PCC
PATIENT & CLIENT COUNCIL

‘What the Public Think’ - What Older People Told Us

November 2026

Your Voice,
Our Journey

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Key points to highlight:



Overall older people more were likely to report feeling more positive regarding level of involvement, feeling informed and communication by HSC than younger people (section 3).



They were less likely to think that the public know how to stay healthy and live well (section 3).



Access to GP services is a key issue that keeps appearing. This is consistent with other surveys and consultation work from COPNI and the Public Accounts Committee (Sections 3,5,7,8).



Delivery of Health and Social Care services at home or locally is more important for older people than others but still lower priority than quality of services, waiting times and skilled staff (Section 4).



Digital exclusion is an issue for older people (Sections 9,10).



Older people are more inclined to use non-digital sources of information (Sections 9,10).



When thinking about what they could do to look after their own and others' health and to help the health and social care system, people focused on prevention through exercise, diet, vaccinations, self-management of chronic conditions, using support from family and friends and appropriate use of Emergency Department (ED) services. Many felt that there was little they as individuals could do to influence 'winter pressures' and that there were wider structural and resource issues.

Older people are more likely to regard ED attendance as appropriate for receiving tests or because they cannot access primary care. (Section 8).

Confidence in accessing alternatives was lower in older people than others and tended to reflect previous exposure to / experience of alternatives and or lack of knowledge of them (Section 9).

Knowledge of advanced care planning was very low and somewhat confused (Section 11).

Awareness of alternatives to EDs other than GP, Pharmacy or Out of Hours are lower amongst older people, particularly for things such as symptom checkers or phone first systems (Section 9).

Awareness of alternatives to ED is lower amongst men than women (Section 9).

The provision of information about service pressures made some people anxious about accessing services but did help them make decisions about their own care (Section 10).

1. Context

The key findings of the Patient Client Council (PCC) report[1] 'What the Public Think' were published in October 2025. This report provides a subsidiary analysis of the PCC survey data from LucidTalk. It is based on the weighted tables supplied and further analysis of the record level data focusing on responses from older people.

In the original report, high level analysis provided weighted NI values and break downs by sex, age-group, Trust area and some socio-economic variables.

Record level analysis allows the responses to one question to be compared with another and a more detailed thematic analysis of text responses by older people.

This report has relevance regarding a system wide approach to Department of Health (DoH) initiatives including:

- Addressing Winter Pressures and;
- Developing Neighbourhood and Sensitive Care Models.

2. Limitations of the survey and this analysis

Like any survey of this type it has limitations. The original survey was from a 'panel' of responders. The results of these are then weighted to reflect the wider NI population by age, sex, geography and socio-economic variables.

When any survey is weighted to create a NI representative result, care needs to be taken when analysing the raw responses. Any subset of the data will necessarily also have a smaller sample size.

For a full outline of the survey and this analysis' limitations, see **Appendix 1.**

[1] PCC (2025) *'What the Public Think' Key findings from a PCC Attitudinal Report on People's Experiences of Health and Social Care and 'winter' pressures.* Available at: what-the-public-think-key-findings-from-a-pcc-attitudinal-report-on-people-s-experiences-of-health-and-social-care-and-winter-pressures.pdf

3. Views on Services

When people were asked about their experience or views on HSC services there was no question asking about exposure to the services. It can be a difficult question to get right in terms of finding one simple question but would be useful to include if the poll were to be repeated.

The 2023-24 Health Survey data[2] showed that 78% of adults had contact or treatment within the previous year. That survey also identified that overall the satisfaction with the service had noticeably declined (45% very satisfied in 2017-18 compared with 28% in 2023-24). Allowing for the confidence intervals in the Health Survey there was a statistically significant change with reduced levels of satisfaction. Pre COVID-19 8-10% of people identified themselves as dissatisfied or very dissatisfied while in 2023-24 that figure was 22%.

Exposure to HSC services varies by age group in both the nature of the services and the likelihood of engagement. While individual circumstances will vary, Census 2021 and the Health Survey NI report that the proportion of adults describing their health as '*bad'* or *'very bad'* is very low in younger adults and increases substantially in later life.

Life limiting long standing illness[3] increases to 46% and 56% for those aged 65-74 and 75+ respectively compared to under 25% for those under 45 years. Usage of social care packages, nursing and residential homes and hospitals services increases with age.[4,5,6]

NHS Digital's GP Patient Survey 2025 for England shows that consultation frequency in primary care increases sharply with age.[7]

The issue about lack of consistent information on demand for and patient experience of primary care was highlighted by the 2025 Public Accounts Committee report on Access to General Practice in Northern Ireland.[8]

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[2] Department of Health (2026) *Tables from Health Survey Northern Ireland*. Available at: Tables from Health Survey NI
[3] Department of Health (2025) *Health Survey Northern Ireland: First Results 2024/25*. Available at: Health Survey NI First Results 2024-25
[4] Department of Health (2024) *Continuous Care for Adults in Northern Ireland 2022/23*. Available at: Continuous Care in Adults NI 2022-23
[5] Department of Health (2025) *Northern Ireland Inpatient Activity Statistics 2024/25*. Available at: NI Inpatient Activity Statistics 2024-25
[6] Department of Health (2026) *Northern Ireland Hospital Statistics: Urgent and Emergency Care 2025/26*. Available at: NI Statistics Emergency Care
[7] NHS England (2025) *GP Patient Survey Results 2025*. Available at: GP Patient Survey Results 2025 - NHS England
[8] Northern Ireland Assembly Public Accounts Committee (2025) *Report on Access to General Practice in Northern Ireland*. Available at: Report on Access to GPs in NI

A Citizen Space consultation[9] to inform the Public Accounts Committee's inquiry into Access to General Practice in Northern Ireland in 2025 gathered 15,237 responses. While acknowledging that this was not a representative sample of the entire population, the report suggested that the large volume of responses *'offers a powerful insight into recurring barriers, patient behaviours and the consequences of system pressures within primary care.'*

The findings revealed widespread difficulty accessing GP services, with 51% of respondents rating their overall experience as poor in the past 12 months and just 12% reporting a positive experience.

Access barriers were dominated by difficulties getting through by telephone — the primary method used by 95% of respondents. Nine in ten reported challenges getting through on the phone, and two-thirds said it was not at all easy. Many described making dozens, and in some cases hundreds, of attempts to connect.

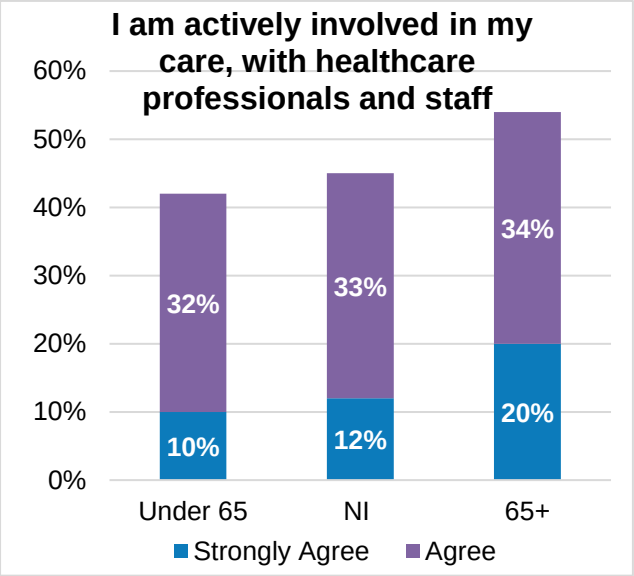
Figure 1 shows the responses of older people in the 'Big Conversation' survey to questions around how involved, informed and communicated with they felt in their dealings with the HSC, also, whether they felt disconnected and whether in their view people knew how to look after their own health. The comparison is shown with the NI average and those under 65 years of age.

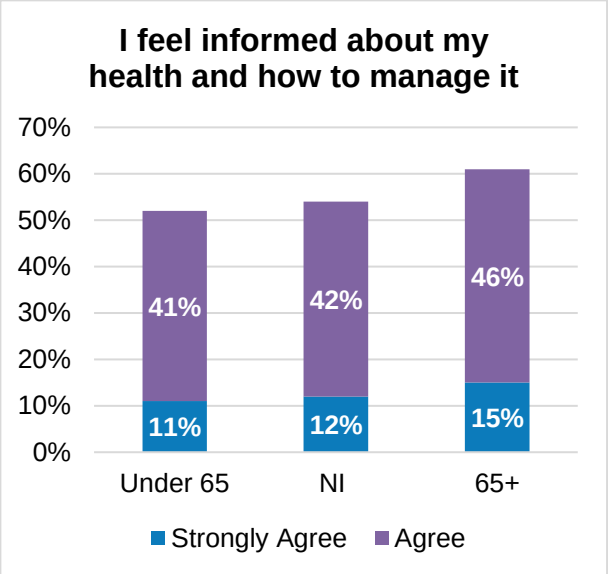
Views on services and people's knowledge

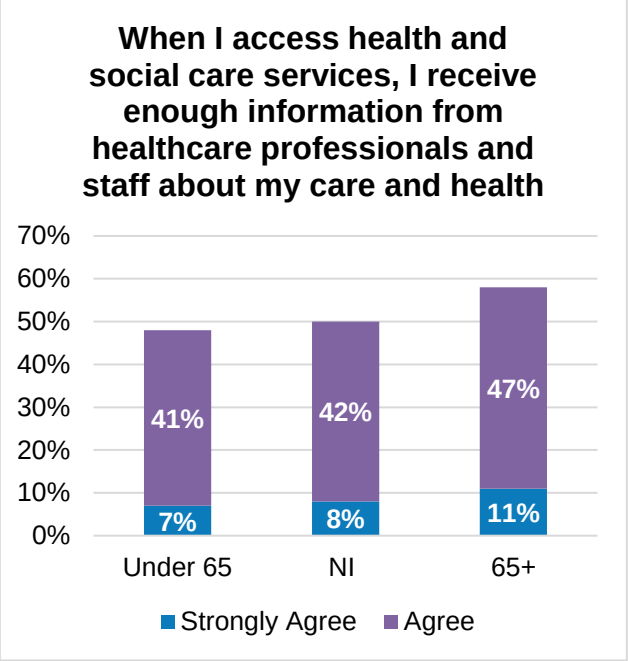
- Older people are more positive about their experience with services and how informed they felt about managing their health.
- They were less likely to report feeling disconnected from HSC services however it should be noted that they are also more likely to be engaged with services due to higher levels of ill health and higher service usage.
- They are however less likely to think that members of the public know how to stay healthy and live well.

