Providing Sexual Health Services To Young People In An Accessible And Effective Way

THE YOUNG PEOPLE'S PROJECT

REPORT on PHASE 1

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Foreword

It is a great pleasure to welcome this report on an exciting and innovative project.

It has been recognised that young people have particular needs and face many barriers in accessing health services and there has been growing interest in providing services that meet those needs. Some of these barriers identified by young people include accessibility, cost and confidentiality.

This project was a consequence of the HSE and the ICGP working together in partnership to achieve a common goal - to change the way primary care services are provided so that they meet the needs of young people and address the barriers.

This project demonstrates the benefits of working in partnership and how directorates within the HSE, in this case Primary, Community and Continuing Care (PCCC) and Population Health can work together on a common agenda.

I would like to thank the author of this report Dr. Ailis ní Riain, from the ICGP for her excellent work. I would also like to thank all the GPs who participated in this project for their enthusiasm and hard work, and to those who expressed an interest in participating and who made this project possible. I also thank Janet Gaynor for steering this project and for championing the cause of young people.

The findings from this report will add to the ongoing building of a comprehensive picture of sexual health in Ireland. The HSE is very pleased to have been involved in this work and hopes that others will gain some inspiration, motivation and ideas from the findings of this project.

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ACKNOWLEDGEMENTS

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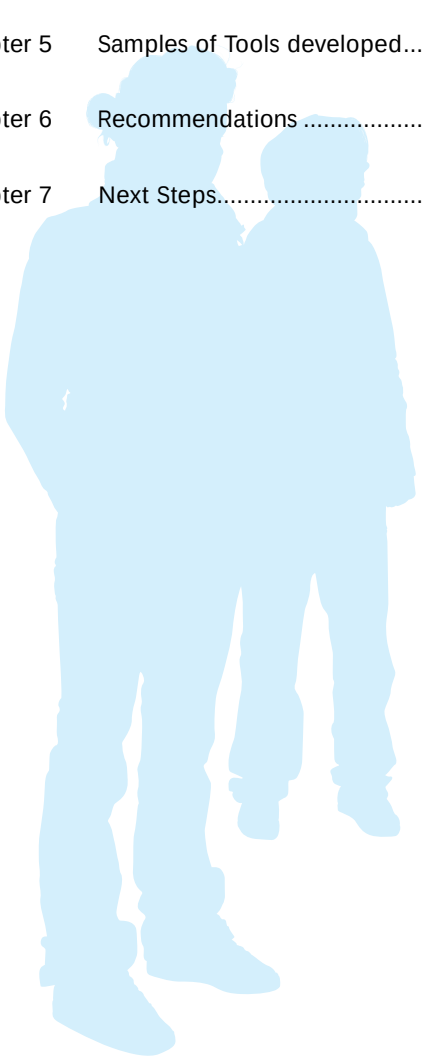


Executive Summary

Background

In 2006 Health Promotion, Population Health received funding through the Strategic Planning and Reform Implementation Unit (SPRI) to carry out a number of projects in the area of sexual health. One of the projects focused on ways in which sexual health services could be provided to young people in the primary care setting. This funding provided the opportunity for the Health Promotion Department of the Population Health Directorate of the HSE to work in partnership with the Irish College of General Practitioners (ICGP) to support a number of general practices in their development of services for young people.

Aim

The aim of the project was to develop services for young people through the provision of grants to agencies and groups who can show that they are offering services to young people in an accessible and effective way.

Research and Evidence

A literature review found that while it is clear that young people want access to youth-friendly sexual health services very little evidence exists on the effectiveness of different models of service provision but there are many examples of promising practice in the UK and beyond such as the Restalrig Medical Centre in Edinburgh, The Corner in Dundee and the 4US rural drop in clinic in Herefordshire. These practices developed youth friendly initiatives such as a birthday card scheme, free drop in health clinics during lunch hour and evenings (often in schools), separate information for boys and girls, staff training in confidentiality and confidentiality posters and policies for young people.

