



**Survey of Older People's Experience of Outpatient Services in Galway**

**Age Action Galway Glór Group**

**October 2015**



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## 1. Introduction

### 1.1 Age Action

Age Action was established in 1992 as the national non-governmental organisation concerned with ageing, acting as a network of organisations and individuals and as a development agency promoting better policies and services for older people. Our mission is to achieve fundamental change in the lives of all older people by empowering them to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

In order to further this mission we have a number of core objectives:

- To mobilise and empower older people to advocate on behalf of themselves, their families and their communities
- To change attitudes towards ageing and older people in Irish society
- To effect changes in legislation and policies by influencing Government, state agencies and the social partners
- To secure the right of older people to comprehensive high quality services and where necessary to initiate services
- To focus on the needs of the most disadvantaged older people

A central feature of our work is raising awareness about the lived experience of growing old in Ireland. This includes advocating for policy changes which will have a positive impact on older people. Other programmes of work include ageing in the developing world, promoting intergenerational solidarity and helping older people to develop computer skills.

While Age Action has its headquarters in Dublin, we also maintain a presence in the west, through Age Action West in Galway and in the south, through Age Action South in Cork. At both of these locations we provide our core services of *Getting Started* and *Care and Repair*, along with engaging with older people on a range of policy and advocacy issues.

### 1.2 Consultation with members on policy issues

Our advocacy and policy analysis work is grounded in the lived experience of our members and the people we engage with through our various work programmes. Our policy team consults with our members on specific policy issues throughout the year through a number of different methods including regional members meetings and the distribution of surveys.

Glór is the Irish word for voice and the Age Action Glór groups in Dublin and Cork were set up to enable older people to make their voices heard by decision-makers. Group members have organised meetings with councillors, TDs and MEPs their concerns. The success of the Dublin and Cork groups encouraged us to develop groups elsewhere. In 2014, with the support of a grant from the Community Foundation of Ireland we set up a third group in Galway as part of Age Action West.

### 1.3 Older Person's Fund Community Foundation of Ireland

The Community Foundation of Ireland was set up in 2000 *'with the intention of helping to grow a philanthropic ethos within Ireland and building a perpetual fund to support charitable causes and communities in Ireland and overseas'* ([www.foundation.ie](http://www.foundation.ie)). The foundation makes grants on behalf of donors in Ireland with charitable funds donated by individuals, families and corporates.

With a growing older population the foundation set up the Older Person's fund to encourage greater civic engagement amongst older people, enabling them to make a difference in their communities. In 2014, Age Action was awarded a grant through this fund to set up the Galway Glór group. The purpose of the group is similar to those in Dublin and Cork, to encourage older people to make their voices heard.

### 1.4 Galway Glór

In July 2014, we invited our members in Age Action West to attend a members meeting in Galway to explore the issues facing older people in their communities. The Galway Glór group was formed out of this meeting. Since September 2014, the group has been meeting at least once a month to discuss issues affecting older people in the Age Action West region. The experience of older people accessing outpatient services was raised a number of times by the group. In order to present a comprehensive account of this experience, the group decided to conduct a survey of older people in Galway and the surrounding counties. This short report outlines the key findings from this research.

### 1.5 Conclusion

The remainder of this report is set out as follows:

- **Section 2:** Context
- **Section 3:** Research Approach
- **Section 4:** Findings
- **Section 5:** Conclusion

## 2. Context

### 2.1 Profile of older people

The latest statistics from the CSO indicate that in 2014 there were 586,600 people aged over 65 in Ireland. This age cohort accounts for almost 13% of the entire population. In the Western region (Galway, Mayo, Roscommon), over 14% of the population is aged over 65 years (more than 62,000 people), slightly above the national proportion.

