PCC
PATIENT & CLIENT COUNCIL

‘What the Public Think’

Key findings from a PCC Attitudinal Report on People’s Experiences of Health and Social Care and ‘winter’ pressures

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About PCC

The Patient Client Council is a statutory corporate body established in 2009 to provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues within Northern Ireland through:

- Representing the interests of the public;
- Promoting the involvement of the public;
- Assisting people making, or intending to make, a complaint;
- Promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services; and
- Undertaking research into the best methods and practices for consulting and engaging the public.

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Foreword

At PCC we believe that shaping health and social care services that are high quality, sustainable, and meet the needs of the public, requires a shift in the relationship between the public and services to one of **partnership.**

Our health and social care (HSC) services, and indeed all public services, should be designed, delivered and assured in partnership with the public, through a collaborative approach that embraces people as the assets they are.

Our communities hold significant knowledge and experience about their needs, and what works. People are experts by experience in their own health and in the care and treatment they receive. By fostering a partnership model that actively engages citizens, health and social care (and wider public sector) organisations can leverage the collective knowledge, skills, and resources of the community that they serve to deliver better outcomes. This is of particular urgency if we are to tackle persistent health inequalities, meet contemporary demands and expectations, and support people to stay well by taking an active role in their health.

Within health and social care, the PCC has been making the case for a more strategic approach to public participation, and for building a new relationship with the public, through which healthcare, and wider public services, 'does with' (and not 'to') to collectively tackle the challenges we face. Key elements of this approach include collaborating closely with communities, gaining a deep understanding of the people within them, their perspectives and expectations and developing versatile responses tailored to individual needs.

This report sets out a summary of key findings from a poll on people's experiences, beliefs and understanding of health and social care and 'winter pressures' in Northern Ireland. It creates a regional baseline to inform and support the 'Big Discussion – Whole System Flow' work led by the Chief Nursing and Chief Medical Officers to plan a collaborative, system-wide response to anticipated pressures. It also sets out key findings to inform and support the broad range of initiatives set out in the Minister for Health's HSC Reset Plan.

This report is a starting point for future engagement. What we have heard from the public supports many of the ambitions set out by Minister in the HSC Reset Plan. It also provides indicators as to how health and social care services might do things differently now to make services and communications more effective for the public and for our health and social care services alike. It should be considered a step in the journey towards shaping a new relationship of partnership, between the public and HSC services.

M. Monaghan

Meadhbha Monaghan
Chief Executive, Patient and Client Council

CONTEXT

Between March and April 2025, the Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) convened the 'Big Discussion' workshops across Health and Social Care in Northern Ireland to design a system approach to addressing 'winter' pressures.

The need to engage with the public was a strong and recurrent theme emerging from these workshops and the CNO asked the Patient and Client Council (PCC) to consider how a 'Big Discussion' with the public on this issue might be approached.

The PCC recommended that the work should be carried out in different phases, with an initial phase focused on generating a regional baseline understanding of the public's beliefs and feelings about health and social care, and their knowledge of winter pressures. In many cases, a regional baseline for measurement of what the public knows, believes or thinks about health and social care services in Northern Ireland does not exist.

In the attitudinal survey PCC were interested in gaining an understanding of;

- What is important to the public in accessing health and social care,
- Public knowledge of winter pressures,
- How the public receive and understand information about HSC services and winter pressures,
- Public knowledge and experience of staying well during winter
- What influence the public think they can have in helping to alleviate pressures on services.

PCC designed the first phase and attitudinal survey with the intention that it would have broader applicability to a range of initiatives that are ongoing across health, as set out in the Minister for Health's HSC Reset Plan.

PCC commissioned LucidTalk to conduct a Northern Ireland (NI) Attitudinal Poll (survey). Corrective 'weighting' was implemented to ensure that the sample was representative (of the general population of NI, 18+) by key demographic profiles including, gender and age group. This gave a final weighted base of 1,050 responses.

This summary sets out key findings.

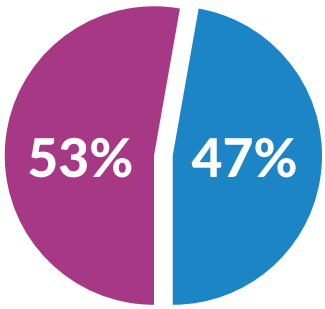
We would like to thank members of the public and contributors from the HSC sector who helped shape this poll.