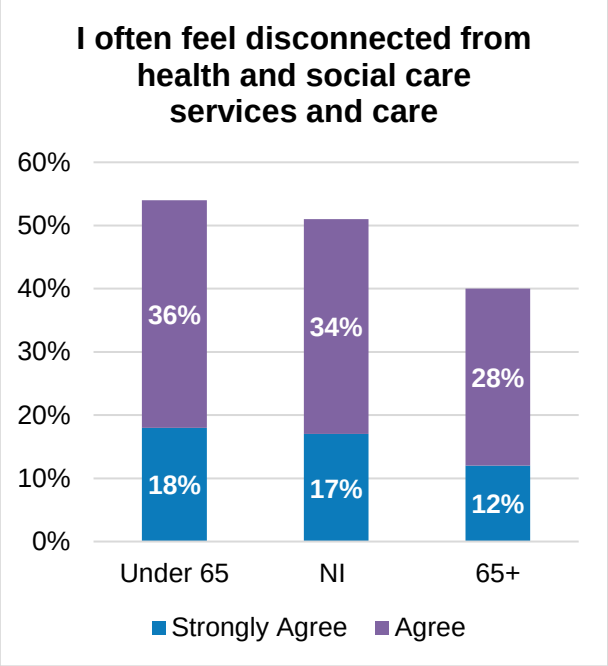
[9] Northern Ireland Assembly Public Accounts Committee (2025) *Access to General Practice in Northern Ireland: Citizen Space Survey Results*. Available at: Citizen Space Survey Results

Figure 1


I am actively involved in my care, with healthcare professionals and staff
60%
50%
40%
30%
20%
10%
0%
32%
33%
34%
10%
12%
20%
Under 65
NI
65+
Strongly Agree
Agree

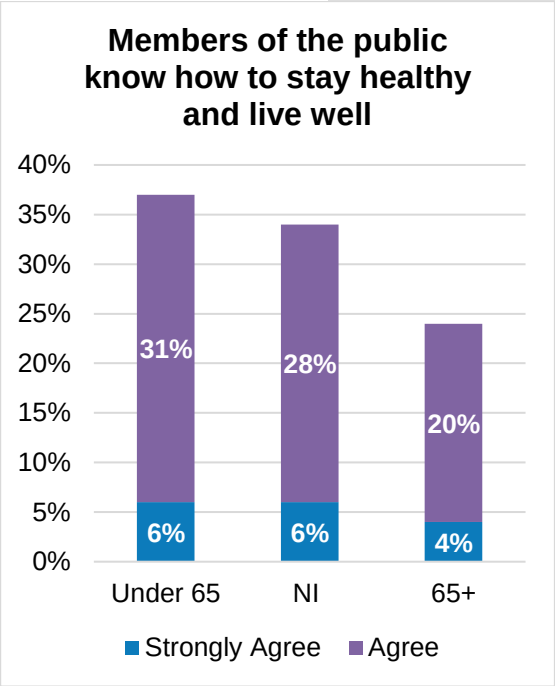

I feel informed about my health and how to manage it
70%
60%
50%
40%
30%
20%
10%
0%
41%
42%
46%
11%
12%
15%
Under 65
NI
65+
Strongly Agree
Agree


When I access health and social care services, I receive enough information from healthcare professionals and staff about my care and health
70%
60%
50%
40%
30%
20%
10%
0%
41%
42%
47%
7%
8%
11%
Under 65
NI
65+
Strongly Agree
Agree


I often feel disconnected from health and social care services and care
60%
50%
40%
30%
20%
10%
0%
36%
34%
28%
18%
17%
12%
Under 65
NI
65+
Strongly Agree
Agree

When asked whether they felt the public knew how to stay healthy and live well, older people were much less likely to agree (strongly or just agree) than younger people (**Figure 2**). When asked about what steps they could take to stay well themselves, some of the detailed comments reflected the impact of aging on health and their ability to stay healthy although this question was meant to be a broader one.

Figure 2



Looking in more detail at the 51% of people who often feel disconnected from HSC services and care (40% of 65+yr olds). Overall, these people are more likely to report negatively on feeling involved with their treatment, feeling informed and receiving information about their care.

This is illustrated below by comparing responses to 'feeling informed about my health' with those to 'feeling disconnected'. The higher proportions of responses are highlighted in green – thus for example of those who strongly agreed they felt disconnected, 38% of them strongly disagreed with the statement that they felt informed about their health. In contrast those who strongly did not feel disconnected were strongly agreeing that they felt informed.

Figure 3: All ages - age and gender weighted data at NI level

		I often feel disconnected from health and social care services and care				
		Strongly Agree	Agree	Neutral - Neither Agree or Disagree	Disagree	Strongly Disagree
I feel informed about my health and how to manage it	Strongly Agree	4%	7%	5%	20%	52%
	Agree	20%	33%	61%	69%	26%
	Neutral - Neither Agree or Disagree	13%	24%	28%	9%	4%
	Disagree	24%	30%	4%	2%	7%
	Strongly Disagree	38%	6%	2%	0%	10%

The picture is similar for people aged 65+ years.

Figure 4. 65+ years disconnect versus feeling informed

		I often feel disconnected from health and social care services and care				
		Strongly Agree	Agree	Neutral - Neither Agree or Disagree	Disagree	Strongly Disagree
I feel informed about my health and how to manage it	Strongly Agree	4%	4%	10%	23%	48%
	Agree	11%	36%	59%	70%	39%
	Neutral - Neither Agree or Disagree	11%	26%	22%	7%	2%
	Disagree	41%	28%	4%	0%	0%
	Strongly Disagree	33%	6%	5%	0%	11%

The Voices of Concern[10] report by the Commissioner for Older People NI (COPNI) conducted an engagement exercise with older people across Northern Ireland during summer 2025, which included face to face discussions and the completion of a survey by 1,233 older people. The survey sought the views of older people regarding what they believed the priorities for COPNI should be in the years ahead to protect their interests.

When asked to identify areas, Health and Social Care was the most common theme that older people believed should be addressed urgently by government. Issues with GP appointments and GP visits were by far the most dominant theme in the survey. Respondents believed that GP practices are becoming inaccessible to older people.

While many participants stressed the importance of preventative health and of improving health across one's lifetime, they emphasised strongly the dangerous and perhaps lethal consequences of emergency departments that cannot cope with demand.

[10] Commissioner for Older People for Northern Ireland (2026) *Voices of Concern: The Reality of Health and Social Care for Older People in Northern Ireland*. Available at: Voices of Concern report

"When you are my age, you do not ask for very much, only for the NHS to look after you, and to give you access to doctors and hospitals when needed."

"The health service is in a terrible state. This is very worrying for pensioners, particularly those who live alone. It must be given the utmost priority."

"Healthcare is vital as it causes tremendous anxiety."

"Older people are more reluctant to ring GPs as they feel they aren't being listened to."

"We need GP practices to fully reopen, as too many are still using the same system for appointments as during COVID."

"It is immoral and inhumane to expect older, frail and sick people to have to ring a GP practice 100 times in order to get an appointment or home visit."

"Access to GPs. It's impossible to get an appointment. The 8am scramble for appointments is a disaster."

"Please, get GPs to work as they did pre-COVID."