**Table 2.1 Estimated Population classified by Sex, Age Group and Regional Authority Area, April 2014<sup>1</sup>**

Age Group	State		West	
	000			
	N '000s	% of entire population	N '000s	% of region population
65 – 69 years	196.3	4.3	20.4	4.7
70 – 74 years	143.3	3.1	14.7	3.4
75-79 years	108.3	2.3	11.3	2.6
80 – 84 years	74.9	1.6	8.1	1.9
85 years and over	63.8	1.4	7.6	1.7
<b>Population over 65 years</b>	<b>586.6</b>		<b>62.1</b>	
<b>Total population</b>	<b>4,609.6</b>	<b>12.72</b>	<b>437.1</b>	<b>14.2</b>

Source: CSO (2014)

### 2.2 Research on health issues amongst older people

Challenges accessing adequate and timely healthcare are frequently raised when we engage with our members and we advocate on this issue. People aged 65 and over are the most frequent users of healthcare services. In 2013, 50.9% of bed days in acute hospitals involved people aged 65 and over, an increase of 6.4% in the last 10 years<sup>1</sup>. Whilst age is not in itself a determinant of healthcare use, having one or more chronic diseases is<sup>2</sup> and there is a higher risk of chronic disease as we get older.

Chronic diseases are long-term conditions, lasting more than six months, are non-communicable and involve some functional impairment or disability. They require long-term management rather than cure. They include conditions such as cardiovascular disease, diabetes, arthritis, osteoporosis, mental disorders, asthma and chronic bronchitis. With life expectancy increasing, currently at 83 years for men and 85 years for women, the proportion of the population reporting a chronic illness is set to increase.

<sup>1</sup> Department of Health (2015) Key Trends in Health 2014

<sup>2</sup> McNamara, A., Normand, C. and Whelan, B. (2013) Patterns and Determinants of Health Care Utilisation in Ireland. TILDA

A study looking at the prevalence of multi-morbidity in primary care, using a representative sample from people living in the West of Ireland found that 66.2% of those aged 50 and over, had more than one chronic condition. For those aged 65 and over, this rose to 81.6% and 11% had more than four chronic conditions.

The number of hospital out-patient visits increased significantly for patients with multiple chronic conditions, from 1.17 visits per year for those with one chronic disease to 3.58 visits per year for those with more than four chronic diseases<sup>3</sup>.

### 2.3 Policy issues regarding outpatient services

For those with chronic disease, on-going management of their condition is essential if they are to lead full and independent lives. They need access to timely, accessible, evidence based treatment and follow-up from experts in the field.

Currently, those ordinarily resident in the State have an entitlement to universal access to public outpatient services including emergency department attendance with GP referral. However, waiting lists for public out-patient clinics can be long.

As outlined in a HIQA Report (2011) on patient referrals, international best practice for waiting times should be less than 90 days for new appointments in a consultant-led clinic<sup>4</sup>, yet at the end of July 2015, 249,915 out of 401,060 (more than 60%), waited more than 90 days. Of these, 66,621 were waiting more than a year, with some of the longest waiting times in the West<sup>5</sup> (National Treatment Purchase Fund, July 2015)<sup>6</sup>.

Another factor in determining access to health and social care services is transport. According to TILDA data, older people in rural areas are less likely to visit hospital as an outpatient, depending more on their GP, and many cite transport as a barrier to attending health and social care appointments<sup>7</sup>.

#### *Organisation of out-patient clinic*

In 2012, the National Health Charter, 'You and Your Health Service' was launched. The charter describes what service users can expect when using health services in Ireland, and what they can do to help the health services to deliver more effective and safe services.

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<sup>3</sup> Glynn, L.G., Valderas, J.M., Healy, P., Burke, E., Newell, J., Gillespie, P and Murphy, A.W. (2011) 'The prevalence of multi-morbidity in primary care and its effect on health care utilization and cost' in Family Practice 2011; 28:516–523

<sup>4</sup> HIQA (2011) Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information.

<sup>5</sup> In the Saolta University Health Care Group (i.e. those hospitals serving North-West of the country) 16,102 people were waiting for an appointment and of these 7,541 were waiting for outpatient appointments in Galway University hospital.

<sup>6</sup> National Treatment Purchase Fund (2015) Inpatient/Day Cases/National Numbers

<sup>7</sup> Walsh, K. and Ward, P. (2013) Ageing in Rural Areas: Patterns and Implications. Centre for Social Gerontology, Galway University. [http://www.icsg.ie/sites/www.icsg.ie/files/rural\\_age\\_paper\\_3\\_-\\_social\\_exclusion\\_-\\_p4.pdf](http://www.icsg.ie/sites/www.icsg.ie/files/rural_age_paper_3_-_social_exclusion_-_p4.pdf)



The charter centres on the provision of high quality, people-centred care based on principles of access, dignity and respect, safe and effective services, communication and information, participation, privacy, improving health and accountability.