What the Public think about their care and treatment

Feeling informed

- Results are mixed in relation to how well informed the public feel they are in relation to their health and how to manage it.
- There is variation across Trust areas.

Strongly agree or agree that they feel informed



Are either neutral, or feel they are not informed

Middle-Class respondents (60%) are more likely to feel informed about their health and how to manage it than Working-Class respondents (48%)

Feeling Connected and Involved

- Results showed that 18-34-year olds (60%) were more likely to feel a disconnect than 55-64-year olds (48%) and 65+ (40%).

51% **Feel disconnected from health and social care services and care**

Perceptions about fellow citizens' knowledge about staying well

- Whilst 53% of people feel informed about their own health and how to manage it, people have less trust that their fellow citizens have the same knowledge.

53% **feel informed about their own health and how to manage it**

34% **agreed that members of the public know how to manage their own health.**

What matters to me when accessing treatment and care

Safe, high quality treatment delivered by an expert in a timely fashion

- It is most important to people that their care and treatment is safe and high quality, timely, and delivered by the most appropriate and expert healthcare professional.

Travel, Care in the Home and Community

- People significantly prioritised safe, timely and expert care over how far they had to travel or whether the care was delivered in their own home or in the community.
- There was no significant variation in what people prioritised when accessing treatment and care across different Trust areas.
- A higher proportion of older people (65+) considered care and treatment in their own home and community to be important.

Active Involvement, Choice and Control

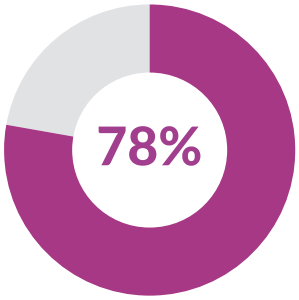
- People ranked being actively involved, having choice and a sense of control in their care and treatment, over the distance to travel for care and whether that care is in their home or local community.
- 45% of people felt that they were actively involved in their care with healthcare professionals and staff, whilst 30% of people did not.

45% felt they are actively involved in their care with healthcare professionals and staff

Agency, Action and making a difference

Staying Well

- A significant majority of people (78%) feel confident that they know what to do to help themselves and others stay well.



"I know the basics ... but the issue is I don't know what to do when something abnormal happens. I don't know how to decide when I need to be seen for something, and when it's something I can sort out myself"

"I am a health professional able to articulate my needs and wishes well. I fully understand the health care system and yet would still struggle to navigate the barriers and bureaucracy"

"I am personally aware but older relatives are not as educated about health and wellbeing, possibly because older generations tend not to use social media as much"

"I can offer knowledge and advice to others with regards to health and staying healthy but find that more and more people are becoming skeptical of health care & health professionals"

"There is plenty of information available ... However, I'd be very reluctant to blame or criticise anyone who doesn't have the time or resources to follow all the advice available. There's a strong and well-documented link between poverty, poor housing and ill-health.

"I know that I should eat healthily and exercise, etc. but how people on low incomes can be helped is unclear. I also don't see how I can advocate for healthier environments, e.g. active travel in a way that will have any impact on political decisions"

Making a difference

- This confidence does not correlate to a belief that any actions they take will make a difference to pressures on the health service.
- 48% did not think any action they took would make a difference to pressures on the health service, compared to 40% that thought it would.

- 50% of 45-54-year olds believed they could make a difference, compared to 39% of 18-34-year olds and 35% of those aged 65+.

Women were less confident that their actions could make a difference, 36% compared to 45% of men

Amongst those people who felt their behaviours or actions could not make a positive difference, answers included:

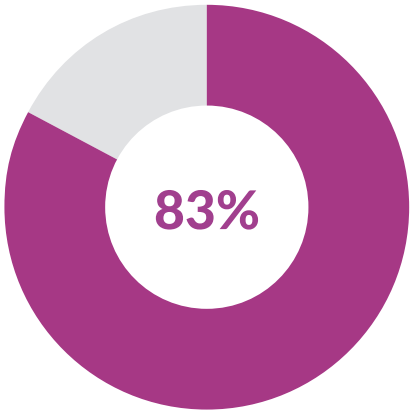
- They believed that this was a political matter and that action needs to be taken to reduce waiting lists, expand primary care resources to increase access to primary care.
- Some responses also expressed concern for the HSC workforce who they see as being "stretched" and "worked to the bone".

