every 3 persons in the area is either ranked as 'disadvantaged' (20.6%), 'very disadvantaged' (6.9%) or 'extremely disadvantaged' (1.4%) indicating that a significant proportion of the population is either living in poverty or at risk of living in poverty.

Figure 3. Deprivation Levels in the Donegal PCT area



Health Indicators

Only 1% of the people of Donegal PCT area (168) rate their health as ‘bad’ or ‘very bad’, below the County (2%) and the national average (1.6%), and is lower than all the other PCTs in the area. The proportion of people with disabilities is 14%, similar to the County figure but the number of carers is slightly higher than the average at 5%.

Connectivity

One in every 10 people do not own a car in the PCT area. As regards digital connectivity, one in five do not have access to the internet (22%) with 67% having access to broadband. Compared to the other areas, this is a relatively high proportion of the population.

3. Consultation Findings

Overview

This section presents the findings arising from two consultation meetings – one with the Donegal Primary Care Team with three members in attendance and one with the CHF with 6 people in attendance. Three people also filled out the online survey. It also incorporates findings from the consultations held as part of the Healthy Ireland Community Engagement process where meetings were held across the 5 Municipal Districts (the MD of Donegal most relevant here) on health and wellbeing issues.²

² It is important to note that this section directly reflects the views of the people who attended the focus groups, and has not been filtered in any way. Where possible fact checking has taken place, but there is the possibility that some feedback will reflect personal viewpoints which may or may not be wholly accurate. However, people’s perceptions reflect their own reality so if views are considered ‘inaccurate’ then this should be identified as a communication issue that needs to be addressed.

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Access

Transport. There is a lack of connectedness in and between public transport services. The main routes are satisfactory and Local Link has improved but could be better. Some people can't access the Day Centre as they do not have access to transport.

Services and Community Connectivity

The issue of isolation was discussed with a view expressed that many people are chronically isolated and the more isolated a person is, the harder it is to reach them and therefore the more isolated they become. The limited transport options have an impact on this this issue.

There is a growing number of older people in the area and supports and services need to be planned to meet this growing need. There is sheltered housing in Trinity Court in Newtowncunningham (outside of the PCT area) for older people and those with long term conditions. While the concept is good, it is a difficult transition for people as it is 'not a home' and there is a cost involved. Units are now being offered to other people including those with Intellectual Disability and this can potentially cause problems. The idea of self-contained supported accommodation for older people (such as they have in Dundalk) is a better idea with an 'acute' unit when needed.

Family dynamics have changed and many new families are moving to the area but have no network or back up support, and this can lead to depression, anxiety, isolation and post natal depression. Post-natal depression is not always recognized as PHNs don't visit as much in the first weeks as much as they did in the past because of their own large workload. There is little support for the first two years before the child goes to pre-school but this changes significantly when children enter pre-school where there is a lot more support.

Health Services

The consultations in Donegal Town provided a number of detailed issues in relation to primary care services:

Recruitment. It is difficult to fill vacancies as recruitment is done centrally by the NRS using a panel system. Applicants are looking to get on a panel and not necessarily to get the job they apply for, or go to the area where the job is located. Someone may be covering a senior post for a long period of time but cannot apply for the senior post because they are not on a senior panel. Also if you are on one panel, you cannot be on another, so the way the system works is restrictive and works against local circumstance and need. This process means that people may accept a job in Donegal as a 'stop gap' and move away as soon as they get the job they really

want. This system has led to too vacancies that cannot be filled, and a different approach needs to be taken for the County.

Supporting Long Term Conditions. Early intervention is important for long-term conditions such as dementia, MS and others. It is essential in order to provide education for carers and for those with the condition, so they can plan and manage into the future. There is a need to educate carers around the needs of the patient. However, 'one size does not fit all', and local professionals need to have some element of flexibility.

When stroke patients are discharged from hospital, there is some support but it is patchy. A designated adult Speech and Language Therapist to work with stroke patients, neurological patients, conditions such as Muscular Dystrophy etc. is required.