Providers were asked to consider ways of improving service users experience of the outpatient system, including scheduling of appointments. Areas to consider were:

- the provision of clear information on appointment dates, times and locations;
- ensuring waiting periods for an appointment, test or a treatment are kept as short as possible;
- the sending of reminders of appointments to service users, explaining the importance of keeping appointments and letting people know if they cannot attend;
- offering service users a choice of appointments;
- ensuring that block booking of appointments doesn't occur and that service users are offered individual appointments<sup>8</sup>.

The practice of block booking appointments as a way of managing appointments effectively and to take account of non-attendance was highlighted by the Kennedy Report in 1991<sup>9</sup>. The report found that this was an inappropriate method for the organisation of out-patients clinics. This report recommended that specific appointment times be issued.

A further report by the National Treatment Purchase Fund (2014) on accessing outpatient services also made a number of recommendations regarding outpatient clinics. These include:

- Patients should be offered a choice of appointment;
- Given a minimum of three weeks' notice to attend;
- If the hospital cancels a scheduled routine appointment the patient should be offered an alternative appointment within three weeks<sup>10</sup>.

In 2014, the Minister for Health, Leo Varadkar TD, in a meeting with 50 hospital managers raised the issue of 'block-booking' asking "how many clinics still operate a block booking system, which can leave patients waiting for hours"<sup>11</sup>.

He has asked the hospital managers to make sure guidelines are enforced and public patients attending outpatients' clinics are given an individual appointment time and the system of block booking is discontinued.

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<sup>8</sup>Health Service Executive (2012) Patient Safety Tool Box Talks

[http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Tool-box\\_Talks/](http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Tool-box_Talks/)

<sup>9</sup> Kennedy Report (1991) Third Report Dublin Hospital Initiative.

<http://www.lenus.ie/hse/bitstream/10147/46581/1/1690.pdf>

<sup>10</sup>National Treatment Purchase Fund (2014) The National Treatment Purchase Fund on Accessing Outpatient, Inpatient and Day Case Services in Acute Hospitals in Ireland

<sup>11</sup> Irish Independent 16/9/14 <http://www.independent.ie/irish-news/varadkar-wants-outpatients-to-get-proper-appointment-times-30589362.htm>

### **3. Research Approach**

#### **3.1 Development of Survey**

As outlined previously the Galway Glór group identified outpatient services as key a concern for them and their peers. They decided to develop a survey to be distributed to members in Age Action West and to other older people in the region.

While Age Action's policy team oversaw the development of the survey, the group's members decided on the format and what questions to be included.

We developed both a printed copy of the survey and an online version to allow for a wider distribution.

#### **3.2 Data Collection**

We used a number of methods to get survey forms completed.

Firstly, we distributed the survey at a meeting of our members and other older people in Galway in February 2015. To ensure a good turnout at the meeting, members of the Glór group advertised the meeting in their local parish newsletters, contacted older people they knew and local active retirement groups. The meeting was attended by approximately 70 older people and many of them completed the survey on the day.

Secondly, we distributed the survey to our members living in the Age Action West area. We provided copies of the survey at our office in Galway for those dropping in to computer classes. We also distributed the survey to members in Age Action West by post and email with the former also receiving a pre-paid envelope to return their response.

Members of the Glór group also obtained responses to the survey through their own local networks. Galway Age Friendly also assisted with distributing the survey.

Finally, in order to ensure that we reached as many older people as possible, we invested additional time and resources in engaging with more hard to reach groups. Through this work we met with older people as far west as Cleggan village, as far east as Glenamaddy and as far south as Loughrea. We met with groups such as Chroí na Gaillimh, Inclusion West and Cope Galway in order to increase the number of responses to the survey.

Not only did this enable us to get a more comprehensive response to the survey but it also allowed us to build relationships for future collaborative work.

Glór members developed new skills and experience as partners in research. A process of real collaboration has begun and this model of engagement must be embraced in advocacy with policy-makers, service providers and funders.

#### **3.3 Data Analysis**

All responses to the survey were entered into Survey Monkey. Those who received the survey via email were sent to the survey directly. For those who returned a hard copy of the survey, their responses were entered into Survey Monkey by members of Age Action's administration and policy teams.