"The Health Service is under-funded, under-staffed and put under increasing pressure year on year. This requires major intervention by the UK government, matched by the executive"

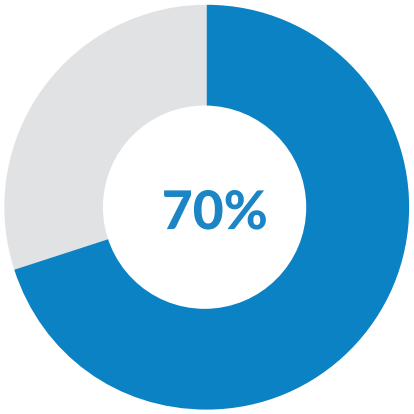
"It is hard to see to see what single individuals can do which would make a difference"

Actions to Stay Well in Winter

- There are really positive examples of behaviours and actions people take to stay well (people chose 14 different options and expanded with qualitative examples).
- Those who said that they get a vaccine tended to be in the 65+ age category. Up to 83% of those aged 65+ said they get a flu vaccine and 70% said they got a Covid-19 vaccine.
- People in the Working-Class category were less likely to get the flu vaccine (49%) than those from Middle Class, retired, students or non-salaried groups (65%).



83% of those aged 65+ said they got a flu vaccine

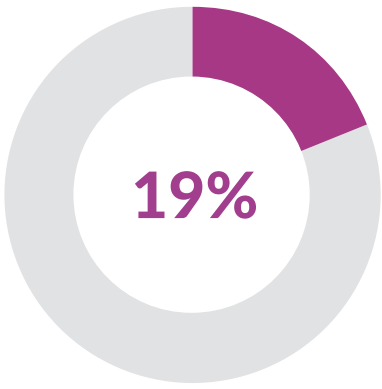


70% of those aged 65+ said they got a Covid-19 vaccine

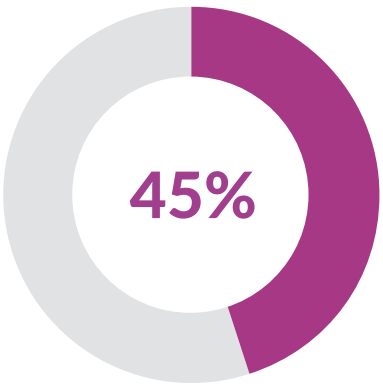
Accessing Emergency Departments (EDs) and Awareness of Alternative Care Pathways

MOST PEOPLE KNEW WHEN IT IS APPROPRIATE TO USE AN EMERGENCY DEPARTMENT (ED)

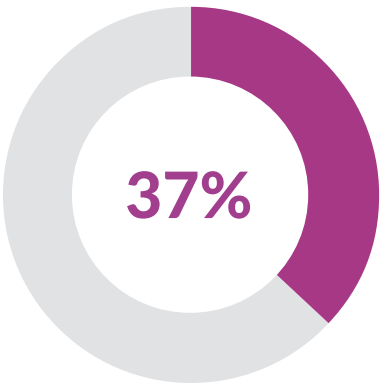
Older people (65+) were more likely to use EDs for different reasons compared to other age categories:



older people (65+) did not believe that a life-threatening issue was an appropriate reason for attending ED. The highest percentage compared to other age categories.

