

Hearing the Views and Experiences of Students from Icknield Community College on Visiting their GP Practices

1. Introduction and Background

Healthwatch Oxfordshire has a very active and productive schedule of outreach which enables us to hear from many people from different backgrounds across Oxfordshire. However, we were conscious that we were not reaching children and young people within our outreach programme. Children and young people are not “hard to reach” so we realised we had to look at other ways of hearing this most significant and important section of the Oxfordshire’s population.

With budgets being restricted and time constraints on staff across voluntary and community organisations being stretched, it was difficult to develop a collaborative project with VCOs already working with children and young people. We therefore wondered if schools might be interested in enabling us to hear from their students and started to think about developing a project that would entice schools to work with us.

As we began to form ideas, by chance, we were approached by members of the Patient Participation Group of Watlington and Chalgrove surgery who, as with many PPGs, are concerned that they are not hearing the voices of younger people meaning their views and health outcomes cannot be measured in their practices.

Patient Participation Groups are instrumental in giving their practices a patient perspective on the service and working with them to improve it according to local needs. As we have found in our outreach work, most people have quite specific views about health issues and how health services affect their lives. Children and young people are no different, however without the means to hear their views and experiences, GP practices (and other health services) cannot take into account their needs when making their services better and only children and young people are best placed to shape the services that meet their needs.

In July 2014, members of the Watlington and Chalgrove PPG were involved in a collaborative research project with their local primary school, to ensure that children’s views were represented in that round of user-consultation. This gave the Practice Manager valuable information on what could make the experiences of children better when visiting the practice and much of the feedback has been acted on, making the surgery a more child-friendly place.

The PPG are now interested in building on that research and reaching out to older children and young people to hear their views and listen to their experiences. This was where we have been able to support them.

Working closely with two members from the PPG, they facilitated a meeting between us, them and the Headteacher of Icknield Community College which is the secondary school in the Chalgrove and Watlington catchment area.

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We received a warm and positive response to our proposal of developing a project which would build on the information gathered from the research with primary school children and understand the experiences of older children and young people at Icknield Community College, while also capturing a broad range of baseline data and identifying common themes.

We developed our methodology for the project which we shared with the Headteacher, who was very supportive of our idea. We had initially hoped to talk to more students than we did over three days, however, due to consent forms not being given back in time, we spent one day at the school with 11 PSHCE (Personal, Social, Health and Citizenship Education) students from Year 8 and 6 PSHCE students from Year 9. Both sets of students were totally engaging, enthusiastic and communicated valuable views with insight and thought.

We would like to thank Lynn Baker and Neil Topping from Watlington and Chalgrove PPG for setting up the initial meeting with Icknield Community College, giving us the opportunity to make headway with our vision of getting young people's voices heard. We hope this will develop into a collaborative project between us, schools and PPGs across Oxfordshire.

We are most grateful to Mat Hunter, Headteacher at Icknield Community College for kindly allowing us to work with his students to be able to conduct this project and to Claire Foster, the PSHCE teacher for her hard work in disseminating consent forms, encouraging students to complete and return them and for facilitating us to be able to have space to talk and listen to the students.

We ultimately hope to expand the project and focus on more issues in the future. We would like to hear the views of young people on all aspects of health and social care to ensure that their voices are heard and used to assist in the shaping of all future health related work.

The aim of this report is to:

- Show the experiences of young people visiting their GP in the South East locality of Oxfordshire and identifies what is working well for them and what issues they are negatively affected by.
- Improve understanding of how young people experience "Primary Care" and enables PPGs to support their practices in developing resources to improve the experience for them, thereby positively impacting on their welfare.
- Be read by the relevant GP practices to inform the staff and help them to understand young people's own experiences.

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2. Methodology

- Chalgrove and Watlington PPG were consulted about themes they would like to be included in the topic guide that would inform the focus groups with the students.
- HWO also used feedback from anecdotal reports gathered during outreach activity to guide the themes for questions.
- Icknield Community College identified students who had visited their GP in the last year.
- A space was identified by the school which would be a good area to conduct the focus groups.
- A topic guide for the focus groups was drafted based on the issues raised by the PPG and HWO's outreach research.
- The w/c 25th April 2016 was identified as a suitable week for both Icknield Community College and HWO to conduct the focus groups.
- An information form was sent to the students who had confirmed that they had visited their GP within the last year with the option of "opting out" of the focus groups.
- Consent forms were sent out to parents.
- Students were asked to reaffirm their consent on the day of the focus groups.
- The focus groups took place during the PSHCE (Personal, Social, Health and Citizenship Education) classes of Years 8 and 9.
- The focus groups were recorded to assist with analysis.
- Jen Marks, Community Involvement Officer was supported in both focus groups by Karen Lee, HWO volunteer.

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3. Findings

GP Practices covered:

The Watlington and Chalgrove Surgeries
Chinnor Practices
Stokenchurch Medical Centre
Cowley Road Medical Centre
RAF Benson

- Environment and attitude of staff

Students reported that, for some of them, there is no need to have any contact with the receptionists as they check in on a screen and are prompted to go into their appointment via a monitor in the waiting area that flashes up patient's names as the GP becomes free to see them.