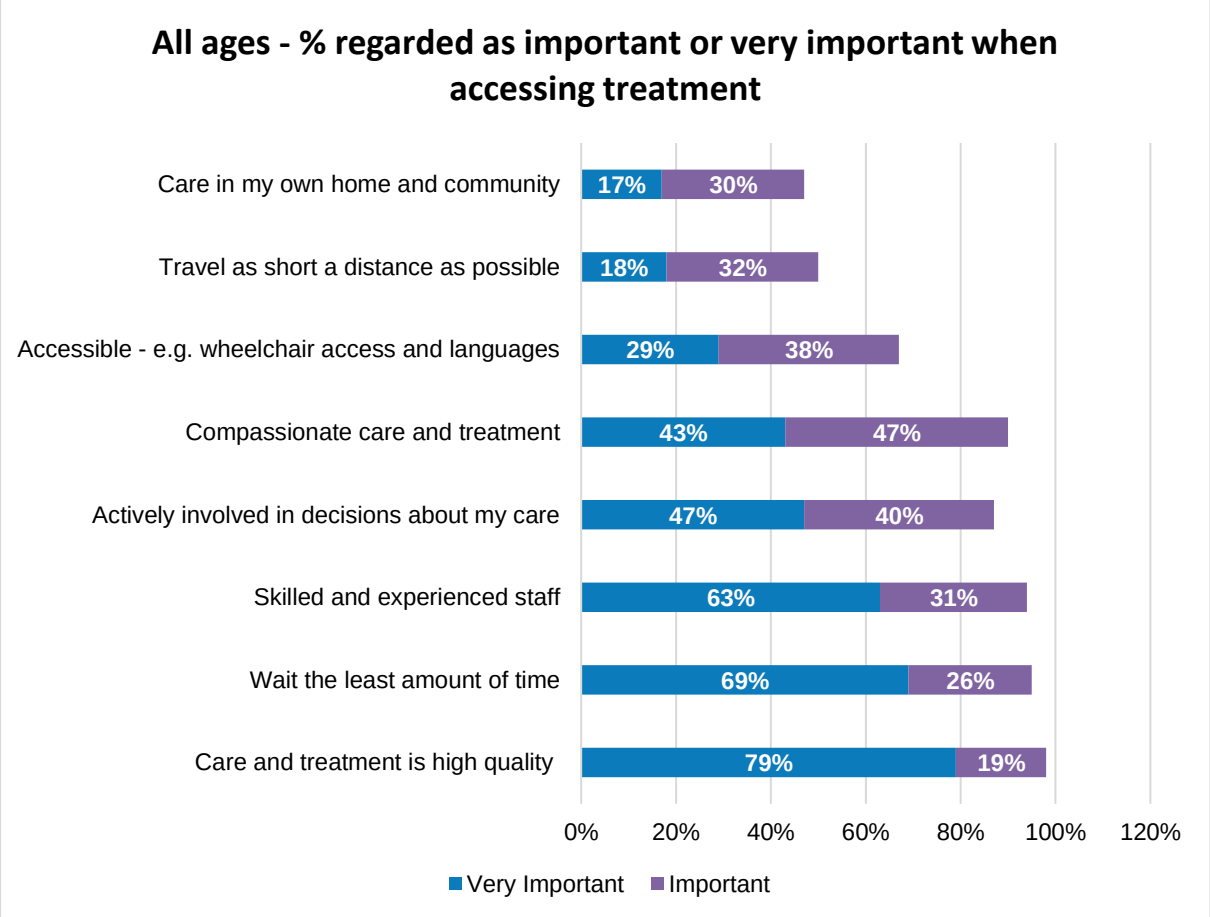
4. What matters when you are considering accessing care and treatment?

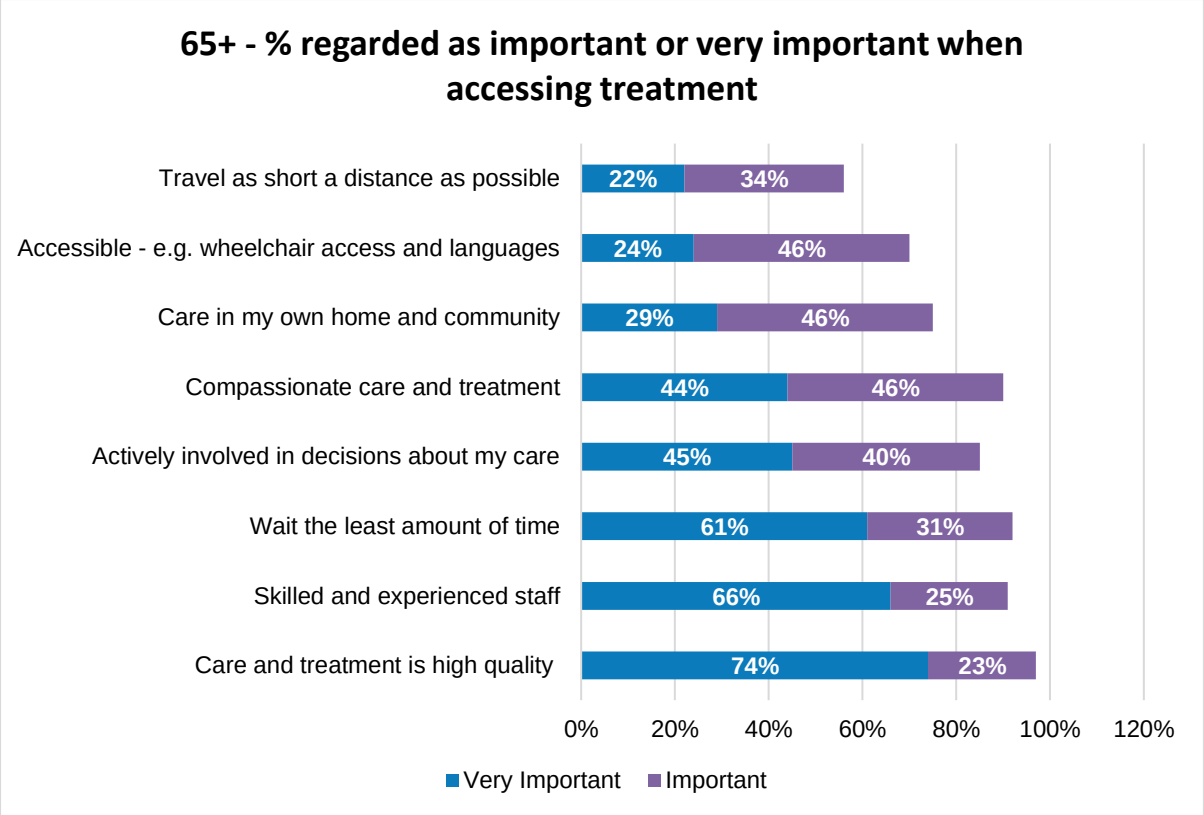
People were asked to assess the importance of, and then rank individual factors, when accessing care and treatment services.

Figure 5 compares the percentages of people who identified a particular factor as very important or important showing initially all ages and then those 65+.

The ordering of the factors in the graph is by the percentage of 'very important'. Hence care and treatment of high quality has the highest percentage of very important rankings (79% all ages) Care in one's own home or community is the lowest percentage as very important for all ages (17%) but moves up the placing for older people (29% ranking it as very important). Otherwise the ordering is similar between the population overall and older people.

Figure 5



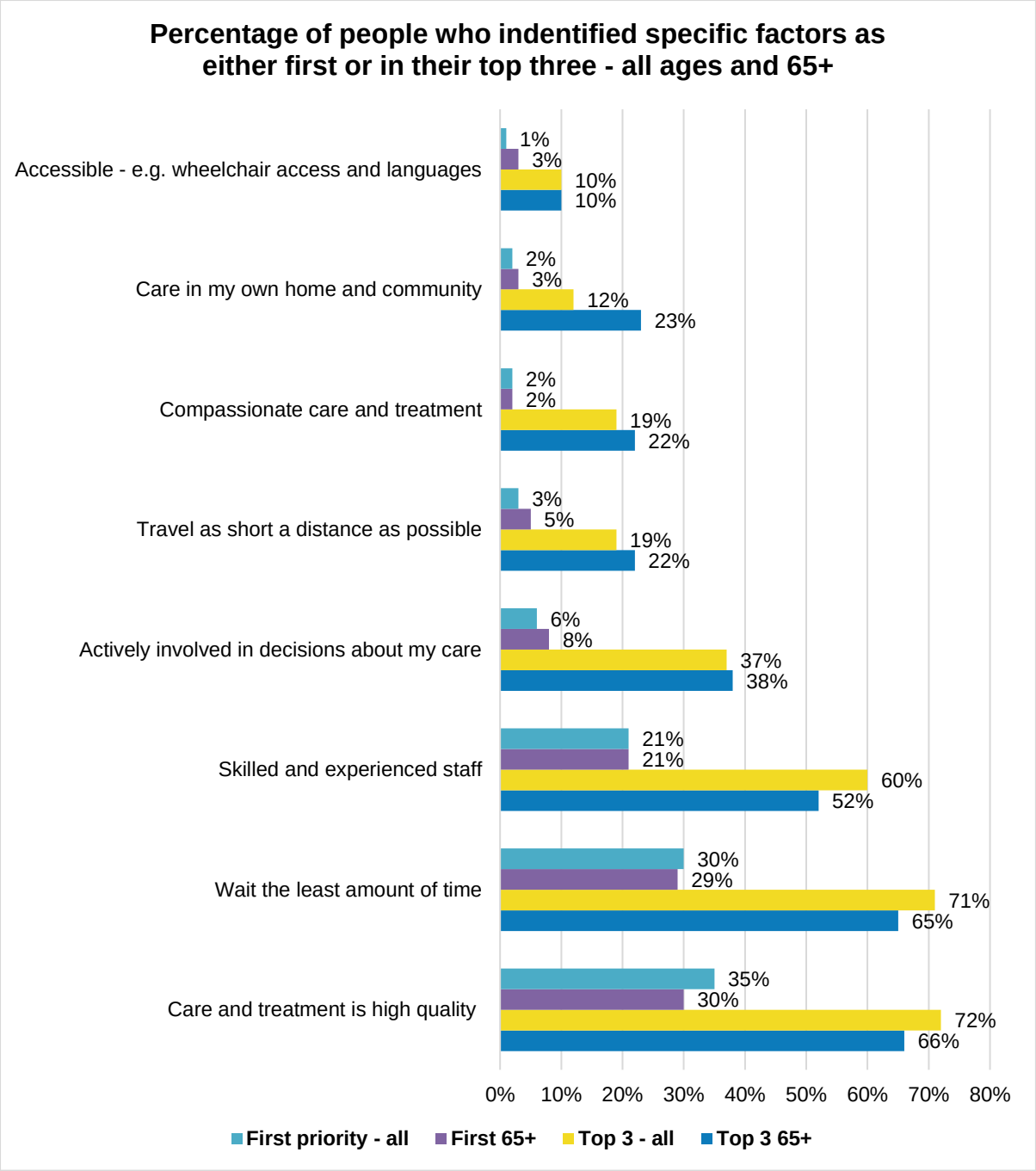


To tease out the relative position of these factors, people were then asked to rank their three most important ones when accessing care and treatment services. **Table 1** and **Figure 6** summarise the proportions of respondents who cited the factors as either the most important or in the top three. Once again, those 65+ were more likely to put care in their own home or community in the top three (23% 65+ V 12% all ages).