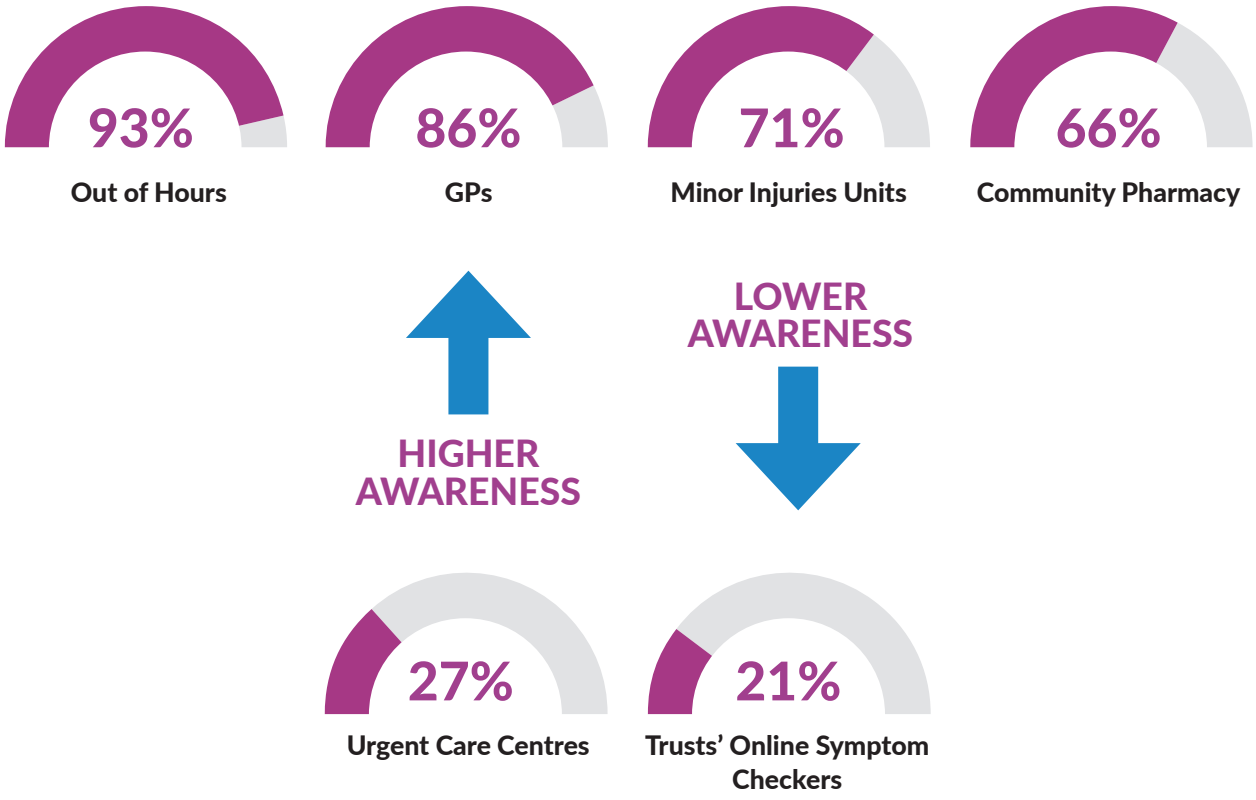


Of 65+ were more likely to say an appropriate reason for attending an ED was to get tests done such as x-rays or blood tests



Over 65s were the most likely to consider not being able to access your GP as an appropriate reason to attend ED

Alternative options for Accessing Treatment



Females were more informed than males about alternative care pathways or services by an average of 8%. This was seen most starkly in Community Pharmacy.

People aged 65+ had the lowest knowledge of Phone First (36%) as an option

65+ were also amongst the lowest with knowledge of:

- **Community Pharmacy**
- **Online Symptom Checkers**
- **Minor Injuries Units**
- **Urgent Care Centres**

- The majority of people had heard of GPs (86%) and Out of Hours GP (93%), followed by those who had heard of Minor Injuries Units (71%) and Community Pharmacy (66%).
- There were significantly lower levels of awareness of Urgent Care Centres (27%) and Trusts' Online Symptom Checkers (21%).
- Awareness and knowledge of alternative care pathways varies across Trust Areas.

- Whilst 58% of people were confident that they knew how to access alternative care pathways, only 38% were confident the alternative care pathway would meet their needs. The reasons given for this included:
  - a feeling that **messaging around alternative services is unclear and inconsistent**;
  - **confusion over what each service does**
  - a belief that the alternative services will not be able to meet their needs, or might **only offer information or signposting** services;
  - concern or experience of a lack of continuity of care or adequate **communication between the alternative services and ED or hospital services**

"I don't know enough about these other services - where are they? What hours are they open? How do I access them?"

"I have only heard of a couple of these services and wouldn't know an awful lot about them. I think it would be useful to make people aware of them through advertising campaigns"

"I have successfully consulted the pharmacist at my local chemist for various conditions"

"Better structure is required by advertising, on line, phone so that it's easy to understand from the very young to the old, including schools, local authorities etc."