Key aspects of an adolescent friendly service include accessibility, flexibility, staffing, information, partnership working, confidentiality, cost and involvement. Location, opening hours and long waiting times reduce accessibility for young people. The acceptability of a service to young people will be diminished if it is perceived as being unfriendly and staff are perceived to be judgemental. Complete confidentiality is consistently identified as a key requirement and is particularly challenging in the legislative uncertainty that pertains in Ireland at present. Finally, cost is also a significant barrier to access and of particular relevance in the Irish healthcare context (Fullerton and Burtney, 2007). ICGP studies have demonstrated that GPs are aware of the importance of providing sexual health services for young people and have consistently identified this group as having unmet needs (ní Riain et al, 2006).

Methodology

In October 2006, GP practices throughout Ireland were invited to apply for a grant to develop existing services or implement a new service for young people in their practice, with a focus on sexual health. The initiative was advertised in *Forum* (Journal of the Irish College of General Practitioners) and by e-shot to all members of the ICGP in October 2006. Altogether, 32 GP practices applied for the grants and over a dozen others expressed an interest. The process of recruitment and selection of the practices was overseen by from the Irish College of General Practitioners and the Health Service Executive. Selection criteria used to assess the applications included:

- Evidence of effectiveness and sustainability
- Relevance to promotion of the sexual health of young people
- Application to relevant national strategies
- Innovative approach e.g. use of partnerships.
- Based on needs of young people
- Youth friendly
- Provision of a clear service development plan

Following assessment of the applications, eight GP practices were awarded grants. The profile of the practices chosen varied considerably in relation to area covered, practice population, population of young people in area, services already offered, work already undertaken with young people, training completed, schools in area, number of staff and opening hours. The ICGP Women's Health Programme managed the project.

Description of projects

A broad range of activities were undertaken by a variety of GP practices.

1. **Dedicated surgery/appointments for young people**

   Most of the GP practices provided a dedicated surgery or appointments for young people. Clinics were organised for 2 - 3 hours, one afternoon or evening a week and were free to young people accessing them. Some practices provided STI clinics and others provided clinics for general health concerns including the provision of contraception. Other practices dedicated appointments for young people during routine surgeries.

2. **Needs assessment**

   Some practices carried out a needs assessment with young people using primarily questionnaires. They asked questions around the kind of services young people would like to see provided in the practices. One practice plans to carry out a web based survey. Other practices collected information when young people attended their information sessions.

3. **Information provision**

   Practices provided information to young people on a range of health related topics including exercise, diet, skin care and sexual health. Some created youth friendly zones in their waiting room areas with leaflets, useful resources and multimedia presentations and others developed information packs for young people. Some practices also developed websites, posters, a young people's contract, a birthday card scheme and a dedicated text messaging service for appointments. A small number of practices organised information sessions for young people, parents and teachers in the evenings.

4. **Awareness raising**

   One of the main activities undertaken by all practices was raising awareness of the importance of sensitivity, openness and reassurance around confidentiality and the particular needs of young people amongst staff in the practices. Young people, parents, local agencies and schools also became more aware of this need. This was done primarily by the practices carrying out these projects and activities including staff training, information sessions and health clinics and by placing it high on their agendas.

5. **Staff training**

   GP access to laboratory services to provide STI services in their practices should be greatly enhanced.

6. **Partnerships and linkages**

   One thing common to all practices were the linkages that were developed as a result of carrying out this project. Practices linked with local schools, HSE services (local hospital, labs, STI clinic, dieticians, social workers, local VEC), parents, youth groups, gardaí, sports centres and 3rd level colleges. This meant that staff in the practices became more aware of other services in their area.