Table 1

Percentage of people who identified specific factors	First priority - all	First 65+	Top 3 - all	Top 3 65+
Care and Treatment is high quality	35	30	72	66
Wait the least amount of time	30	29	71	65
Skilled and experienced staff	21	21	60	52
Actively involved in decisions about my care	6	8	37	38
Travel short a distance as possible	3	5	19	22
Compassionate care and treatment	2	2	19	22
Care in my own home and community	2	3	12	23
Accessible- e.g. wheelchair and languages	1	3	10	10

Figure 6



Those who reported feeling either more involved or alternatively disconnected in the previous section were not more likely to prioritise involvement in decision making in their top three.

When asked to rate the importance of travel time, people from the Western Trust were more likely to rate it very important (22% Vs 18% for NI and 14% for Belfast Trust). However, it does not seem to impact on their top three choices compared with treatment quality, waiting times etc.

5. Are you confident that you know what to do to help yourself and others stay well?

A high proportion (75%) of respondents 65+ felt they were confident that they know what to do to help themselves and others stay well. The overall NI figure of 78% was driven by those under 55 (typically 80%) and a higher level of older people who responded as don't know or not sure (14% Vs 10% all ages).

When asked to identify more specific things or provide more information, 229 of a possible total of 429 provided some response. Comments were provided by those who did not feel confident or were unsure and those have been included below.

The most common responses focussed on some key areas:

Preventative behaviour in terms of healthy eating, regular exercise, sleep, not smoking, weight management, limited alcohol, vaccinations and screening programmes.	***"Eat well, exercise regularly, good social interactions, keep interested in things"*** ***"I know the importance of a healthy balanced diet and doing some exercise every day."*** ***"Information is available from health professionals and online. Knowing what to do however is not the same as doing it."*** ***"I try to live an active healthy lifestyle and only consult GP when I am really unwell"***
Self-management of chronic conditions such as diabetes. **Though there was a recognition of the limitations of this and the need for professional input at times.**	***"Being diabetic I have been advised how to eat sensibly and how to take my medication. I have also been told how to take care of my feet".*** ***"Nurse specialist explained how to use my treatment and what to do if my condition worsens"*** ***"I was recently diagnosed with type 2 diabetes and am very aware of what I need to do to remain active and healthy."***

People identified NHS websites, charity websites, online forums and family members as source of information to help them do this. – see section 10	*"I read a lot about my condition, how to manage it and the appropriate lifestyle changes to remain healthy. There appears to be a lot of contradictory health advice on social media and in the mainstream media. So I am not sure at times what is the best advice to follow."*
Support to stay healthy was coming from family members, peer groups and carer networks.	*"I belong to an over 65 group run by the doctor's surgery and get advice from visiting speakers and my peers."*
While not directly asked, respondents used this opportunity to show appreciation for and the value of professional input but also to express frustration and concern about access issues to GPs, long waiting lists for specialist input or treatment and the perceived decline of NHS services.	*"Conscious of what I need to do to look after myself. Sadly my GP service is so hollowed out I find it nearly impossible to get a timely appointment and left begging for* *"Am so disillusioned with our health service .... timely care isn't important any more and I have no confidence in being able to access healthcare when it is needed."* *"I do not believe that GP services are working face to face with patients and explaining their care. Any time I visit my GP it's like trying to climb Mount Everest to get to see or speak to a GP"*
Several respondents referenced feeling pressurised into using their savings to pay for private care due to long waits	*"How can one be confident about staying well, when you have to wait 2 years for skin appointments, years for knee/ankle/hip operations. Health is a waiting game unless you have the money for private treatment"*

Those who felt they were not confident or were unsure did, in some cases, respond to this question. They tended to say that did not believe they had enough knowledge; thought there was too much conflicting information out there; made the point that broader actions to keep well did not address more serious issues; general uncertainty about different access routes to service; how to know if something was serious, and what to do or what the question actually meant.

6. Do you feel any action you could take would make a difference to pressures on the health service?

Overall 40% of NI people felt that they could take some action which would make a difference to pressures on the health service. When looking at those 65+ this dropped to 35% (170 people).

Those 65+ who thought they could do something to make a difference focussed on:

Maintaining their own health - even those who did not respond with detail to the previous question on their confidence regarding helping themselves or others, now identified a healthy lifestyle, diet, exercise and weight control, avoiding risky behaviours and taking up preventative measures such as vaccines and falls prevention	*"Take exercise and eat healthily."* *"I take all offered vaccines"* *"Keeping fit and mobile is my responsibility."*
Reducing the use of GP/ED. This was a dominant theme about deliberately avoiding using services unless absolutely necessary. Using pharmacists and self-management of conditions and online or phone first services	*"Only resort to Health Service when absolutely necessary."* *"I try to use it as little as possible"* *"Not going to A&E for minor ailments"*
A small proportion mentioned using private services or paying for their prescriptions	*" I could access care from the private health sector but that would be an admission that the NHS is not what it was."* *"I could go privately to free up space for others"*
More appropriate use of services	*" Avoid making frivolous demands on the health service"* *"Only use Dr appointments when essential"* *" Don't miss appointments"*

Some of those who felt they could make a difference also focussed on system level actions or structural issues such as there being too many Trusts or making GPs paid employees.	*"I believe there are too many trusts and that there should be one head of the health service and how many managers they should need. Do they need specialist nurses. Cut back on agency workers and pay full time nurses better"* *" Lobby/lobby/lobby…"*

Of the 259 people who did not think they could make a difference or were not sure, 80 commented. Common themes emerging were that people felt they did not abuse or overuse the service but that other than keeping themselves healthy there was little they could do. Some expressed political frustration and a lack of influence on the system.

Examples:

"The problem is far bigger than anything users can do."

"I don't feel that as an individual I have any influence."

"No action would take pressure off the health service. It needs totally reformed."

"The services are so stretched that I don't think anything I do would help"

"Keep pressure on politicians."

When asked about specific actions older people might take to stay well coming into winter there was noticeable variation by sex in the responses. This was visible in the all ages weighted percentages and again in the responses of those 65+. **Table 2** outlines the actions by Male and Female for all ages and then for 65+ only.

Note: Not all of these actions are applicable to all age groups hence the 'all age' information would be expected to be markedly different than the 65+.

The weighting that generated the first four columns in **table 2** included a range of demographic factors, while the last three columns weight only by sex, or treat each

of male and female groups of 65+ as a sample without further weighting. For many things in the survey overall, the difference between the simple weight by sex for over 65+ and the more complex weighting is small, but where there is a marked variation by geographical area or socio-economic group the more simple analysis tends to show higher levels for the 65+. If, for example, the flu uptake was higher in more affluent groups and they were over-represented in the 65+ respondents this would be reflected in a higher value for the non-weighted sample.

The key message however here is the difference between males and females, where females are repeatedly reporting themselves as more likely to take actions to stay well coming into winter.

This variation between males and females is also evident in their awareness of alternative provision – see later section.

