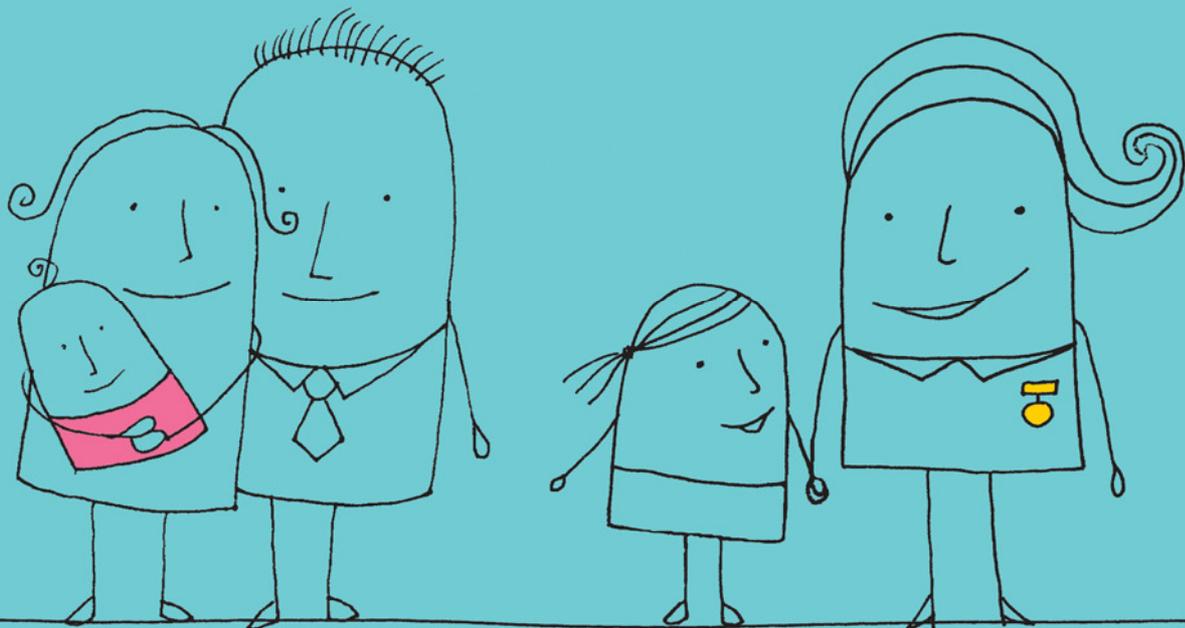


Patient and Client Council

# Beating the Blues

## The experiences of people in Northern Ireland

November 2012



**Your voice** in health and social care

This information is available in other formats

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## 1.0 Background and purpose

Cognitive Behavioural Therapy (CBT) is a way of talking about<sup>1</sup>:

- how you think about yourself, the world and other people;
- how what you do affects your thoughts and feelings.

Beating the Blues is a computerised Cognitive Behavioural Therapy (CBT) programme that has been proven to help people suffering with mild and moderate anxiety and depression to get better and stay better. Computerised CBT is simply CBT delivered by an interactive computer programme. Beating the Blues was developed by a company called Ultrasis in conjunction with Dr Judy Proudfoot of the Kings College London School of Psychiatry. Beating the Blues has been recommended for use by the National Institute for Health and Clinical Excellence (NICE).

The Bamford Vision<sup>2</sup> action plan recommended that the Beating the Blues programme should be made available to people in Northern Ireland. Therefore the Department of Health, Social Services and Public Safety funded the purchase of licences so that GP practices throughout Northern Ireland could offer Beating the Blues to their patients. There are currently 336 GP practices in Northern Ireland providing Beating the Blues, and since its introduction in April 2010 approximately 3,250 people per year have accessed the Beating the Blues programme.

The Bamford Monitoring Group of the Patient Client Council wanted to understand what people who have used the Beating the Blues programme think about it as a treatment option. The views and experiences of patients who have used Beating the Blues was captured through people completing an online web-based questionnaire.

The aim of this report is to share people's views and opinions about the Beating the Blues programme and to understand if it was of benefit to them.