## 4. Findings

### 4.1 Overview of Survey

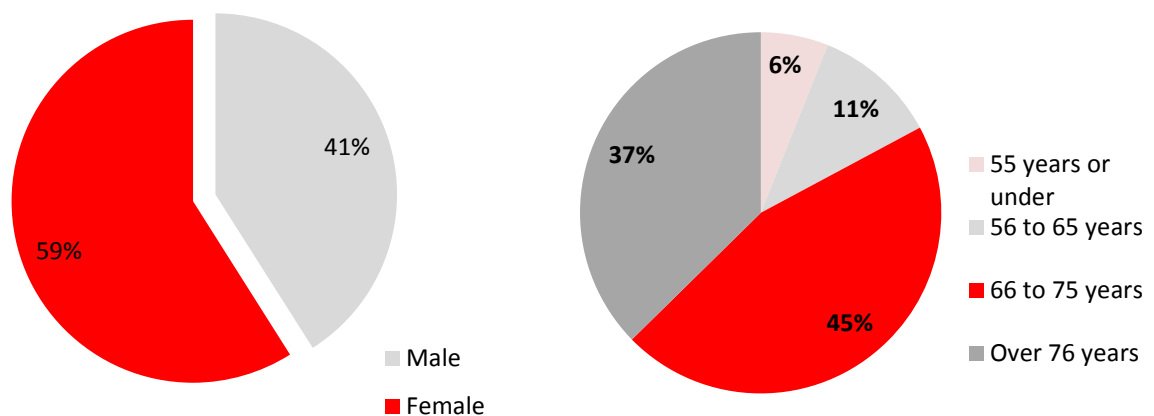
There were 385 responses to the survey. Respondents were asked some background questions regarding their gender, age and the county they reside in. After this respondents were asked about their experience of attending outpatient services. This section presents these findings as follows:

- Profile of respondents
- Notification of appointment
- Getting to the appointment
- Experience at the clinic
- After the appointment

### 4.2 Profile of Respondents

The proportion of men and women responding to the survey, 41% and 59% respectively, was similar to this age cohort of the entire population (45% and 55%). The vast majority (82%) of respondents were aged over 66 years of age with 45% between the age of 66 and 75 years and 37% over 76 years. Only 17% of respondents were under the age of 65 years with 11% between 56 and 65 years.

**Figure 4.1 Gender and Age Profile of respondents**

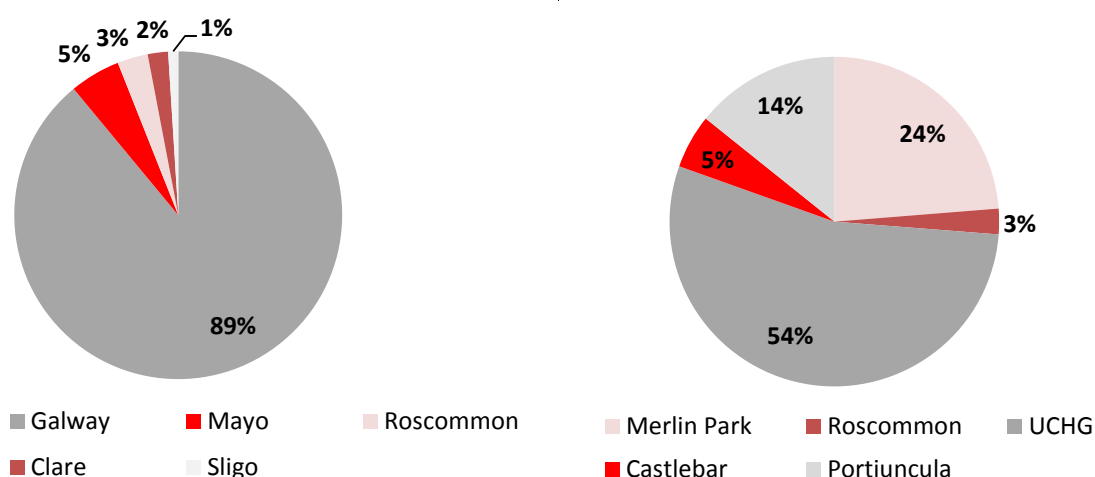


n = 385

While Age Action West covers three counties, the responses to the survey were predominantly from Galway city and county (89%) with the surrounding counties accounting for just 11% - Mayo (5%); Roscommon (3%); Clare (2%) and Sligo (<1%). Respondents most frequently stated that they attended UCHG (54%) with 24% attending Merlin Park.