Occupational Therapy Service. This service is consistently understaffed with posts remaining unfilled. As a result the team is working in crisis all the time, existing staff are overworked and stressed and they often can only get to cases when they get to the emergency stage when needs are most complex. Earlier intervention and therapy can prevent this but current workloads and staffing levels means this does not happen. The waiting list is over one year and while additional junior staff have been brought in to assist with waiting lists, it makes little difference to the patients who require higher levels of care. OTs also need more clerical support as at present they are spending much of their professional time on administration, and this is a growing workload due to new rules and regulations. All notes are still handwritten (notes/appointments/waiting lists).

Physiotherapy Service. As with the OT service, this has been understaffed for years, and waiting lists continue to grow. The waiting list is the longest it has been in 15 years in the experience of one Physiotherapist. It is very hard to do the job properly with the appointment times allocated, and professional judgement should allowed to be used on who needs more/less time.

Primary Care Changes. There is no clarity on the new CHO structures, what staff will be in place and reporting lines. It often feels that some of the HSE management don't understand the clinical element of the role. The Primary Care Team needs investment for it to work and to meet its potential.

Home Help. This service is useful for personal care, but given the rising older population, there is the need to think more broadly and strategically in relation to isolation and loneliness. Day Centres are not the solution for everyone. The service offered is Home Help or the Day Centre, with nothing in between. Some people see the Day Centre as the 'grim reality' of getting old and would prefer alternative solutions with opportunities to keep active.

Importance of local judgment and flexibility. There were strongly held views that local judgment and flexibility is continually being eroded. Clinical staff are competent and capable but are getting tied up in bureaucracy and rules and regulations. Everything has become more difficult and time-consuming, and less personal. Any local control is being taken away and budget/finance and service decisions are taken in Dublin or Galway with no account being taken of local circumstances or need. This disempowerment impacts detrimentally on staff morale, capability, skills, experience and motivation. There is an argument to be made for transparency and consistency across the service, but some local decision making and flexibility is needed to make the system human and workable in the local context and to use the professional skills and judgement of professional clinicians.

Service Gaps:

- there is no neurological service in the County. A patient has to go to Dublin, Sligo or Galway and the waiting list can be up to 3 years which is completely unacceptable
- Bariatric Services (essentially weight loss surgery). There is nothing for bariatric patients in the north west; there is 1 clinic in Galway and this is a growing area of need within Donegal.

Economy and Deprivation

There is a lack of housing availability in the area and it is very difficult to find rented accommodation. Abbot Pharmaceuticals will soon be coming to the town and employing 200/300 people but there is concern over where the new employees will live.

The Community Welfare Officer role has moved to the Department of Social Protection which has changed the role; the nature of the support has changed and there is less local knowledge and support. St. Vincent de Paul is stepping in a lot more to fill up the gaps locally where they can.

While tourism is a big industry in the area, a lot of it is seasonal work and there is not as many full-time permanent job opportunities. It is great that the unemployment rate is reduced, but it does not reflect the true situation. The view is that a lot of people are on labour market schemes which brings down the live register numbers. It was however acknowledged that the Wild Atlantic Way has had a big positive impact on the area.

Mental Health

Social anxiety is a huge issue across all age groups (20s – 80s) and it is increasing, especially in younger people in their 20s. Young adults are often living with parents for much longer and this in turn has an impact on their mental health, their coping, resilience and life skills. Furthermore, increasing numbers of school age children are accessing play therapy due to anxiety arising for many different reasons e.g. family breakdown and the impact of social media.

There is a 6 month waiting list for CBT so the Community Mental Health Nurse is referring people to Community Counselling supports in the Community and Voluntary sector e.g. through the Family Resource Centres. For children under the age of 18, it is difficult to get an initial assessment from HSE mental health services as the waiting lists are over 18 months. Jigsaw waiting lists have also increased, and outreach support has reduced.