They felt that this constitutes a lack of privacy and has the potential to be embarrassing because they live in small villages and people know them. Some of the students also pointed out that it is not always easy to know where to go to find the GP's consulting room and it would be nice if the GP came to get them.

We also heard that receptionists are not always behind the desk which means shouting to a back room to attract their attention.

For some of the students we spoke to, all of the above means that there may be no face-to-face contact until they are with the GP.

One student pointed out that not needing to talk to the receptionists can work both ways as there are times you may not feel like talking, but many of the students felt that the self-check-in is unfriendly and would prefer direct contact. They also told us that they wanted the reception staff to engage more with them rather than their parents.

Most students agreed that their practice waiting rooms were not very young person-friendly. "*Old fashioned*", "*Dull*", "*Needs updating with bright colourful decorations*", "*depressing*" and "*quiet*" were among the comments.

Students recommended re-arranging the seats in clusters rather than around the walls would make the waiting room less formal and more sociable and the introduction of sofas would get people chatting to each other.

Having nice pictures or drawings would be more up-lifting for someone that is sick rather posters showing ill health and deterioration was also a point agreed on by the students.

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All the students agreed that there is little to distract young people in their waiting rooms. Magazines and books are aimed at either younger children or adults. Some students noted that magazines and books are also mainly female oriented or aimed at health in older adults.

Interestingly, students felt that there is an assumption that they will have their own form of entertainment such as mobile phones, even though there may be signs saying 'no mobiles'.

Distraction tools suggested included games, puzzles, age-appropriate magazines and books, TV and music.

One student said it would be nice to have a water machine in reception as she becomes very nervous while waiting for her appointment and her mouth gets very dry.

- **Confidentiality**

All of the students we ran the focus groups with were still happy to have their parents or carers making and attending GP appointments with them and didn't have any concerns or views on confidentiality. Many of them said that they would feel comfortable going on their own but not making the appointment (see below). However, it was clear that most of the students had general worries about health conditions within their family specifically cancer and diabetes. They felt that there could be more education, support and awareness raising for young people especially those who are affected in some way by the illness of someone they know.

- **Contacting the Practice**

The students were unaware that they could make an appointment for themselves without a parent/carer. When asked if they would make an appointment for themselves, most of them agreed that they felt the receptionist would ask why they are booking it for themselves and ask to speak to a parent/carer. They didn't feel they would have the confidence to call and book an appointment and that a texting service would be better for them. The consensus was that they would not ask a parent/carer to make a private appointment for them because they may want to know why they needed the appointment. They did feel happy to book an appointment on line and one student suggested having a phone app to book appointments.

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- **Decisions about your Care**

Many of the students said their families use the internet to look up what might be wrong with them before being taken to the GP.

The consensus among the students was that every GP is different in the way in which they address them, and that many of them don't see the same GP when they have an appointment.

Most students felt that the GP directs what they are saying to their parent/carer rather than them. One student felt that the GP doesn't listen to her, not necessarily ignoring her, but not really taking in what she is saying. Another student felt that the GP dismisses her condition as hormones, even though it is affecting the quality of her life.

"GP didn't talk to me, she just talked to my Dad"

"I just felt these freezing cold hands on me. She didn't tell me what she was going to do"

"Would be nice to have a GP that I knew"

Overall, there was a strong feeling that, as young people, they are seen as children and that the GP focuses on their parent/carer to explain why they have come. They do not feel involved in decision making.

Another student suggested it would be good if GPs had things such as stress balls or similar that they could fiddle with during the consultation to relieve anxiety. They told us that the school Welfare Officer provides these.

A strong message that came across was that the female students are more comfortable with female GPs.

Many of the students we spoke to told us about the good support that they receive at school from the School Nurse and the Welfare Officer.

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4. Recommendations

Based on what the Icknield Community College students shared with us, we recommend the following:

- For Practice Receptionists to acknowledge young people when they come into the practice on their own.
- For Practice waiting rooms to have magazines and books for teenagers.
- For GPs to speak directly to the young person in order to fully understand the issue from their view point rather than focusing on their parent or carer.
- That OCCG share these recommendations widely and highlight the report with GPs at the locality group meetings.

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Appendices

Draft Topic Guide

Environment and Attitude of Staff:

Is your GP surgery a welcoming place?

What about the staff and their attitudes?

How do people treat you / speak to you?

Is there anything that would improve the environment or would make you feel more comfortable?

Could the staff do anything differently?

Confidentiality:

Are you confident that your appointments with your doctor or practice nurse are private?

Is the room private?

Are you confident that what you say won't be shared with other people such as your parents or carers?

Have you ever not gone to the doctor because you were worried about the meeting being confidential?

Do you want to know more about your family's health history and how that may impact on you?

Are you worried about any of your family members' health, even if you don't care for them?

Contacting the Practice:

Do you feel confident making the appointment yourself?

Decisions about your Care:

Can you describe to me the way your doctor talks to you in an appointment?

Do you feel involved in decisions being made?

What about the language the doctor uses - does the information make sense?

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Do you understand “what happens next”?

What could your doctor do differently to make the appointments better?

Making a complaint:

Have you ever wanted to complain about the service you’ve received?