Table 2 Actions to stay well coming into winter – males and females

Action	NI all ages	NI males	NI female	65+ fully weighted	65+ sample weighted only by sex to represent NI	65+ males	65+ females
Get a flu vaccine	51%	49%	54%	83%	88%	86%	89%
Get a COVID-19 vaccine	33%	34%	32%	70%	79%	75%	83%
RSV vaccine	6%	6%	7%	15%	19%	19%	20%
Pneumococcal vaccine	11%	9%	14%	28%	35%	27%	43%
Check my symptoms using an online symptom checker	35%	30%	39%	23%	29%	25%	33%
Practice good hygiene	82%	80%	85%	85%	84%	83%	85%
Ask friends and family for advice	19%	17%	21%	20%	21%	19%	23%
Search the internet for advice	28%	28%	29%	22%	32%	26%	38%
Stay warm	74%	71%	76%	80%	84%	81%	86%
Drink plenty of fluids	71%	68%	75%	72%	73%	69%	77%
Stay active	70%	69%	71%	81%	85%	84%	87%
Stay in contact with friends and family	54%	52%	56%	62%	65%	58%	70%
None of the above	3%	4%	2%	1%	1%	1%	1%

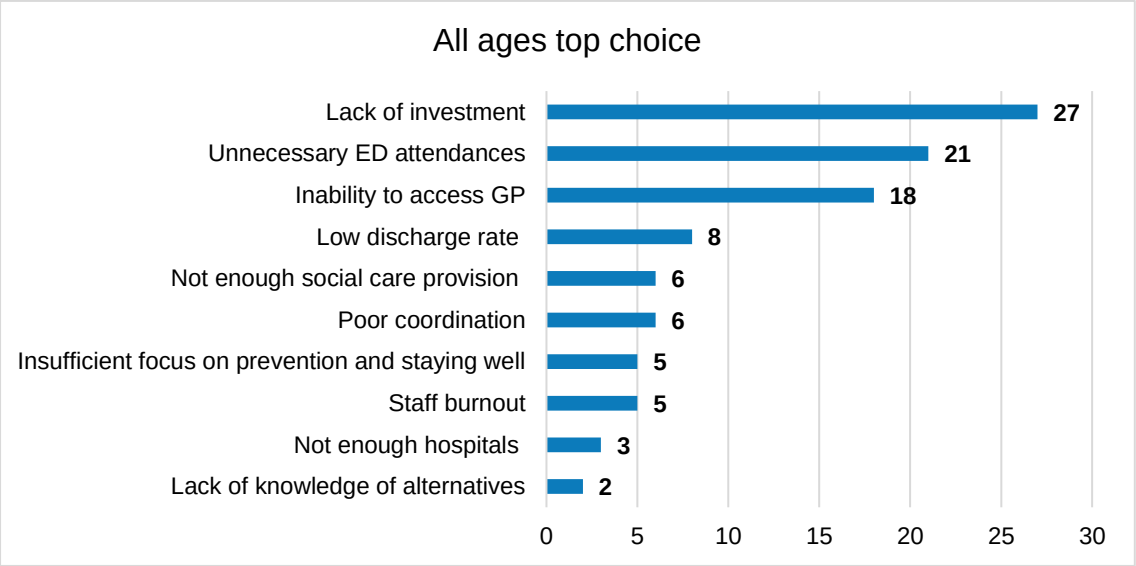
7. What Causes Winter Pressures?

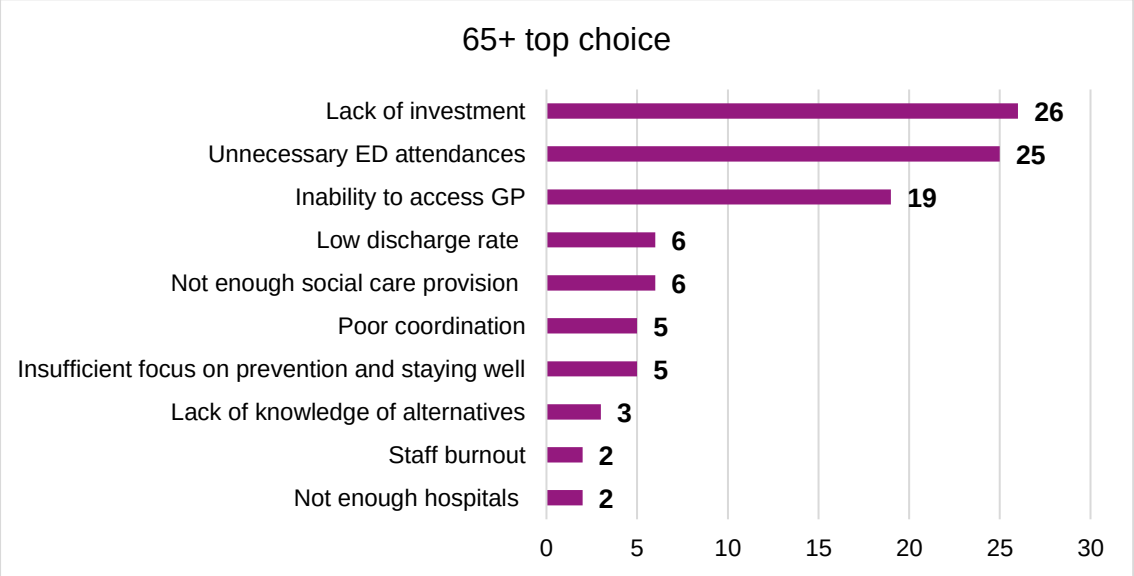
When asked to rank what were the causes of winter pressures for the population overall the same three causes emerge in the same order:

- Lack of investment
- Unnecessary ED attendances
- Inability to access GPs

These emerge in almost the same order for all ages and for those over 65.

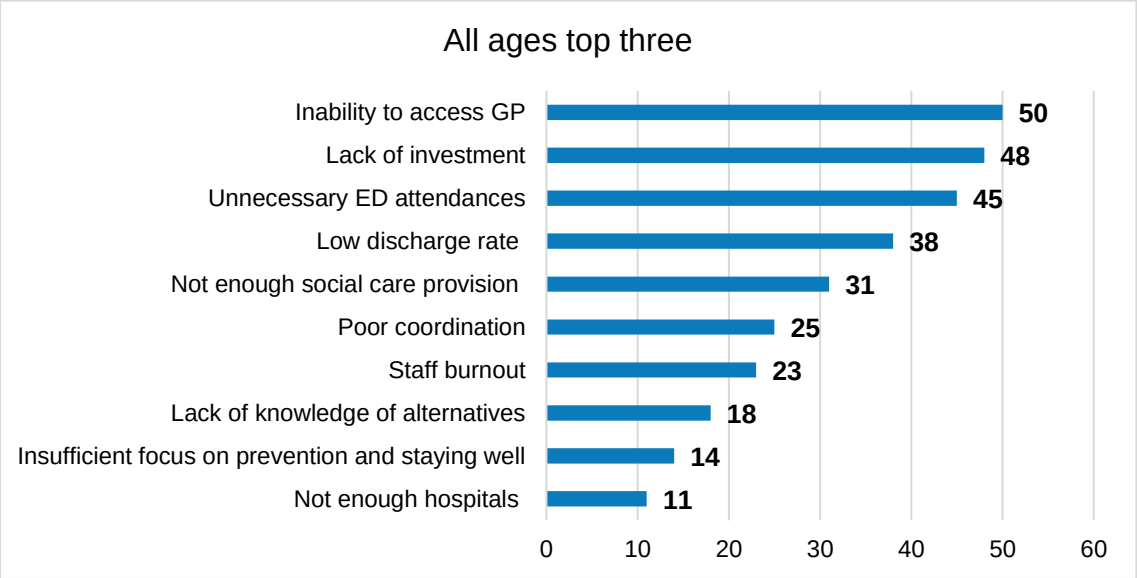
Figure 7

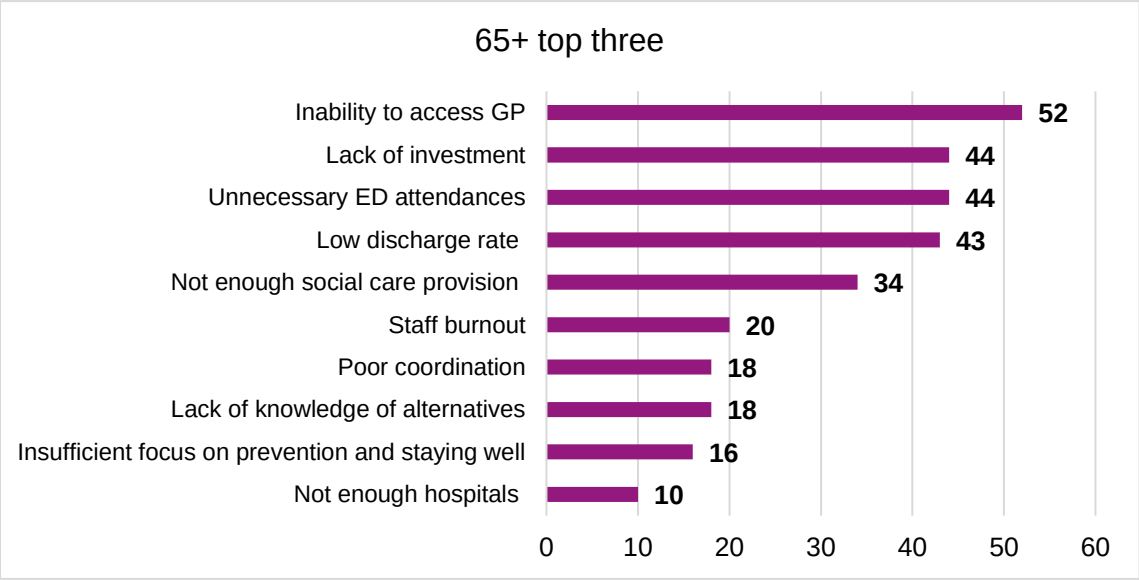




When any of the top three choices are examined, the inability to access GP services moves to the top choice.

This frustration with GP access and the perception of a ‘phone lottery’ has already been referred to.