Main Findings

- The approaches described by the applicants explore the needs of their young patients, address ways to increase access to services, build capacity within the practices by increasing awareness of young people's issues and supporting training and will increase the competence and confidence of all practice staff in dealing with young people.
- The projects mirror many of the approaches successfully implemented in UK practices.
- The grants provided did not meet the true economic cost of the projects as described. All of the practices spent more resources – both time and money - on these projects than originally anticipated and planned for.
- Cost was the single greatest barrier identified by all participating practices. This included the cost of the consultation fee, laboratory investigations, contraceptives and medications. This is a fundamental barrier to accessing services that is not within the capacity of general practice itself to address.
- Other common themes to emerge were the awareness of the need for practices to be truly youth friendly in appearance, behaviour and approach and the need for a flexible approach to providing services. Participating practices showed willingness to address these issues but also identified the resulting challenges.
- The large number of applicants and the high quality of the submissions received in response to the launch of this project indicate that this is an area where GPs and practice nurses are interested in developing services and have given considerable thought to how this might best be achieved.

Challenges

- Access for GPs to laboratory services presents difficulties across the range of services provided. It was highlighted by the difficulties some of the practices had in having samples for STI tests transported to and processed by local laboratories.
- Other challenging issues include the uncertainties surrounding the issues of capacity to consent and confidentiality. This was reflected in the different age ranges selected by the practices for inclusion in their initiatives. A cautious approach may result in providing contact with young people too late to be of maximum support for them. The practice reports detail the delicate balance between recognising the young peoples' need for autonomy and respecting parental authority. Where parents were actively involved, whether through their attendance at information meetings at the practice or consenting through the schools, their response was generally positive.

Benefits / Outcomes

While this was a short-term initiative designed to explore possible models of care, a number of sustainable gains have been achieved.

- The increased awareness among practices is likely to impact on all future contacts with young patients.
- The training that many staff members undertook builds on the capacity within general practice to address the sexual health needs of patients.
- The links with the local community health and educational services have opened up lines of communication that are likely to lead to ongoing collaboration.
- A number of tools were developed by the practices and examples of the birthday card, the young people's charter, the poster and the young people's information pack are given in this report. These are then available for adoption by other practices.
- In addition, dissemination of the results of this initiative is already underway with the presentations at the 3rd Annual ICGP Women's Health Conference in 2007 and will continue with the circulation of the report.

Recommendations

National level

1. The needs of young people should be specifically addressed in development and implementation of the national Sexual Health Strategy with support for provision of services in the general practice setting.
2. Access to GP services, contraception and STI treatment should be explored, including the possibility of subsidised services for young people, as part of a comprehensive national Sexual Health Strategy.
3. Legislation and guidelines for GP on consent to care for minors are required.
4. The potential roles of GPs and practice nurses in SPHE and RSE programmes in schools should be considered in its continuing development.

Health Services Executive

1. The partnership working approach successfully utilised in this project should be considered in developing service delivery models.
2. The pilot project approach can provide an evidence base for new models of service delivery that is specific to the Irish healthcare setting, supports capacity building and generates champions among the service providers.
3. System-wide change requires mainstreaming of the approaches developed through the pilot project approach.
4. General practice should have a role in the provision of STI services as this is feasible and acceptable to both patients and general practice staff.
5. GP access to laboratory services to provide STI services in their practices should be greatly enhanced.

Irish College of General Practitioners

1. Needs to promote awareness of the specific health needs of young people and the approach required to ensure that they get a quality service in general practice.
2. Needs to continue to advocate for the policy and organisational changes required to support provision of health services to young people.
3. Should continue to support initiatives to develop services to young people in the general practice setting.
4. Should further develop and disseminate the tools that were successfully employed in this initiative.
5. Should consider development of a network for healthcare professionals providing sex education in schools or other community settings.

General practices

1. Should ensure that all staff are aware of and responsive to the particular health needs of young people.
2. Should consider training needs of practice staff in providing health care to young people.
3. Should consider young people's needs in drawing up or updating practice literature such as leaflets, website, and confidentiality policies.

Chapter 1:

Context

The particular needs of young people in accessing medical care have long been recognised. In addition to the issues that arise in addressing general health concerns, there are additional challenges in meeting the sexual health needs of young people. Young people have been identified as a key group that needs to be considered in the planned national sexual health strategy. The Sexual Health Strategy for Young People 2005 – 2010 states that effectively addressing sexual health in young people requires integration of education and information services with service provision and the active involvement of young people in developing, implementing and evaluating initiatives (HSE West, 2005).