Whilst this study reports findings based on **41 responses** to an online web-based questionnaire, a relatively small number of respondents, it gives an insight into

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<sup>1</sup> Blenkiron, Paul (2012) *Cognitive Behavioural Therapy*, [Online]. Available at: <http://www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/cbt.aspx>

<sup>2</sup> DHSSPS (2009) *Delivering the Bamford Vision: The response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability*

individual experiences and highlights common views shared by some people who have used Beating the Blues.

## **1.1 About the Patient and Client Council**

The Patient and Client Council provides a powerful, independent voice for patients, clients, carers and communities on issues relating to health and social care in Northern Ireland by:

- Listening and acting on people's views;
- Encouraging people to get involved;
- Helping people make a complaint;
- Promoting advice and information.

## **1.2 About the Bamford Monitoring Group**

Health and Social Care organisations, Government Departments and their agencies have been tasked with making changes to services for people with mental health needs and learning disabilities. This is guided by the recommendations set out in the Bamford Vision action plan.

The Bamford Monitoring Group was set up by the Patient and Client Council to understand the views and experiences of people with mental health needs, learning disabilities, their families and carers, about these changes being made to services. The Bamford Monitoring Group does this by asking people if they have experienced any changes to services in their area and if so what has been the effect of the changes on their health and wellbeing. In other words, have services improved or have they not?

The Bamford Monitoring Group report what people say directly to the Minister for Health, Social Services and Public Safety.

## 2.0 Our Approach

The Bamford Monitoring Group decided that an online web-based questionnaire would be the most appropriate way to reach people and capture their experiences about Beating the Blues.

The questionnaire was drawn up in partnership with a GP acting as advisor to the Health and Social Care Board in Northern Ireland, and informed by a survey previously undertaken across the UK by Ultrasis. This ensured that the questionnaire was locally relevant but contained standard questions which would allow national comparison with the rest of the UK. The questionnaire was made available online using Survey Monkey.

In total there were **41 responses** to the questionnaire, and these are reported in the findings section of this report.

## 2.1 GP Practices

Initially, access to the Beating the Blues programme for people in Northern Ireland was via GPs only. Therefore, it was decided that the most appropriate way to inform people using Beating the Blues that our online questionnaire was available, was to ask GPs to tell their patients about it.

Four GP Advisors to the Health and Social Care Board assisted the Bamford Monitoring Group to contact their patients who have used the Beating the Blues programme and invite them to share their opinions with us. They also agreed to encourage new patients they referred to Beating the Blues to share their opinions with us.

In addition, a poster telling people about the questionnaire was made available to GP practices for display and distribution to patients. This was sent to all GP practices in Northern Ireland via Family Practitioner Units in the Health and Social Care Board. Also a letter was sent to all GPs in Northern Ireland from the chair of the Northern Ireland General Practitioners Committee informing them about the questionnaire and

requesting that they encourage their patients using Beating the Blues to consider completing it.

72 people accessed the questionnaire via Survey Monkey. However, 43 of these people only completed the first two questions relating to consent. Therefore these 43 entries were not included in the report of findings as they were not complete responses to the questionnaire.

Of the total 41 full responses to the questionnaire, there were **29 responses from people who accessed Beating the Blues through their GP** and made further contributions beyond the primary consent questions. These responses have been included in the findings of this report. However, there was considerable variation in the number of responses for each question. The exact number of responses to each question has been outlined.

## **2.2 Organisations**

Feedback from mental health service users to the Bamford Monitoring Group highlighted the need to provide alternative routes to access Beating the Blues. As a result, the Health and Social Care Board took steps to ensure that Beating the Blues was available in non-GP settings including through voluntary and community organisations, and Occupational Health departments of the Northern Ireland Civil Service and Health and Social Care Trusts.

There are currently 17 non-GP organisations providing Beating the Blues under licence. Several of these non-GP organisations worked with us to encourage people using Beating the Blues to answer the online web-based questionnaire. Of the total 41 responses to the questionnaire, **12 responses were from people who accessed Beating the Blues through organisations other than their GP.**

## 3.0 Our Findings

Whilst this study reports findings based on a relatively small number of respondents, it gives an insight into individual experiences and highlights common views shared by people who have used the Beating the Blues programme.