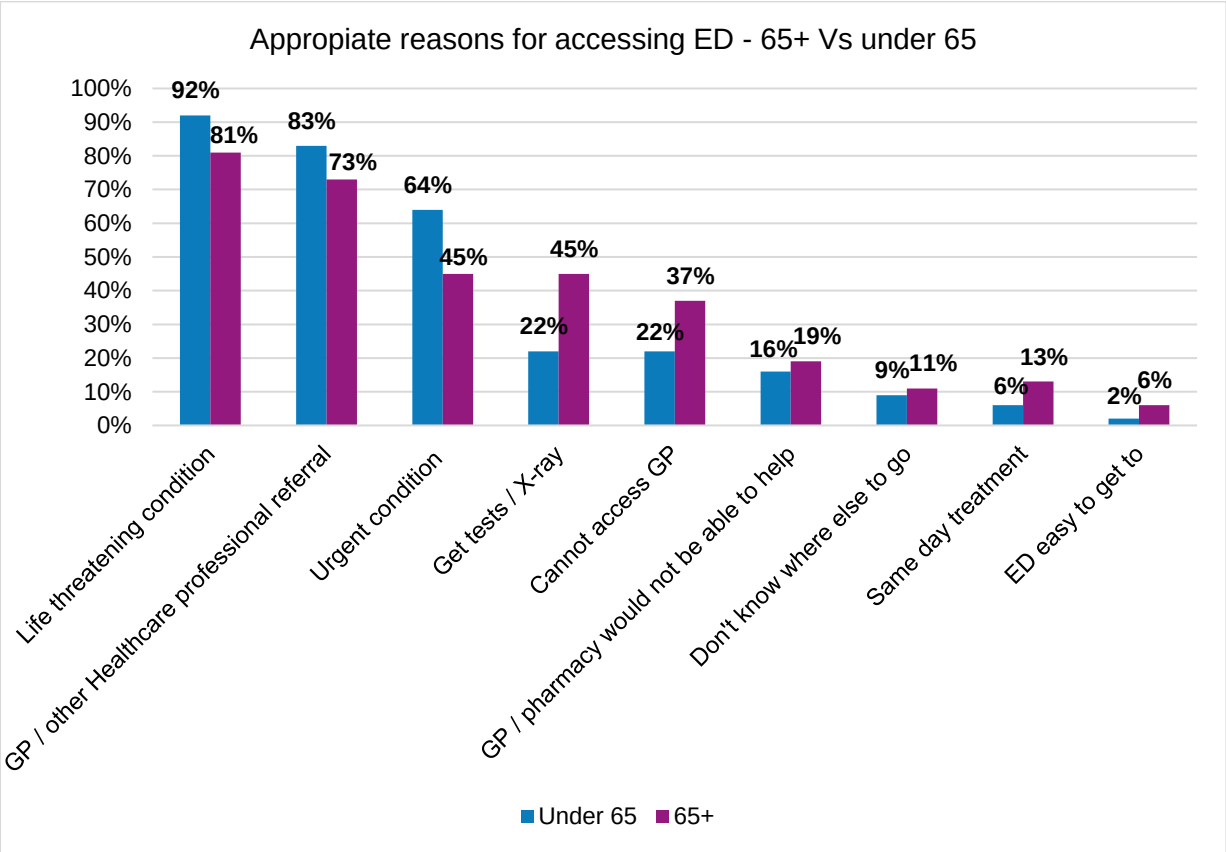


8. Accessing Emergency Departments

People were asked what they thought were appropriate reasons for accessing an ED.

Figure 8 compares the results between those under 65 and those 65+ by ranking the percentage of people who regarded a specific reason as appropriate. The order of the reasons is the same but older people are more likely to identify getting access to tests/x-rays and being unable to access their GP as appropriate reasons for using ED and less likely to identify life threatening or urgent conditions as a reason to use EDs.

Figure 8



Analysis at lower geographical levels becomes problematic given the small sample sizes since the confidence intervals widen noticeably. The Western Trust appears to have a higher level of identification of GP access as an issue (37% compared to NI level of 25%). A more detailed analysis at council level highlights Fermanagh and Omagh and Newry and Mourne both as the councils where more people identified GP access.

It is notable that the four Local Government Districts with the highest average GP list sizes are in order Mid Ulster (1,655), Derry city and Strabane (1,607), Fermanagh

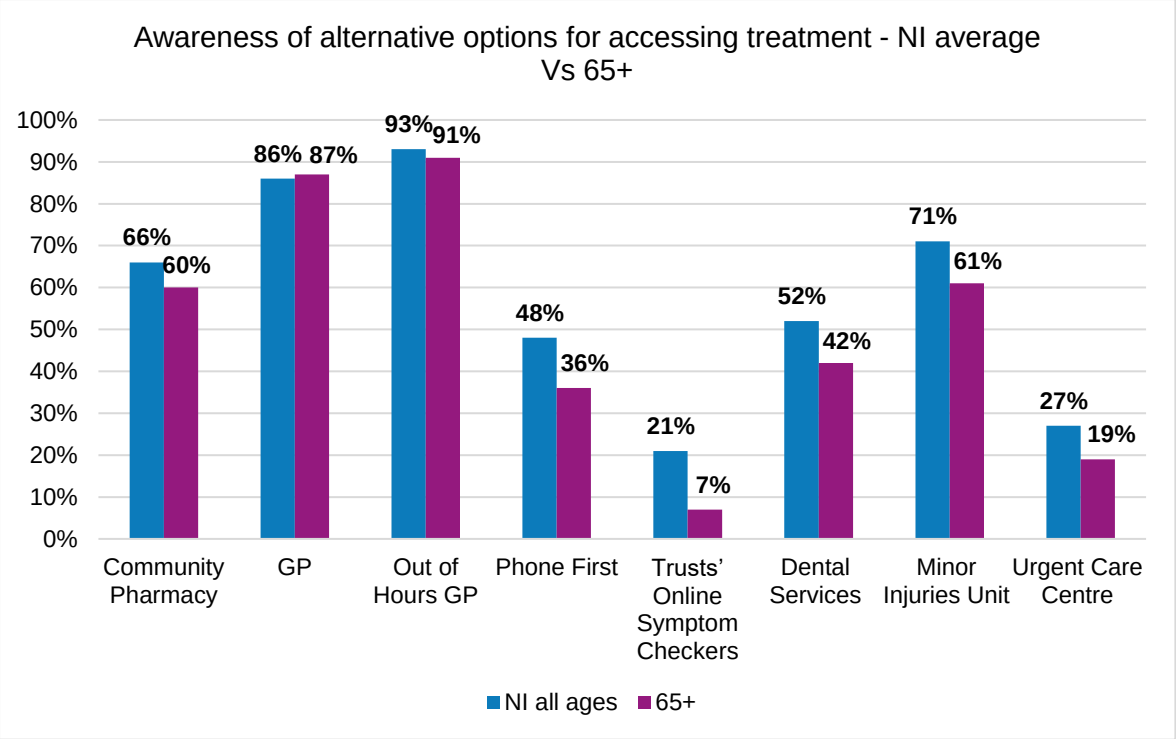
and Omagh (1,594) and Newry and Mourne (1,555) compared to the NI average of 1,381.[11]

9. Alternatives Options for Accessing Treatment

People were asked whether they had heard of specific alternative options for accessing services

Some of these services are not available in all areas and the NI level data shows some variation by Trust areas.

Figure 9



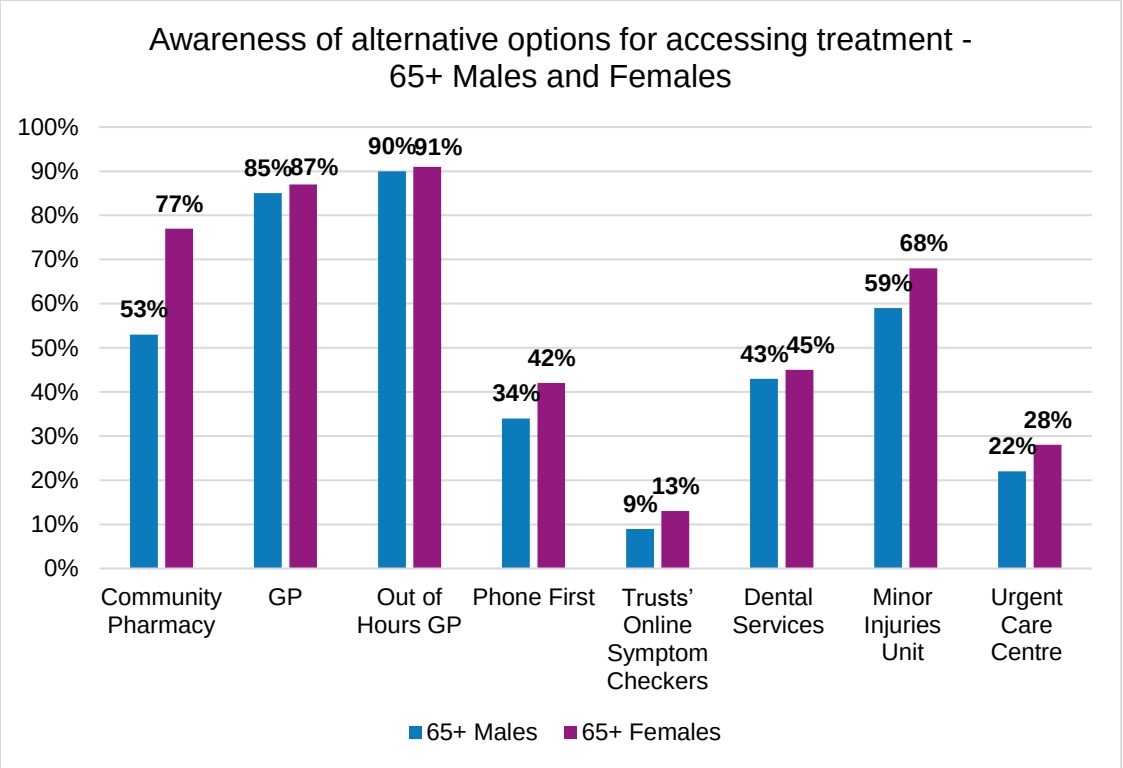
People 65+ generally have markedly lower awareness levels of the less traditional alternative options (i.e. other than GP services and Out of Hours GP) than younger people.