Young People and the General Practitioner

International literature offers mixed opinions as to the preferences of young people for how they access medical care. Some reports outline the preference for a consultation with a general practitioner within the existing framework of service provision while others demonstrate a preference for special services – through young people's clinics or as a component of a broader "one-stop shop" approach. This dichotomy in the research likely reflects differing preferences among this heterogeneous group.

Irrespective of the setting in which they see doctors, adolescents often report feeling uncomfortable with their interactions with doctors. A UK study found that 49% of 14 year old boys and 61% of girls felt 'uneasy' or 'very uneasy' when they attended their GP (Balding, 1988). They have major concerns about making appointments and interactions with surgery receptionists; there is a perception among teenagers that receptionists view them as troublemakers (Jacobson et al, 1994). Receptionists' and GPs' views of teenagers are divided with some viewing them as "rational kids" and others seeing them as the "youth problem" (Jacobson et al, 1994). Like other patient groups, adolescents are most concerned with being respected and treated well by primary care providers (Rosenfeld et al, 1996). They also express a desire to be listened to, to have their problems taken seriously and to be treated with dignity and respect.

Young people appear to be more comfortable in consulting health care professionals about physical problems than emotional or psychological difficulties although the literature is contradictory on this topic. Some studies report that adolescents want physicians to give them health information and ask personal questions about STIs, sexual activity and depression (examples, Jacobson et al, 1994; Boekeloo et al, 1996). Yet others show that adolescents are generally reluctant to talk about prevention issues with their doctors (examples, Steiner & Gest, 1997; Malik et al, 2002) Adolescents may be reluctant to discuss health concerns with GPs because of their worries about lack of confidentiality. "Family doctors tell your parents" (Malik et al, 2002).

Adolescents choose to speak to specific individuals based upon how "comfortable" they feel talking to them about specific health concerns (Malik et al, 2002). Many female adolescents feel more comfortable speaking to female doctors (Malik et al, 2002). Practice nurses may be an underused resource (Gregg et al, 1998; Walker et al, 2002). A number of attributes of health services personnel affecting adolescents' comfort zones have been identified, including:

- Trustworthy
- Non-judgemental
- Experience
- Knowledgeable
- "Knows you"
- "Cares about you" (Malik et al, 2002).

A literature review of health promotion interventions for teenagers in general practice concluded that teenagers rarely receive health promotion advice from their physicians (Walker et al, 1999). Walker (2002) went on to carry out a randomised control trial of health promotion for adolescents in primary care with 1516 teenagers aged 14-15 years. The intervention group who were invited in for a consultation with a practice nurse to identify health concerns and develop plans for healthier lifestyles displayed improvement in both areas. The author concluded that although changes in behaviour were slight, they were encouraging, sustained to one year, well received and relatively cheap.

There is evidence from the UK that general practice is an acceptable source of sexual health care for teenagers. A case-control study from 14 general practices in the Trent region in England showed that most teenagers who become pregnant had accessed general practice in the year before pregnancy, suggesting that potential barriers to care are less than often supposed (Churchill et al, 2000). A study based in an inner city general practice in London has established the acceptability and feasibility of undertaking urine testing from chlamydia in 16 – 25 year olds (Iles & Oakeshott, 2005).

Adolescent-Friendly Services

Professionals working with adolescents need to understand adolescent development and the link between physical and emotional well being. In addition to the appropriate knowledge and skills, they need to be good communicators, empathic, non-judgemental and respectful. Confidentiality is a key component of an adolescent-friendly service. Key factors of an adolescent-friendly service have been identified in Ireland (National Conjoint Child Health Committee, 2001).