In total there were **41 responses** to the questionnaire, and these are reported in this section of the report.

### 3.1 Information

Of the 39 people who answered the question about information, 26 people received information about Beating the Blues before starting the programme and 13 people received no information.

Half of the people who were given information about Beating the Blues before starting the programme got information via a leaflet from their doctor. Friends, community and voluntary organisations and the Patient Client Council website also informed people about the programme. Some GPs explained in their own words about the programme or went through the leaflet with their patients.

### 3.2 Support

#### GP support

Of the 29 people who had accessed Beating the Blues through their GP, 28 replied to this question. 19 people said that they did not receive support from their GP while 9 people felt that they had received support.

One person described the level of support they received from their GP as “*excellent*”. When she failed to complete a session this was followed up by her GP until she made an appointment to go see their GP. Another person said that, while they did not have any formal support, the GP did ask how they were getting on when they

visited the surgery. One person described how they benefited from “*regular reaffirming contact*” with their GP while using Beating the Blues.

### **Support provided by other organisations**

Of the 12 people who accessed Beating the Blues through other organisations, 10 people answered this question. 7 people found they had enough support while 3 people felt that they did not have enough support.

In some settings participants were supported by staff via individual sessions and this was seen as helpful:

*“The staff who took the sessions were very supportive. They were very easy to talk to and helped me through the sessions which were sometimes challenging.”*

Someone who did not have this level of support felt that it would have been beneficial:

*“Someone to discuss each session with would have been helpful.”*

However, two people felt that they did not need any additional support as the website was user friendly and easy to use:

*“The whole website showed me that I wasn’t alone going through my depression and that there was hope for me coming out of it.”*

### 3.3 Introductory Video

Of the 40 people who responded to this question, 29 watched the introductory video. The vast majority of people found the introductory video either helpful or very helpful. Only three of the people who responded said that the video was not at all helpful, and one person who felt this way commented:

*"I felt that the program was aimed at children and my intelligence was being insulted."*

### 3.4 Other types of treatment used or accessed within the last five years

Of the 39 people who answered this question, 22 had accessed other types of treatment for stress, anxiety or depression within the past five years.

Other types of treatment used or accessed during the last five years included:

- medical treatment
- sessions with a CBT counsellor
- group CBT 'Living Life to the Full'
- private sessions with a psychiatrist
- reading books
- counselling
- anxiety management course
- hand tap therapy

### 3.5 Beating the Blues compared to previous treatments

Of the 16 people who answered this question, 5 people found Beating the Blues to be much better than previous treatments while 3 people said that it was a *'little better'*. One person found it was *'the same'* as previous treatments whereas 6

people found it to be *'not quite as good'*. Only one person indicated that it was *'worse'* than previous treatments.

Opinion was varied on the value of Beating the Blues compared to other treatments. One of the people who felt that it was *'much better'* than previous treatments commented:

*"Beating the Blues allowed me more scope to explore my own thinking, identify my own 'thinking errors' and offered excellent 'tools' to combat the issues. Unlike One to One counselling, Beating the Blues made me realise that I must have been one of millions who were suffering in silence. Beating the Blues went a lot deeper than the one to one counselling which was narrowly focused and very much led by the counsellor. Strangely, although obviously an interactive simulation, Beating the Blues empowered me to take control of my own recovery."*

Another person said that Beating the Blues offered them more freedom than previous treatments:

*"It was good because I had time to think about the program in my own time and if I lost track of something I closed it down and went back to it when I felt I could go on."*

Two people felt that, while Beating the Blues did have some merit, personal contact was important:

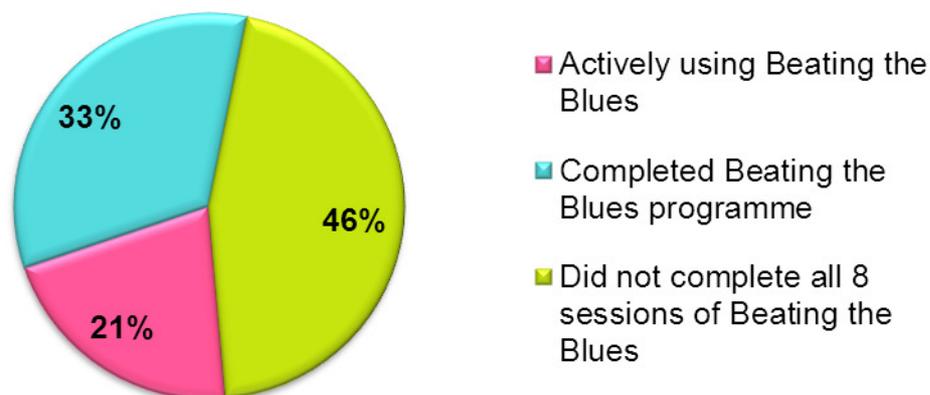
*"A one to one with a psychologist would have been better, but Beating the Blues was excellent in giving coping strategies which you can use in every day life situations."*

However, one person felt that Beating the Blues was not at all suitable for them:

*“Perhaps for people with depression Beating the Blues would be useful but personally I felt that I was being ‘fobbed off’ by the doctor when I went and asked for help. A phobia is a very specific problem and I didn’t feel Beating the Blues was suitable for my needs. I also felt the website was much too juvenile for an adult audience.”*

### 3.6 Why people stopped using Beating the Blues

Of the 34 people who responded to the question about their active use of the programme 7 (21%) people were actively using the programme, 11 (33%) had already completed it and 15 (46%) people did not finish all 8 sessions.



Of the fifteen people who did not complete the full eight sessions, three people said that they stopped using the programme as they were feeling better. One person felt that they needed to talk to someone after using Beating the Blues:

*“After identifying my problems, I became overwhelmed with thoughts and found it very difficult to work my thoughts out. I needed to talk to someone who could help me.”*

However, three people felt that the programme was just not helpful at all. They offered some reasons as to why:

*"It was not relevant to my personal problems and I felt frustrated by the low level of intelligence it was pitched at."*

*"Terribly patronising to have a computer tell me 'I'm very sorry to hear that'. I almost put the computer through the window and it made me feel worse. I could have typed anything in and it would still have said the same thing. Very insulting to intelligence. I got nothing out of it even though I really enjoy working with computers and have completed many e-learning courses."*

*"I didn't find the course helped me. I think that the course was very wide, for example if it asked me how I felt and I would go into detail, the course would say 'sorry you felt that way.'"*

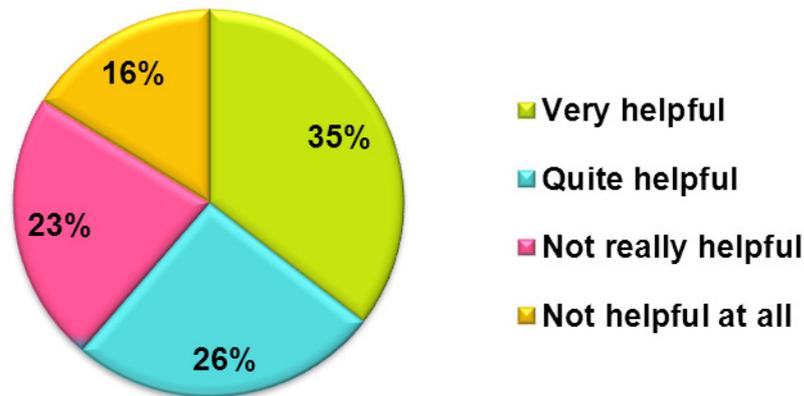
Another person explained that they came to associate their laptop with feeling unwell which caused them to avoid using it:

*"I had began associating my laptop with depression and stress, and so I avoided putting it on."*

Two people said that they stopped using the programme as it was irrelevant to their situation. A further two people explained how technical problems prevented them from completing the programme. Other reasons for stopping included 'money', the 'patronising' nature of Beating the Blues and another person said 'no reason'.