At a NI level for all ages, males are typically 10-20% lower than females in their awareness of most alternatives other than GPs and Out of Hours (Community Pharmacy 56% Vs 75%), (Phone First 42% Vs 55%).

When you look at awareness by sex for those 65+ using the unweighted data (hence the figures may vary slightly from those above) as shown in **Figure 10** the lower awareness levels in men for alternative options is clearly visible.

[11] Northern Ireland Statistics and Research Agency (NISRA) *Registered patients by GP practice and Local Government District*. Available at: NISRA Data Portal

Figure 10



Why does this matter?

At the 2021[12] census there were almost 235,000 single person households in Northern Ireland. This was up nearly 20% since the 2011 census. In 2021 91,674 of those households were people 66+ years. If awareness of alternatives other than GP, Out of Hours or A&E in older people who are more likely to need services is low, then we are dependent on others signposting them to alternatives options for accessing treatment.

[12] Northern Ireland Statistics and Research Agency (NISRA) *Household family composition (custom dataset)*. Available at: NISRA Build Your Own Tables

Community Pharmacy

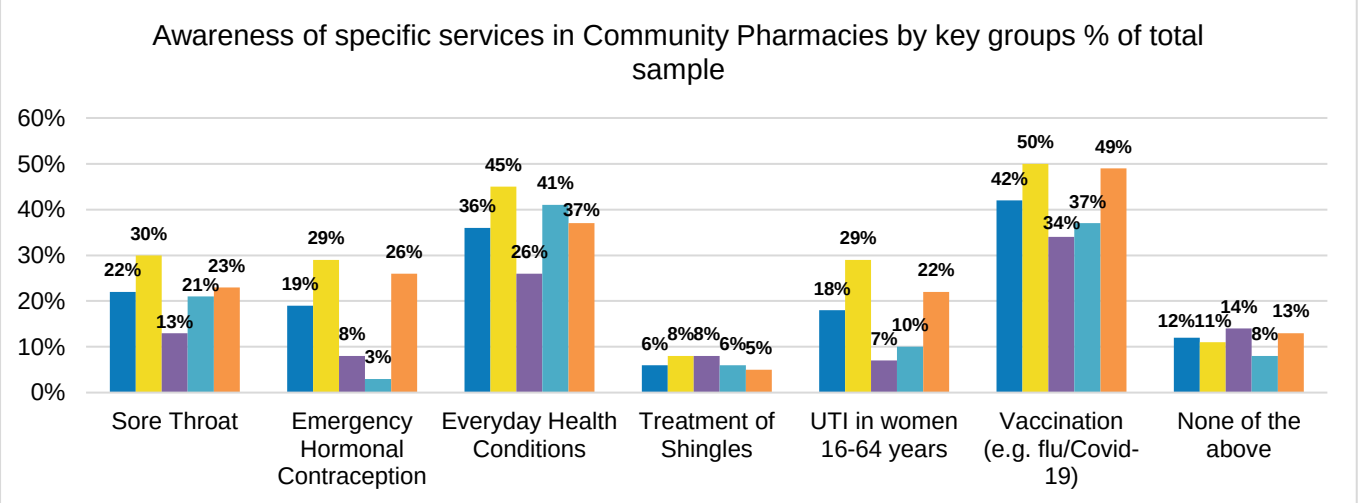


People were asked whether they were aware of Community Pharmacy (Pharmacy First). Overall 66% said they were with females 75% and males 56%. Awareness was highest in younger people but declined in the older age groups. Amongst those over 65 overall awareness was 60%. The gap between females and males remained as mentioned above.

The reduced level of awareness in older people is more marked when those who were aware of Community Pharmacy were asked what services they knew of. Lower levels of awareness of emergency contraception and UTI services might have been expected (**Figure 11** below). UTI services are aimed at women 16-64 and the average age from the first pilot was forty.[13]

The slightly lower of awareness for vaccinations may reflect the age criteria in use by General Practice where older people would expect to be called to their practice rather than go to a pharmacy.

Figure 11



When thinking about alternatives options for accessing services, people were asked to rate their level of certainty about being able to access alternatives and whether they felt those services would meet their needs. They were then asked to provide some detail on why they felt that way.

[13] Business Services Organisation (BSO) (2022) *Pharmacy First: Urinary Tract Infection (UTI) Service*. Belfast: Business Services Organisation. Available at: Pharmacy First UTI Service PDF

Overall, older people were less likely to be very confident about accessing alternatives than younger people. A similar but low proportion to all ages were confident it would meet their needs (6% very confident and 31% confident)

Those who expressed confidence identified good past experiences with these services, a trust in professional staff, a knowledge of who to contact for services, a perception that services were local and accessible to contact and an understanding of the roles of these services.

Those who were neutral described mixed previous experiences, concern about availability and lack of knowledge or experience of the services

Those who were very uncertain about accessing or the ability of alternatives to meet their needs identified a lack of awareness of the services, previous negative experiences, fears of misdiagnosis or a view that they required specialist services for particularly complex conditions.

10. Where do people get their information about health and social care issues and winter pressures and how do they experience or use it?

Figure 12

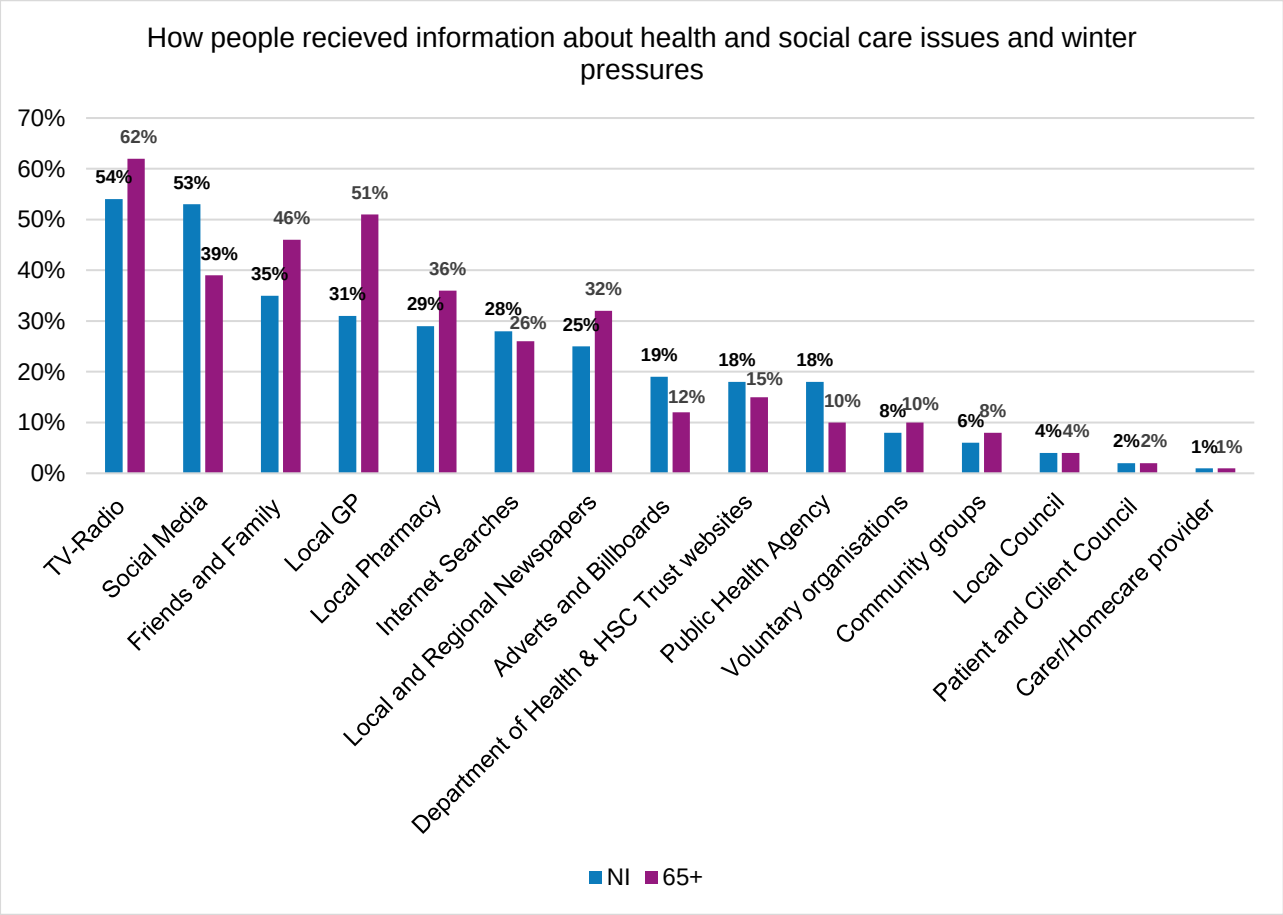


Figure 12 shows the various sources where people get information about health and social care issues and winter pressures. The sources are ordered based on the percentage for all ages and the answers of those 65+ are shown beside this. Older people are more likely to get information from friends and family, their local GP, local pharmacy TV/ radio/ local radio/papers and less likely to use social media. Usage of Trust or DOH websites and Public Health Agency sources is low overall.

