

# A New Look at Primary Care

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# What we know about Adolescent Health

- A vital developmental stage e.g. brain development which continues until age of 25
- The effects of poor health choices in adolescence can last a life time and are expensive-for individuals, for society and for the NHS
- Health inequalities impact heavily on this group
- Interventions at this stage can have life-changing consequences, both for good and ill

# What we know about Adolescent Mental Health

- 50% of adult mental health problems have presented by the age of 14
- 10-12% of adolescents self harm
- Poor mental health impacts on a young person's long term employment, relationships and life opportunities
- High risk groups can be identified e.g. LAC, those with long term conditions, family disruption etc
- Social media has changed the way mental health problems impact on young people

# How many 12-18year olds have visited their GP in the last 3 months?

- 10%
- 20%
- 30%
- 50%

# What we know about Young People's use of Primary Care

- 50% of 12-18 year olds have visited their GPs in the previous 3m; 75% in last year
- 2 minutes less per consultation
- Attend with parent until 15-16
- 38% attendees at a GP practice have significant depression scores
- Adolescents may not have the communication skills of older patients

# Current Issues in Primary Care

- Changing the focus – the role of QOF
- Transition
- Confidentiality vs Safeguarding

- NHS reorganisation
- NHS priorities
- GP recruitment

# Changing the focus – the role of QOF

- Explaining and publicising confidentiality
- Seeing young people alone
- Improving Coding: LAC, Child of Concern, Family Disruption
- Screening: Self-Harm, HEADSSSSSSS
- Having a DNA policy
- Targeted services- seeing young people going through transition for an extended GP appointment



# HEADSSSSSSSSSS

- Home
- Education/employment
- Activities
- Drugs
- Sex
- Society
- Suicide risk
- Self-harm
- Safety
- Social Media
- Screens
- Sleep

# Transition

- Within secondary care:  
( primary care often marginalised but can provide the point of continuity)  
NICE Guidelines due Dec 2016

But also:

- From secondary care to primary care
- Within primary care (from consulting with parents to consulting alone)
- Other transitions in a young person's life

# Confidentiality vs Safeguarding

- The duty of confidentiality and its limitations

Current issues:

- Patient Online
- Mandatory reporting
- GP confidence – concerns about CSE, complaints
- Forthcoming review of the GMC 0-18 Guidance

# The Doctor/Patient Relationship

- Working with young people and their parents
- Developing trust
- Providing a safe confidential space for a young person to talk about their problems
- Facilitating transition, maintaining the DPR with both parent and child
- Helping to establish healthy behaviours
- Occasionally making a life-changing intervention