### 3.7 How helpful was Beating the Blues?

Of the 31 people who answered this question, 11 found the programme to be 'very helpful', 8 said 'quite helpful', 7 said 'not really helpful at all' and 5 said 'not helpful at all.'



Despite some negative feedback, most people found Beating the Blues 'very helpful' or 'quite helpful' (61%), especially as it helped them to think about how they were feeling and to take action to deal with those feelings:

*"By explaining why you are feeling as you are, and why you react as you do was invaluable for me. Also by giving many different techniques, it gives tools to help with most of the scenarios life throws up to you."*

*"Beforehand, I would not have believed that an interactive 'generalised' programme could be so relevant to me personally. I was astounded to find that before participating in Beating the Blues I had been unable to work out the appropriate thinking strategies to deal with my situation."*

However this view was not expressed by everyone, some people found the programme 'unhelpful' or in some cases 'not useful at all':

*"It made me feel worse"*

### 3.8 What did you like most about Beating the Blues?

24 people gave responses to this open ended question about what they liked most about Beating the Blues. They liked that it was a confidential, interactive programme that was easy to use and that it offered some explanation for the feelings that they were experiencing. Four people also mentioned the videos which they found they could easily identify with. Some comments include:

*"They helped me when I was at my lowest."*

*"Interactive, anonymous sessions encourage an honest and frank approach from the patient which may not manifest itself face to face with a counsellor. I therefore found it very helpful and surprisingly relevant."*

*"Clear step by step guidance."*

*"You could work at your own speed. It was helpful to print worksheets."*

*"The explanation of anxiety and depression."*

*"I like the great ways of explaining my thoughts and fears."*

However, one person felt that they could not identify one positive aspect:

*"Nothing because I was usually depressed when I was using the programme."*

**Table 1: What people liked and disliked about Beating the Blues**

	Disliked a lot	Disliked	Neutral	Liked	Liked a lot	Response Count
<b>The presenter’s instructions and explanations</b>	3 (10%)	3 (10%)	7 (23%)	13 (43%)	4 (13%)	30 (100%)
<b>The video clip of case study participants</b>	5 (17%)	1 (3%)	9 (30%)	10 (33%)	5 (17%)	30 (100%)
<b>The graphics and cartoons</b>	2 (7%)	4 (14%)	8 (28%)	10 (34%)	5 (17%)	29 (100%)
<b>The onscreen interactive activities</b>	3 (10%)	3 (10%)	5 (17%)	13 (45%)	5 (17%)	29 (100%)
<b>The homework sessions</b>	4 (14%)	5 (17%)	6 (21%)	9 (31%)	5 (17%)	29 (100%)

### 3.9 What did you not like about Beating the Blues?

21 people responded to this open ended question and talked about aspects of Beating the Blues that they liked the least such as the slow pace of the programme, the homework sessions and the lack of personal contact:

*“Dated clips and sometimes felt not personal to my issues.”*

*“Nobody physically telling me that I needed to finish it.”*

*“I found the sessions could be a little slow-going.”*

*“The impersonal nature and lack of outside support.”*

*"It was telling me what I already knew. It basically 'told' me to get better."*

*"The homework was a bit long winded and I usually didn't get it done because of that."*

*"The lack of personal contact. Some things were not applicable to your situation."*

Two people said that Beating the Blues was generally unhelpful and that the programme had no redeeming qualities.

### **3.10 Overall experience of 'Beating the Blues'**

32 people responded to this question. 18 people's experiences of Beating the Blues were positive, 10 were negative and 4 had mixed reactions. Three people felt that it had really helped them to feel better and that they would recommend it to others:

*"It was brilliant. An invaluable aid to recovery and unbelievably meaningful."*

*"Excellent, I found this to be a very helpful programme and would recommend it to others."*

*"Using the computer felt very personal and gave me time to think about things."*

*"A very useful and helpful programme."*

*"Brilliant help and great that I can revisit whenever I need."*

Another person explained how using Beating the Blues helped them feel more in control:

*"It was informative, non-threatening and I felt empowered, that I was in control."*