"I've accessed minor ailments treatment in my local chemist before, and found it to be a very useful service. The chemist has given me advice on whether I need further medical attention (either from a GP or A&E) but has been able to deal with minor treatments without clogging up my GP or A&E.

"Phone first is very good for injuries and you will get an x-ray if needed without waiting for months"

Beliefs about the Causes of Winter Pressures

People believe the top five factors generating winter pressures are:

There was not significant variance amongst demographic categories in the ranking of contributing factors.

"Poverty is a major contribution to poor health so the resolution lays not just with the Heath Service but across all Government Departments"

"We need the political will to change priorities"

"I think its unkind to blame the public for what they don't know or understand when the responsibility to educate them is on public services"

"When informing the public about the pressures on the health service, more emphasis should be put on telling them what other services are available"

"While I do believe there is a lot of wastage and poor management within our health and social care services, I also believe that where possible we must take steps to manage our own care"

"We have enough hospitals, they are not used properly and a replication of services instead of a specialisation of services has completely broken the local health care system"

"Better to travel 70 miles for specialist care delivered quickly than wait years for treatment that local hospitals don't have enough specialist staff to deliver"

How the Public Experiences Information and Media coverage

Impact of Information and Coverage

69%

agree that information is provided in a language and a format that they can understand and which meets their needs.

78%

believe that information and media coverage inform the public about the pressures facing services

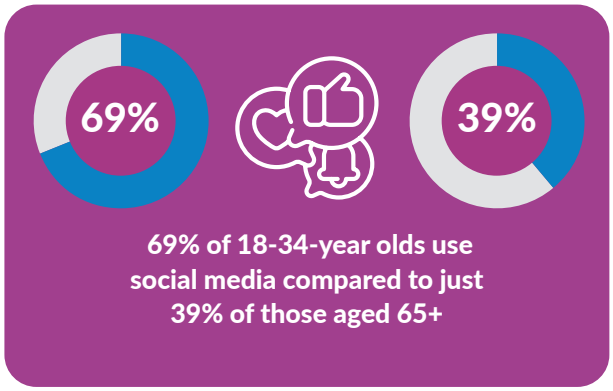
49%

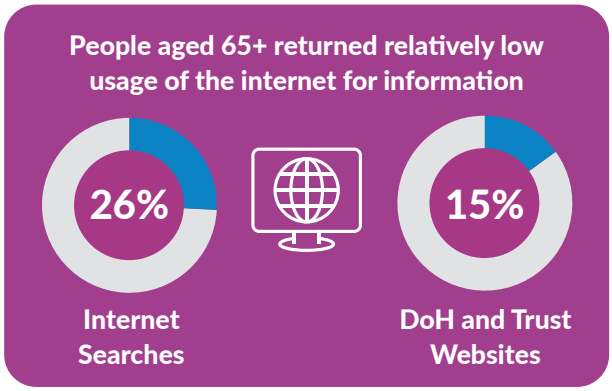
believed that information helped them understand what they can do to assist HSC services

46%

consider the information they receive and media coverage make them feel anxious about accessing services

Where people get their information





Of those who chose **GPs** as an information source, people aged 65+ (51%) are more likely to rely on them for information compared to 22-27% in any other age group

Knowledge or Awareness of Advanced Care Planning (ACP)

79%
had not heard of Advanced Care Planning

more females than males, and more people who fall into the Middle-Class category had heard of ACP

There was a considerable drop in awareness or knowledge of ACP amongst those aged 65+. Other age groups were fairly consistent

To have considered, discussed and recorded what I want to (and not) happen should I require treatment and am not able to communicate this.

My brother had end stage COPD (chronic obstructive pulmonary disease). He had good support through respiratory team in hospital and in community, with good coordination between respiratory nurse and consultant plus at later stage palliative care added.

Aware but not entirely clear about what it means. I am also aware that in some cases advanced care plans are not respected.

Actively involving the patient, when able, to jointly make decisions on their care at all stages of their journey. This would include decisions about their care in the future and their wishes regarding resuscitation or end of life.

Advanced care promotes the basic right of individuals to have direct input into decisions about their health and healthcare needs in the short, medium and long term. This is particularly important to facilitate the individual to have their healthcare (and other life/death) decisions respected in e.g. to situation where they are no longer able to communicate their wishes.

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Phone: 0800 917 0222
Email: info@pcc-ni.net