

Optimising access to primary care services for young people: lessons from England and Australia

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The context

Young people's health has recently received growing attention, accelerated by the COVID-19 pandemic, and rightly so. Globally, it is estimated that around 4500 10–24-year-olds die each day, with leading causes being injuries, interpersonal violence, fatal self-harm, and maternal conditions (such as postpartum haemorrhage).¹ Young people are the future generation of adults and it is in our interest that health systems, especially primary healthcare as the first point of contact in most developed countries, enable them to develop holistically to achieve their potential. In this editorial, we review primary healthcare systems in Australia and England — which have a similar accessible universal model of care — and consider how access to primary care services can be optimised for young people aged 10–25 years.

Current access

The age of 10–25 years is a time of crucial development, where physical, biological, and psychosocial development and maturation occur.¹ In England, most young people aged 16–25 years are registered with a general practice and 64% have had a good experience of making a GP appointment.² From 2008–2009 in Australia, young people under 25 had around 12 million GP consultations,³ and across 2022–2023, 71% of 15–24 year olds saw a GP in the previous year.⁴ There have been increasing rates of young people presenting to general practice for mental health, self-harm and suicide, respiratory, dermatology, and musculoskeletal concerns.^{5,6}

The need for accessible youth-friendly primary care services

The adolescence period (10–19 years) has been linked to ongoing neurodevelopmental changes and an increased risk of impulsivity where unhealthy behaviours such as illicit drug use, alcohol, and smoking can commence and lead to lasting negative health behaviours.⁷ Chronic diseases such as diabetes, obesity, and asthma can manifest at this time, and mental illness often begins in early adolescence.⁷

In 2021, there were 11.8 million young people in the UK aged between 10–24 years making up around 18% of the UK population.⁸ In Australia in 2020, there were an estimated 3.2 million young people aged 15–24 years, making up 12% of the population.⁹ We know that young people visit their general practice often;¹⁰ one survey found that 78% of 11–15-year-olds in England had visited their GP in the last year.¹⁰ Yet in spite of this, young people can often feel fearful or not sure what to expect when visiting their GP, with many feeling unable to discuss personal issues.¹⁰ In addition, young people may be unaware of

the services available to them in primary care.¹¹

So, what are youth friendly services, and why could they be important? In 2015, the World Health Organization (WHO) released global standards to improve quality of healthcare services for adolescents.¹² This includes packages of services (information, counselling, diagnostic, treatment and care) provided by practitioners who '*demonstrate the technical competence required to provide effective health services to adolescents*' in facilities that have '*convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality*'.¹² The primary care setting can meet these standards.

Over the past two decades there has been the development of youth-friendly primary care health services to improve access, with mostly modest effects on patient outcomes. In London, HealthSpot (<https://wearespotlight.com/health-spot/>) is a drop-in clinic for 11–19 years olds for all types of healthcare issues that offers an integrated service with youth workers, GPs, mental health counsellors, substance misuse, and a sexual health service. Evaluation has shown that despite organisational and practical challenges, the holistic and youth-centred service received positive feedback from young people, highlighting joint working and collaboration between youth workers and primary care.¹³

In Australia, there are several pathways for young people to access primary care, adopting a multidisciplinary approach. While registration with a general practice is not mandatory, a voluntary patient registration system (www.health.gov.au/our-work/my-medicare/) commenced in 2023. A well-established model: Headspace (<https://headspace.org.au/>) acts as a portal for early intervention in youth mental health and wellbeing and has been found to be accessible with cross-sector support available across education, employment, and alcohol and drug services.¹⁴ When considering what matters most to young people, themes include judgement-free care, access and availability, confidentiality, continuity of care, and healthcare provider attitudes.¹¹

Barriers to accessible care

Five barriers for young people accessing primary care services have been identified from previous research¹⁵ (see Figure 1). Many young people describe the opening hours of primary care services to be inconvenient for them, difficult to attend, and often there is a wait to see a GP.¹¹ Young people have expressed concerns about trust and confidentiality.¹¹ Some general practices check whether the young person wishes to have their own contact phone number on their record rather than only that of their parent/guardian — this is a positive step that can foster independence as young people transition into adulthood.

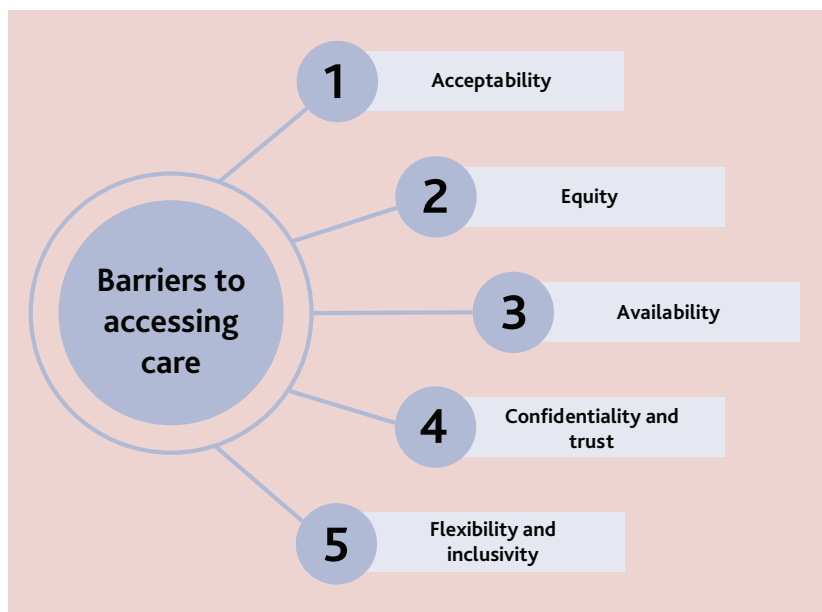


Figure 1. Barriers for young people accessing primary care services.