For some people, the most positive thing about Beating the Blues was that it helped them to identify their problems and encouraged them to seek further help through counselling:

*"Beating the Blues was an excellent tool to help identify problems that were affecting my life badly. Until I used this programme I was not aware that my ill health was a result of anxiety and depression. I have recommended Beating the Blues to a few friends."*

*"It helped me to realise I was anxious and depressed and to identify my problems. Unfortunately I had many issues and required one to one counselling."*

Individuals made other comments about the positives of Beating the Blues; the case studies were interesting, it helped to reinforce some points the user was already aware of and although the pace was somewhat slow and repetitive at least the programme was suitable for all abilities.

However, 10 of the participants had a negative experience of Beating the Blues and they included comments that the programme was:

*"not great", "a waste of time", "rubbish" and "not helpful at all."*

Some people explained why they found Beating the Blues unhelpful; for example, it was difficult to find the motivation to complete the programme when already feeling depressed or the approach was too broad to be effective:

*“When you feel depressed you already feel very isolated and to do these exercises alone when you are already overwhelmed was impossible. My self esteem went even lower, my motivation dropped and I felt pretty useless and hopeless. I already had trouble concentrating and did not enjoy any of the exercises at all.”*

*“I found the course didn’t help me at all. I revisited my GP after a number of weeks and was advised to stop the course. Using the computer wasn’t as helpful as it is too wide a field and not to the area that I needed.”*

*“Yes it will have a long lasting affect in that I will never forget how terrible it was and how bad I felt after using it.”*

A few people had issues with the content of the programme, especially the somewhat *“patronising”* style and the homework sessions:

*“The presenter’s instructions could be stilted and patronising. The case studies were a little bit false, but I suppose they were there to help, not earn an Oscar!”*

*“I didn’t like the homework sessions and didn’t complete many of them. I felt like I had to go out of my way to do them, whether they would help me or not.”*

One person found it helpful at the beginning but the sessions ran on too much and another said that there was just too much information given:

*“When I started using the program, when I was feeling depressed, they helped me a bit, but I felt that program dragged on a bit. It would have been better if it was shortened.”*

*“Sometimes the sessions had too much new information to remember.”*

**Table 2: Overall experience of Beating the Blues**

	Disagree Strongly	Disagree	Neither Agree or Disagree	Agree	Agree Strongly	Response count
<b>I was happy to use the computer</b>	3 (9%)	1 (3%)	4 (13%)	11 (34%)	13 (41%)	32 (100%)
<b>I found the programme easy to use</b>	1 (3%)	1 (3%)	4 (13%)	18 (56%)	12 (38%)	32 (100%)
<b>I feel the course will have a long lasting effect</b>	6 (19%)	3 (9%)	6 (19%)	6 (19%)	11 (34%)	32 (100%)
<b>I would recommend the programme to others</b>	6 (19%)	4 (13%)	3 (9%)	7 (22%)	12 (38%)	32 (100%)

### 3.11 How Beating the Blues could be improved

18 people recommended ways in which Beating the Blues could improved:

*“Scrap it and spend the money on REAL CBT either one-to-one or at an adult audience in order for it to be taken seriously.”*

*“I have a hardback diary notebook which I use as a diary and keep in my bag. I wrote shortened versions of the handouts into the front of this book which means in times of crisis I have these to hand. They are useful to reinforce on a regular basis when I have a few minutes to kill. I think it would be very helpful to give this kind of thing to users of the programme. I have given copies of my notes to friends who have been having problems and I know one woman who has copied them into her diary and uses it like I do!”*

*“Northern Ireland case studies.”*

*“To make the programme longer and give more time for emphasis on each session. Maybe to simplify it slightly.”*

*“Increase awareness that it exists and is available to the public.”*

*“It shouldn’t be as ‘cartoony’ and should be more aimed at an adult audience for anyone to take it seriously.”*

*“Not as a general programme for everyone.”*

*“More active support from outside.”*

*“Local follow up links for further learning, for example links to Aware Defeat Depression.”*