Other hospitals attended by respondents were the Portinuncula (14%); Castlebar (5%); Roscommon (3%). Those indicating they attend an 'other' hospital stated that they attended either the Galway Clinic or the Bons Secours.

**Figure 4.2 County of Residence and Hospital Attended**



**n=385; multiple responses to question on hospital attendance**

### 4.3 Notification of appointment

Respondents were asked a number of questions regarding how they were being notified about their appointment. Three-quarters were notified of their appointment by letter with just 8% receiving notification by phone call and 5% via text.

Just eighty-six respondents had their appointment cancelled with 62% of these notified by letter and 25% by phone.

There were 143 respondents who received a reminder about their appointment. Of this number 48% received the reminder by text while 39% received it by letter. Just 8% received a reminder by phone call. Three-quarters (77%) of those receiving a reminder replied to this contact. For those that didn't reply, most people stated that there was no need to reply if they were going to attend the appointment.

**Table 4.1 Means of Contact for Appointment Notification**

	Yes (n)	No (n)	Letter	Text Message	Phone Call	Other
Notification of appointment [missing = 58]			75%	5%	8%	11%
Cancellation of appointment	86	218				
<i>Of which</i> cancellation was received by			62%	6%	25%	5%
Reminder received	143	66				
<i>Of which</i> reminder was received by			39%	48%	8%	5%
<i>Of which</i> replied to reminder	77%	23%				

#### 4.4 Getting to Appointment

As noted previously, the vast majority of those responding to the survey were from Galway and attending hospitals in the city. It is not surprising, therefore, that 46% of respondents stated that they travelled less than 10km to the outpatient clinic. For the remaining 52%, they travelled the following distances:

- 11 to 25km – 13%
- 25 to 40km – 17%
- 41 to 55km – 11%
- Over 55km – 13%

Three-quarters (73%) of respondents travelled by car to their appointment, with 25% indicating that they drove themselves and 48% stating they were driven by a friend or family member. Just 15% stated that they took public transport while 9% took a taxi.

A small number of respondents, 3%, availed of hospital arranged transport to get to their appointment. Given the close proximity of some respondents to the hospital a number of individuals said they walked to their appointment.

Respondents who were travelled to their appointment by car were also asked about their opinion regarding parking. Just over one-third said there was adequate parking (36%). Four out of ten respondents who also travelled by car stated that they received a parking map with cost per hour. Over two-thirds of respondents (68%) found the parking costs excessive<sup>12</sup>.

	<b>Yes</b>	<b>No</b>
Was there adequate parking?	36%	64%
Was there a parking map provided with cost per hour?	40%	60%
Did you find parking costs excessive?	68%	32%

Just under half of respondents stated that they needed someone to assist them for the journey (45%). However, those requiring assistance were more likely to be older old (49% aged over 76 years) and living further away (38% lived more than 40 kilometres away) than the full sample (37% and 24% respectively).

For those requiring assistance, 48% indicated the person accompanying them had to take the day off while a similar proportion (47%) indicated this person had to make an alternative arrangement (i.e. regarding care arrangements).

<sup>12</sup> Parking at University College Hospital Galway costs €2 per hour for a maximum of €9 per day – see [http://www.parkrite.ie/car\\_park.html](http://www.parkrite.ie/car_park.html). For a person dependent solely on the state pension of €230.30 the daily rate equates to 4% of their income.

**Table 4.3 Assistance needed for Journey**

<b>Needed assistance for the journey (n=142)</b>	<b>Yes</b>	<b>No</b>
<i>Of which had to take day off</i>	48%	52%
<i>Of which had to make an alternative arrangement (e.g. regarding care for another person)</i>	47%	52%

#### 4.5 Experience at clinic

##### *Scheduling of appointments*

A key concern expressed by respondents in the open-ended questions was the number of appointments scheduled at the same time and the length of time they were waiting to be seen. This is discussed further in section 4.7. Three-quarters (74%) of respondents noted that there were other appointments scheduled at the same time. The majority of respondents (79%) said that there was a proper queueing system and 88% were able to hear their name being called for their appointment.