Accessibility	Services are provided in an appropriate and accessible manner
Flexibility	In service delivery, particularly in relation to timing and setting
Well Staffed	With appropriate skills and training
Information	Readily available, high quality information on services and health issues in appropriate formats
Partnership working	Involving adolescents, parents/carers, service providers and a wide range of agencies and government departments
Involvement	Of adolescents in planning, delivery and evaluation of services

A literature review has identified barriers to service uptake for young people in Ireland (Fullerton & Burtney, 2007, in press). The key themes are accessibility, acceptability, confidentiality and cost. Location, opening hours and long waiting times reduce accessibility for young people. The acceptability of a service to young people will be diminished if it is perceived as being unfriendly and if staff are perceived to be judgemental. Complete confidentiality is consistently identified as a key requirement and is particularly challenging in the legislative uncertainty that pertains in Ireland at present. Finally, cost is also a significant barrier to access and of particular relevance in the Irish healthcare context.

While it is clear that young people want access to youth-friendly sexual health services there is relatively little evidence on the effectiveness of different models of service provision (Burtney & Fullerton, 2007, in press). The Irish Study of Sexual Health and Relationships (ISSHR) found that contraceptive services in general are mostly provided in general practice (Layte et al, 2006) but there is relatively little published data on tailoring the GP service to meet the specific needs of younger people. ICGP studies demonstrate that GPs are aware of the importance of providing sexual health services for young people and have consistently identified this group as having unmet needs (ní Riain & Canning, 1998; ní Riain et al, 2006).

Examples of Good Practice in Adolescent-Friendly Services

Many of the health promotion initiatives aimed at young people that have been implemented internationally have not been formally evaluated. However, the emerging lessons appear to be that a multi-faceted approach is required with targeted media campaigns, education through schools and youth organisations and access to appropriate medical services.

A HSE-funded review of promising practice in the Irish setting describes specific services such as university student health services, drop in services such as the Squashy Couch in Waterford, and the Gay Men's Health Project (Fullerton & Burtney, 2007b, in press).

The Royal College of General Practitioners in the UK have established an Adolescent Task Group which has published a comprehensive guide for GPs, "Getting it right-Teenagers in your practice". This booklet provides advice and guidance and is aimed at improving primary care services and making it more attractive to teenagers to seek early advice. It is supported by the Teenage Pregnancy Unit. They have also supported a range of initiatives in general practice and we acknowledge Dr Dick Churchill who provided some of the following examples.

1. **Wolverhampton GP teen-friendly scheme**
   (www.wolverhamptonhealth.nhs.uk/comms/press)

   In June 2003, GP practices across Wolverhampton signed up to a new "youth friendly" scheme aimed at encouraging more teenagers to use local NHS services such as contraception and sexual health. The initiative included getting practices to sign up to a number of "friendly factors" such as offering appointment times reserved for young people, staff specifically trained to work with teenage patients, and reassuring young people that their health records and other details are confidential, even if they are under the age of 16. Practices involved in the scheme displayed a special "confidentiality aware" logo in their surgery to indicate it is safe to talk to a member of staff.

2. **The Corner, Dundee**
   (www.thecorner.co.uk)

   The Corner is a service for young people aged 11-25 years covering health, employment, legal and housing issues and offering a broad range of information and support. The service is free to young people. With regard to sexual health, condoms and pregnancy tests are provided free of charge. A nurse is available at The Corner for emergency contraception, repeat prescriptions, advice and information. There are two GP sessions each week where the doctor sees young people on their first visit for prescribed contraception (apart from emergency contraception which is always available from the nurse) and can give support around issues such as unplanned pregnancy and sexual health.

3. **Restalrig Medical Centre, Edinburgh**
   The Restalrig Medical centre runs a teenage health clinic on Wednesday afternoons. This clinic is open to people who are not registered with the practice. All teenagers new to the centre and young people on their 13th birthday are sent out an appointment to attend the clinic for an initial appointment with the GP or Practice Nurse who screens for at-risk behaviours and offers follow-up support. The service is based within the UK NHS healthcare system and is free to use. This project started in 2001 when teenage health was identified as one of four areas of priority for the practice. Initially, teenagers registered with the practice were invited in to the clinic to meet the staff, go through a screening questionnaire and a medical consultation if required. Parents were alerted to the new service via a separate letter. Contact was established with the local High Schools and RSE sessions were delivered by the GP. Additional funding, secured in 2005 from the local council allowed the work in the schools to be formalised. The GP visits the school one morning per week and offers appointments for young people. This service is a generic health service but includes Chlamydia testing on-site, sexual health advice and information and referral to other services if necessary. Continuous monitoring is undertaken by consulting with the students. Annual internal evaluation and audit of the teenage health clinic also occurs.