*“Perhaps reading materials.”*

### **3.12 What alternative help would you have preferred to Beating the Blues?**

30 people responded to this question about alternative help they would prefer to Beating the Blues (some people indicated more than one alternative):

- 19 would have preferred **One to one Therapy**;
- 4 people **Group Therapy**;
- 4 people **Guided self-help** and
- 8 people **None**

Prevention, better investment in alternative treatments, an occupational health service ‘*Positive Mental Training*’ programme and hypnotherapy were also mentioned as alternatives. A few people elaborated on their feelings about alternatives:

*“The other options wouldn’t appeal to me as much as the Internet option. It took away some embarrassment of having to speak to new people and I could say exactly what I felt without feeling judged.”*

*“I was hoping for one-to-one but this course gave me lots of answers.”*

*“One to one is always going to be better, but I feel that Beating the Blues was a major turning point for me. The most important thing I learned was how the way we think can influence what we are thinking.”*

#### **4.0 Access to Beating the Blues**

During this project a number of changes regarding the provision of the Beating the Blues programme took place as a consequence of ongoing feedback from members of the Bamford Monitoring Group and people using Beating the Blues who contacted the Patient and Client Council.

Initially people in Northern Ireland could only access Beating the Blues via their GP. Mental health service users thought it was important to provide alternative routes to access Beating the Blues. The Bamford Monitoring Group reported this to the Health and Social Care Board who then took steps to ensure that Beating the Blues was available in non-GP settings. There are currently 17 non-GP organisations providing Beating the Blues under licence including voluntary and community organisations, and Occupational Health departments of the Northern Ireland Civil Service and Health and Social Care Trusts.

A gentleman living outside Belfast contacted the Patient and Client Council to enquire as to how he could access Beating the Blues. When he enquired about the programme via his GP he was informed that the GP did not know about or offer Beating the Blues. The Patient and Client Council contacted the Health and Social Care Board and as a result the Ultrasix team engaged with the GP practice to

provide training and support. This GP practice now provides Beating the Blues to the gentleman and all other patients of the practice.

These important changes have resulted from the comments and feedback shared with the Bamford Monitoring Group of the Patient and Client Council, improving access to Beating the Blues for people who wish to use the programme.

## **5.0 Conclusions**

The Bamford Monitoring Group welcomes the provision of the Beating the Blues programme as part of a range of treatment and support options available to people in Northern Ireland.

Overall the findings in this report show that some people found the Beating the Blues programme to be 'very helpful' or 'helpful'. However, opinions regarding the suitability and effectiveness of Beating the Blues are divided and appear to be highly individual.

The programme is not a 'one size fits all' solution, there were clearly those who found it greatly beneficial as an aid to recovery, an informative tool to identify problems, and people were able to work at their own pace giving the feeling of being in control.

However, there were some people who reported particularly negative experiences of Beating the Blues. The reasons identified point to the need to address relevance of the case studies, the patronising style of the presenter and the need for increased support when using the programme to avoid feelings of isolation and a lack of personal contact of the programme.

This report has presented the opinions of those using the Beating the Blues programme; however the Bamford Monitoring Group is aware that many people do not know that it exists and how to access it. Further work to raise public awareness of Beating the Blues is necessary.

## 6.0 Recommendations

Based on the findings of this report, the Bamford Monitoring Group of the Patient and Client Council make the following recommendations:

- The Health and Social Care Board and the Public Health Agency should work to raise public awareness about Beating the Blues to increase knowledge that the programme is available and how to access it;
- The Health and Social Care Board must ensure that those licensed to provide the Beating the Blues programme in Northern Ireland (i.e. GPs / organisations) provide active support to people using the programme;
- The Public Health Agency should monitor user experiences and opinions of the Beating the Blues programme on an ongoing basis. This will ensure the programme is continually improved to meet user needs;
- The Health and Social Care Board should increase the number of voluntary and community organisations who are able to provide people with access to the Beating the Blues programme in Northern Ireland;
- People using the Beating the Blues programme should have their progress reviewed regularly to determine if the programme is the right treatment option for them or if an alternative method of support would best meet their needs.

[www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net)

Remember you can contact your local office on

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