We also asked respondents how long they were waiting to be seen. The responses to this question varied from very specific estimates such as '2 hours' to vaguer answers like 'hours'. The data was re-coded with n=253 meaningful responses. The average length of time individuals were waiting from these responses was 1 hour 43 minutes. However, as can be seen from the table below 44% of those responding to this question were waiting for longer than 90 minutes to be seen by their doctor.

**Table 4.4 Length of time waiting to be seen (n=253)**

<b>Length of time</b>	<b>%</b>	<b>N</b>
Less than 30 minutes	19%	49
31 to 60 minutes	28%	72
61 to 90 minutes	8%	20
90 to 120 minutes	21%	53
Over 2 hours	23%	59
<b>Total</b>		<b>253</b>

##### *Engagement with doctor and staff*

Respondents were asked a number of questions regarding their interaction with their doctor and other staff members at the hospital. Just over half, 55%, of respondents had met the doctor treating them previously, while three-quarters, 73%, stated that the doctor was familiar with their file.

The majority of individuals understood what was being said by the doctor (86%), with the same proportion also stating that they were satisfied with responses to questions asked.

Aside from doctor, 91% of respondents said that the staff at the outpatient clinic were empathetic to them. Respondents were asked about how busy staff at the outpatient clinic were, and two-thirds stated that they were 'very busy' while a further 23% felt they were 'normal busy'. Only 2% thought that they were 'not busy'.

### Availability of facilities

Ninety-eight respondents indicated that they needed to bring medicine with them as they could be away from home all day (34% of these individuals lived over 40 kilometres away). Of these respondents, two-thirds (66%) indicated that there were available facilities to provide for any special conditions they may have. Overall respondents were positive about the availability of facilities at the outpatient clinic.

The vast majority of respondents stated that toilets were identifiable (95%) and accessible (96%). Respondents also noted the availability of water (90%) and access to a canteen (83%). The adequacy of seating was the least positive with 72% stating there was adequate seating available.

	<b>Yes</b>	<b>No</b>
Toilets identifiable	95%	5%
Accessibility of toilets	96%	4%
Access to a canteen	83%	17%
Water facilities	90%	10%
Adequate seating	72%	28%

#### 4.6 After the Appointment

Finally, respondents were asked about after the outcome of the appointment. Four out of ten respondents indicated they needed to get new medicine after their appointment. For those with a medical card, 17% stated that they were unable to get their prescription filled.

Overall, 30% stated they had to walk a lot. While on their return home 19% said they were exhausted<sup>13</sup> and 41% expressed feeling tired. Overall, the majority of respondents (79%) felt it was necessary to attend the clinic, with just one-fifth stating a visit to the GP would have been adequate.

#### 4.7 Open-ended comments

The overall response to the close-ended questions indicates that older people's experience of outpatient services were predominantly positive. At the end of the survey, a number of open-ended questions were asked. These were:

- Can you identify what was the most stressful aspect of your day?
- What was the one thing that would have made the day easier?
- Have you any additional comments to make?

##### *Most stressful aspect of the day*

It was clear from the survey what most frequently identified as the most stressful part of the visit. A large number of respondents (n=122) referred to the length of time they were waiting to be seen as the most stressful element of their day.

<sup>13</sup> 40% of those who stated they felt exhausted lived over 40 kilometres away.

The second most frequently cited response for this question related to the journey undertaken to get to outpatient's clinic (n=28) while the issue of parking was referred to by 14 respondents.

A small number of respondents had a positive experience of attending outpatient's clinic and did not feel the day was stressful at all (n=8).