4. **A 'young people friendly' practice at Stirchley Medical Centre, Shropshire**
   This medical centre offers daily open access to teenagers and is one of 22 GP practices which make up the Telford and Wrekin 'young people friendly' scheme, linked to the local Teenage Pregnancy Partnership. The service features a special codeword ('EMMA' abbreviated from 'Emergency Morning After'), which gives teenagers instant access to a nurse who can supply emergency contraception. The young people's service is run through the entire team of practice nurses, GPs and reception staff who have all been trained in confidentiality and the Fraser guidelines and recognise the codeword. The scheme is advertised with a leaflet which is given to all over-12s who are registered with the practice and is also distributed through schools and youth clubs. It promotes EMMA, explains teenagers can always get immediate advice and outlines the confidentiality policy. Teenagers are reassured their name will not be called over the surgery's tannoy, nor will they be phoned back on a non-secure phone number. A confidentiality poster is on display in the waiting room. The practice offers free condoms and health information leaflets, supplied by the local Teenage Pregnancy Partnership, and offers pregnancy testing. The medical centre is linked to the neighbouring secondary school, where the codeword is promoted with 14 and 15-year-olds and pupils are seen, even if not registered at that practice. The 'young people friendly' scheme, which was developed in collaboration with teenagers, is also explained to parents, for example when new families register.

5. **Urban drop-in clinic for all teen health issues at Paxton Green Surgery, Dulwich, SE London**
   This practice offers a weekly after-school drop in clinic for young people aged 13 to 19, addressing all their health needs. It also offers a limited range of services (e.g. emergency contraception) to non-listed patients. The clinic is run by a joint team, consisting of a GP, a family planning trained practice nurse, a youth worker/counsellor and an advisor from the Connexions youth agency. Patients can see any of these. The service was developed in consultation with young people who said they wanted a clinic which offered not just healthcare but training in dealing with life and the healthcare system. The teenagers have a separate waiting area where there is a radio to listen to, magazines for boys as well girls, health information and a computer in the 'education zone'. The practice has a confidentiality policy and posters. It offers sexual health screening, is closely linked to other local services and has age-specific health education workshops. It has forged links with school nurses, health visitors and community midwives.

6. **Drop-in contraceptive clinic at Parkside Surgery, Boston, Lincolnshire**
   This GP practice offers a specific drop-in contraceptive clinic for young people, which operates after-school and is also open over lunch during term time. The service is well publicised by school nurses, as well as by posters in the waiting room, but most young people arrive by word of mouth. It operates through joint working between the lead GP, family-planning trained practice nurses and the reception team. They are linked to school nurses and to local pharmacies. The practice has a confidentiality policy which is clearly displayed, but all teenagers are encouraged to talk to their parents. The team offers a full range of family planning methods, including emergency contraception. They make referrals where necessary for treatment or diagnosis of sexually transmitted infections. The practice audits both the attendance and services performed and gets feedback from young people. As a result the service has evolved. A separate waiting room was tried out but dropped after young people said their priority was quick access, not a different seating area. At first teenagers were encouraged to fill out a health questionnaire on issues including diet, smoking, drugs and stress to provide an opportunity for these to be discussed and managed during a consultation. But this has now been dropped and health information leaflets are available for teenagers to pick up as required.