The issue of digital inclusion/ exclusion of older people has been identified in a range of other documents and fora.

There are several questions in the survey around using digital technology to access health information. **Table 3** brings the various questions together and shows the percentage of people who identified they were using technology for health care purposes.

Table 3

Question	All ages	65+
Q5 Actions to help stay well - use the internet	28%	22%
Q7.5 Have people heard of the online symptom checkers as options for accessing treatment	21%	7%
Q9.13 Using the internet to get information about health and social care	28%	26%

The Continuous Household Survey looked at the level of digital skills and the purposes people use technology for.[14] **Table 4** shows that people over 65+ reported lower skills levels and being less likely to use the internet to seek health related information.

Table 4

% at different skill levels- self assessed	All ages	65+
No skills	16.2	41.3
Basic skills	47.2	43.8
Above basic skills	36.7	14.9
% using the internet to access health related information.	45.8	26.9

COPNI conducted an engagement exercise with older people across Northern Ireland during summer 2025, which included face to face discussions and the completion of a survey by 1,233 older people. The survey sought the views of older people regarding what they believed the priorities for COPNI should be in the years ahead to protect their interests. The broader issues of access to services was the area identified as highest priority but the specific area of alternative access to digital services was highlighted.[15]

This is consistent with the Age UK briefing on 'Protecting Older people from digital exclusion' which talks about older people struggling to book appointments without being able to use online systems or smartphone aps and the need for off-line ways to reach and use services.[16]

[14] Department for the Economy (2025) *Digital Skills in Northern Ireland 2025*. London: UK Government. Available at: Digital Skills in Northern Ireland 2025
[15] Commissioner for Older People for Northern Ireland (2026) *Voices of Concern: The Reality of Health and Social Care for Older People in Northern Ireland*. Available at: Voices of Concern report
[16] Age UK (2025) *Protecting Older People from Digital Exclusion: Parliamentary Briefing*. London: Age UK. Available at: Protecting Older People from Digital Exclusion

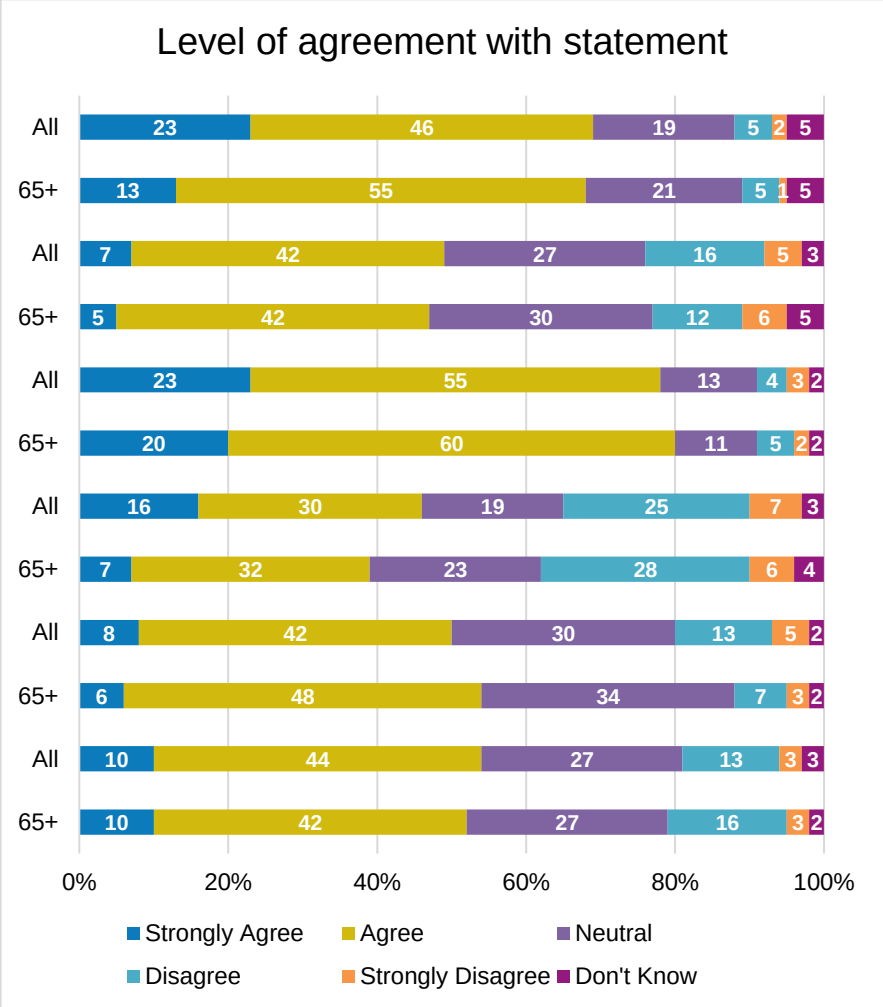
From Public Accounts Committee survey identified that:

> ‘Awareness of available digital tools was also low: 19% said their practice did not offer any online facility, and a further 12% were unsure what was available. A small number (4%) experienced digital-exclusion issues such as difficulty using devices or the internet, while 7% reported barriers related to disability or health conditions.’

When asked about how they experienced or used this information or media, people were given a range of statements and asked to identify their level of agreement or disagreement with each statement. The responses from older people did not differ greatly from the overall responses. A summary of this is shown in **Figure 13.**

Figure 13

Information is available in a format and language which I can understand and which meets my needs
It informs me about what I can do to assist health and social care services
It informs me about the pressures facing services
It makes me feel anxious about accessing services
It helps me make decisions about my health and care and for those I care for
It informs me about what is going on in Health and Social Care



Older people were more likely to strongly agree that information was in a format and language that met their needs but as shown previously they were more likely to get that information from more traditional sources. People acknowledged that the

information provided informed them about pressures but they were less likely to agree that it told them what they could do to assist the services. The provision of the information made some people anxious about accessing services, but it did help them make decisions about their own care.

11. Advanced care planning

People were asked if they had heard of Advance Care Planning (ACP). Older people were less likely to say they has heard of it (5% compared with 15% for NI overall). From the individual level data of the 30 people over 65 who said they had heard of it, when asked to describe it almost all people talked about pre planning their care, identifying wishes, discussing them with family, adjustments to their home etc. A small number of people focussed on wider service planning issues rather than individual although this may reflect the focus of the previous questions. This element of confusion with service planning also existed in the responses from those under 65. If anything, the five percent awareness the over 65s might have been slightly overstated.

Appendix 1
Limitations of the survey and this analysis

Like any survey of this type it has limitations. The original survey was from a 'panel' of responders. The results of these are then weighted to reflect the wider NI population by age, sex, geography and socio-economic variables.

Using pre-registered panels of people is increasingly the approach taken by market research companies since it is faster and usually cheaper than bespoke recruitment for a specific survey. This trend was already happening but was accentuated by COVID-19. As well as being cost effective standing panels can be used to reflect changing attitudes at different time periods amongst the same group of people. However, this requires ongoing upkeep of panels to reduce attrition and careful design to ensure prior participation does not influence awareness of knowledge responses in a subsequent round[17]. In addition, where they operate as opt-in surveys from a wider panel or pool of possible respondents this may mean that those with a specific interest in a topic might be more inclined to participate and their views potentially less representative overall.

When using panels rather than sampled survey data (where targeted age groups, sex and geography, income groups are sought to create a representative population), the weighting process becomes very important. Depending on the recruitment processes an online panel may be over represented from specific sex, age or income groups which will need to be compensated for in the weighting to ensure a representative sample of the NI population overall. In simple terms, if a dataset is under-represented in a specific group then the responses of those people are multiplied by a factor greater than one and if overrepresented by less than one to create a NI wide picture.

When any survey is weighted to create a NI representative result, care needs to be taken when analysing the raw responses. Any subset of the data will necessarily also have a smaller sample size.

When focussing on the responses of those 65+ years the original scale of respondents was 429 (27% of total 1,598) which was weighted down to 259 (25% of 1050).

Unfortunately, no more detailed age breakdown is available of those aged 65+. Given the often-marked change in circumstances between 65-69 and 75-79 and then 80+ it would be useful to have further breakdowns in future work though the numbers will be small. For comparison the NI health survey age groups go to 75+.

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[17] Lipps, O. (2021). *Panel surveys: Advantages and disadvantages compared with repeated cross-sectional surveys* (Version 1.1). Available at: lipps_fg14_panel_surveys_v_1.1.pdf

People were asked about:

- Views on level of involvement and communication from HSC;
- Views on the most important factors when accessing care;
- What people thought created ‘winter pressures’ and what they could do to help the system;
- Why people use Emergency Departments (EDs) and their knowledge of alternatives to EDs;
- Knowledge of the role of Community Pharmacies and;
- Knowledge of Advanced Care Planning.

Each of these is explored in the following document. If information from other sources is available for comparison it is included in the relevant sections although this is not intended to be complete picture of any topic.

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