Equity and acceptability are important in establishing trust with the young person so that they feel able to confide in healthcare professionals about sensitive and often embarrassing concerns. When discussing mental health concerns, young people appreciated a trusting relationship, being given time to talk, and continuity of care.¹⁶ Young people from disadvantaged backgrounds may not only have poorer health outcomes, but also struggle to access services.¹⁷ Recent evidence suggests that the experiences of care differ among different ethnicities, and those from Black ethnicities described that they felt less at ease and less able to discuss personal matters with their GP.¹⁰

Solutions and opportunities

So, what can be done to ensure young people feel able to access primary care services, in a timely, non-stigmatising way? Extended and youth friendly hours to enhance accessibility are key. Innovative ways are needed to engage young people so that they feel able to book appointments and attend, and to enhance awareness of what support is available to them.

There is the provision of youth navigators/consultants providing another layer to youth friendly healthcare, and which could help to tackle inequalities in access. One example is the 'Navigate your health' programme in Brisbane (www.childrens.health.qld.gov.au/our-work/navigate-your-health-program), which aimed to coordinate healthcare services to vulnerable young people who either had out of home care or involvement in the youth justice system. This would involve a medical assessment, formation of a health management plan, and then the provision of a 'health navigator' to connect young people to services. This inter-agency approach assisted with improving healthcare outcomes in these young people.¹⁸ Social prescribing may be helpful, but evidence specific to young people is lacking.

An area of opportunity is to increase digital provision to provide a more personalised approach through remote consultations and digital platforms to widen access, while recognising not all young people use digital methods. This could appeal to some young people as flexible, efficient, and convenient. Evaluations are vital: young people report that they appreciate choice in how to

access care and feel empowered by digital health but also have concerns about privacy and poor connectivity.¹⁹

Another potential solution is to integrate youth primary care services into non-medical settings, such as youth social groups, community religious groups, or schools and colleges. One option is to have school-based clinics run by GPs or nurses which may increase access but also aid continuity, engagement, and building trust with young people who are often underserved. In Victoria, the Doctors in Secondary Schools initiative (www.vic.gov.au/doctors-in-secondary-schools) provides a free GP weekly in-school service to over 100 secondary schools selected on the basis of limited GP access and areas of low socioeconomic status. The initiative has been commended for its integrated and multi-sector approach and GPs are well supported by paediatricians.²⁰

Enhanced integration, communication, and cooperation with other health services such as Child and Adolescent Mental Health Services, specialist physical health teams, and Public Health can lead to new models of care in areas of need to improve health outcomes. In a consultation with a young person, the 'HEADSSS' approach is a well-known tool used to facilitate a thorough assessment and includes Home and Environment, education and employment, Activities, Drugs, Sexuality, Self-harm, depression, and suicide and Safety and abuse.²¹ The structured and patient-centred approach are seen as strengths, but a concern is that it is time-consuming — research is needed to understand its predictive utility for future health problems.

Principles for youth friendly healthcare

The updated 2023 'You're Welcome' guide from the UK Office for Health Improvement and Disparities comes at an opportune time setting out important criteria in ensuring youth friendly health and care services.²² These are the involvement of young people in design, delivery, and review stages, ensuring transparency around confidentiality and consent, creating a welcome environment, high quality services, digital approaches, integration of other services, and ensuring that staff feel equipped to deliver this service.

We propose six principles to support general practice and primary care teams to operationalise these criteria:

1. Gain feedback from young people (what they like and dislike, and what needs to change and how) and identify a young person champion in the primary care team to drive any changes needed.
2. Review and update the current confidentiality policy and share widely in the team.
3. Consider whether the service is welcoming for all young people – for example, waiting rooms.
4. Ensure young people are aware of the different services available and that all staff are aware that young people can access healthcare themselves if they want to and are deemed to have the capacity to do so.
5. Consider links with local services by doing a sweep of 'who is out there' from third sector organisations to healthcare professionals, such as school nurses, youth workers, or social workers.

- Engage staff regularly in reflecting on current care for young people and identify areas for improvement.

Conclusion

Adolescence and young adulthood is a critical period where health promotion and prevention can be optimised, and illness rapidly diagnosed and treated. Young people, however, are often underserved and experience multiple barriers to accessing primary healthcare. We urge primary care teams to implement our principles to make services more youth friendly and improve access for young people needing healthcare support — they deserve the opportunity.

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Competing interests

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