Another issue identified is that many people don't know where to go if someone is suicidal. The hospital ED is not the best place for someone in a mental health crisis.

Vulnerable Groups

A number of groups were identified as being more vulnerable and at greater risk of health inequalities:

- Older people. Isolation and fear is increasing, as people are unprepared for growing older. There is also fear around burglaries, loss of independence, going into a home, loss of family networks and worrying about not being able to drive any more. All these concerns adds to the risk of isolation and loneliness for this group
- Carers of people with dementia and especially young carers, of which there are a many in the area
- Bariatric patients in relation to access to supports and services

Positives indicated in the Donegal area

- Family mediation through the Donegal Town Family Resource Centre is working well
- Parentstop 'Parenting when separated' courses. The courts refer people to this and judges will often insist in mediation before it comes to court
- Pieta House have a 14 week programme for people with suicidal thoughts
- The Family Resource Centre have increasing numbers of personal alarms distributed
- The St. Vincent de Paul home visits (just going in to say hello to Older People weekly/ fortnightly)
- Long term care provides good OT and Home Help support
- Local Wellbeing Courses
- Social Farming (but it is not as active as it was)

Healthy Ireland Priorities

Physical Activity:

- Children not going out to play enough has an impact on fine and gross motor skills, falls, scrapes and cuts etc. which helps to build resilience and coping skills (and the immune system).
- Sport club coaches need to be aware of the issues for young people in relation to the 'win at all costs' mentality and the impact on children not picked for the team. Awareness and support is needed around the importance of participation concentrating on 'games rather than sports'.
- More proactive health education and promotion and language stimulation for parents is needed perhaps starting in pre-school.

4. Recommendations from Donegal Consultation

Clinical Services

- Give local staff more autonomy and accountability to meet the needs of their patients and to use their professional skills and judgement
- Provide bariatric supports and services in the County
- Computerise OT notes/file system and look at administration support for staff
- Develop and deliver a tailored OT training programme for carers
- Undertake a county wide research project into appointment DNAs to understand the reasons, and put in place a policy that takes account of issues beyond the patient's control, and ensures they do not automatically go to the back of the queue. This should include the right to challenge.

Home Help

- Review Homecare supports and the role of the Home Help to provide more social care, as well as personal care to reduce isolation and loneliness. Company is so important and long term strategic thinking needs to be given to this issue given the ageing population projections

Mental Health

- Increase access to bereavement support for suicide bereavement e.g. through the Suicide Bereavement Liaison Officer (SBLO). The current 3 days per week available is not enough
- Improve access to AMHS and CAMHS and Psychology and reduce the waiting lists. Look to creatively fill the vacant posts - the 'can't get people to come to Donegal' refrain needs to be change. A review of terms and conditions to see what will attract people to the region needs to be carried out
- Increase Pieta House Outreach Services
- Reduce Jigsaw waiting lists and improve County outreach service
- Increase access to Community counselling (TUSLA/FRC)
- Increase access to Counselling in Primary Care
- Reduce the waiting list for CBT
- Increase awareness of the signs and symptoms of post-natal depression with the public and GPs

Access:

- Improve rural transport links and connections
- Clarify and communicate current HSE structures within PCT areas, Donegal and CHO 1

Positive Ageing:

- Ensure the change to ALONE (Good Morning/Befriending) has a local advisory committee to take account of local differences and challenges
- Prepare people for growing older. Many are not prepared and suffer as a result. The Irish Hospice Foundation 'Think about' booklet is a good model to help people start putting things in place and switch the emphasis to the positive.

Physical Activity

- Roll out Donegal Sports Partnership 'Building Positive Clubs' initiative to all clubs in the County
- Develop and deliver physical activity programmes for Older People

Positive Mental Health

- Inform and educate parents around the impact of too much screen time/social media access has on their children, particularly at a young age. Set up a PCT area/ County forum to advise parents on language stimulation
- Bring the Rainbow service back to the area
- Increase access to mediation for couples (and reduce the current waiting list)