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**Box 4.1 Can you identify what was the most stressful aspect of your day? - Quotes**

*'Waiting in the hospital to be seen, not knowing when and afraid I would not hear my name being called.'*

*'This is 2015 and patients should be entitled to an appointment which might involve a reasonable delay – not hours on end.'*

*'Sitting around on a chair when you are not well and catching diseases.'*

*'While waiting there, I was weary of the day and getting hungry. Being a type 2 diabetic I was very tired.'*

*'Getting up very early to catch a bus that left Clifden at 7am as most appointments are either between 8:30 and 9:30 am in Galway. Plus either hanging around for the next bus or the prospect of missing the last one!'*

*'The journey to Galway and the wait to see the doctor because you don't have any idea when you will be called.'*

*'Trying to get parking.'*

*'Parking and paying for parking - the cost is excessive.'*

*'Have no complaint – was happy to wait my turn. The nurses and doctors were wonderful-working very hard and very courteous.'*

*'My experiences were always good, easy and comfortable'*

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*Recommendations to make the day easier*

A wide range of ideas were suggested to make the visit easier. In particular, respondents raised the issue of block-booking of appointments and said that staggering appointments would have eased the day – *'it would help if all appointments were not given at the same time'*. Some other suggestions included – more parking; to be provided with more information and to have more comfortable chairs.

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**Box 4.2 Recommendations to make the day easier - Quotes**

*'A reasonable time for appointments for rural dwellers – sometimes there is the added expense of staying the night before in Galway'*

*'Duine le Gaeilge'*

*'I was lucky to have a friend to bring me but if I had not had her I would have not known where to go and would have been scared'*

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## 5. Conclusion

There were two main purposes to compiling this report. The first of these was to capture the experience of older people accessing outpatient services in the Age Action West region.

The findings of the survey undertaken by the Galway Glór Group members show that older people in the Age Action West region largely provided positive feedback about their experience when responding to the closed ended questions. However, the open-ended responses, while not all captured here, give a more detailed and nuanced understanding of older people's experience attending outpatient services.

Furthermore, many of the responses received to the survey were from those living in Galway city and county. For many, therefore, they travelled short distances to their appointment and their attendance at an outpatient clinic may not be as arduous as those living further away.

For older people living in more remote areas, travelling to and from hospital appointments can be stressful and tiring. The scheduling of appointments through a block booking system has a particularly negative impact on those travelling from further away. Those without access to private transport are often faced with taking the first available transport to the hospital and returning later on the day or in some instances the last service.

Based on the responses received on this issue it is recommended that the key health stakeholders review the system of block booking and the impact that it particularly has on older people living longer distances from the hospital.

The second reason for compiling this report was to capture the work under taken by the Age Action Galway Glór Group. This includes the way in which the group identified the issue of concern, constructed the survey and engaged with others in their community to ensure the experience of as many older people as possible was captured.

At the centre of Age Action's advocacy work is the empowerment of older people to engage with decision makers about issues that directly affect them. All too often within health policy research older people are viewed solely as service users dependent on the state. This research demonstrates the potential for older people, as fully engaged citizens, to play a more active role in this work.

The research undertaken by the Galway Glór group is a new departure for Age Action's policy and advocacy work and one which merits repeating. To this end it is recommended that Age Action's policy team continues to build the capacity of Age Action members to undertake further small scale research projects. As a follow-on to this work, it is imperative that such research, and those that have conducted it, feed into policy development and service delivery.

## Appendix 1

We engaged with the following organisations to increase the response rate of the survey.

- Ballinrobe FRC
- Clann Resource Centre
- Cluid Housing
- Cope Galway
- Croí na Gaillimhe Resource Centre
- Forum Connemara
- Galway Age Friendly OPC
- Galway Contact Organisation
- Galway County Council (Social Inclusion Division)
- Galway Rural Development
- Invern Older Persons Centre
- Loughrea Activity Association
- Monday Morning Club
- Moy Valley Resource Centre
- Oughterard Older Persons Group
- Sean Chairde
- Solas Family Resource
- Sonas Day Centre, Walter Macken Flats
- St. Brendan's Day Centre
- Westside Resouce Centre

### Survey Visits

- Cleggan Older Person's Group
- Cluid Housing, Clifden
- Croí na Gaillimhe Resource Centre Social Club
- Glenamaddy Day Care Centre, Glenamaddy.
- Inclusion West Older Person's Group, Westside
- Leenane Older Person's Group
- Loughrea Activity Group, Loughrea
- Melody Court Community Group, Renmore
- Monday Morning Club, Clarenbridge
- Oughterard Senior Citizens Group
- Sean Chairde Older Person's Group, Headford
- Sonas Lunch Group, Mervue
- St Brendan's Day Centre, Loughrea



**For further information please contact:**

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