7. **Birthday card scheme, Newcastle upon Tyne**
   A general practice sent out birthday cards to patients of the practice on the 14th birthday, inviting them in, and also giving them an e-mail address for advice and help, with a reply promised within one week. All GPs were given a box of young people's leaflets, condoms and information for opportunistic use. At the appointment, GPs were able to explain confidentiality, access, what the practice could offer, as well as discussing any concerns. The project was led by a practice nurse, with GP support. Reception staff signed confidentiality agreements, watched teenage-friendly training videos and updated the young people's posters and leaflets in the practice. The practice nurse attended a Getting it Right training session, run by the RCGP Adolescent Task Group, on improving services for teenagers within the practice.

8. **GP link to school for emergency contraception, Bath**
   The aim of the project was to provide early access to emergency contraception and sexual health advice, targeting 11-18 year olds. A family–planning trained school nurse established close links with the GP practice next door to the school. She ran a daily school clinic and was contactable via the school reception, but she could take patients across to the GPs if they needed certain services. The scheme was publicised in school, in Personal, Social & Health Education (PSHE) lessons, at parents' evenings and in the GP surgery. A Patient Group Directive enabled emergency contraception to be issued by a nurse on the GP premises. The nurse could refer any problems or concerns onto a GP. The practice displayed its confidentiality policy and statement and ensured computer screens were not in view of the public. The lead GP took part in school PSHE lessons and parent meetings.

9. **4US Rural drop-in clinic, Herefordshire**
   The Leominster rural schools project aimed to improve access to GP services for young people, aged 11-18 years, in the countryside with the aim of bridging the gap to enable them to access services for themselves. The main feature of the project was the variety of locations where young people could get information and services, including the GP surgery, the community hospital, the village hall, and school premises, with separate waiting areas. The project was led by a GP and a family planning trained school nurse, who offered drop in clinics during lunchtimes, or after school. The scheme was promoted within schools to year groups via their tutors, school nurses, and also at parents' evenings. It linked into other young people's counselling services and a peer buddy system. The collaboration was led by the local GP, who maintained links with school heads, governors, parents, other GPs, school nurses, and teenage pregnancy co-ordinators. All ensured they had signed up to a confidentiality policy, and this was publicised. Young people came up with the 4US branding.

Support Networks

An Association for Young People's Health has recently been established in the UK (www.youngpeopleshealth.org.uk). It was formally launched at an inaugural conference in February 2008. Its aim is to create a focus for all professionals and organisations working in the field of young people's health. It will:

- promote multi-disciplinary training and education in young people's health
- provide an inclusive base for pressing for improvements in adolescent health services in professional, media and political arenas
- support research in adolescent health issues
- provide a resource for disseminating information on young people's health.

Chapter 2

The Young People's Project Initiative

In 2006, the Strategic Planning and Reform Implementation Unit of the HSE allocated funds to the development of services for young people through the provision of grants to agencies and groups who can show they are offering services to young people in an accessible and effective way. This funding provided the opportunity for the Health Promotion Department of the Population Health Directorate of the HSE to work in partnership with the Irish College of General Practitioners to support a number of general practices in their development of services for young people.

Project Aim: To develop services for young people through the provision of grants to agencies and groups who can show that they are offering services to young people in an accessible and effective way.

The process of recruitment and selection of the practices was overseen by from the Irish College of General Practitioners and the Health Service Executive.

The targets for this project were general practices or groups of practices who would like to develop existing services or implement an initiative to improve access and effectiveness of their service for young people, particularly focused on sexual health. Some examples of initiatives that practices might consider for their applications were given.

- Paying part of a practice nurses salary to allocate time to putting initiatives in place to make their GPs practice more accessible and effective for young people.
- Development of practice information in a youth friendly way.
- Training needs assessment and identification of training course on sexual health promotion.
- Implementing a youth specific sexual health promotion initiative.
- Support the development of an existing youth friendly initiative.

We deliberately left it at the discretion of the applicants as to the approach (es) they would propose in an attempt to capture existing practice or ideas as this was a first attempt by the ICGP to address service provision in this particular area. The initiative was advertised in *Forum* (Journal of the Irish College of General Practitioners) and by e-shot to all members of the ICGP in October 2006. There was a high level of interest, despite the three week closing date. Thirty two practices applied, with more than a dozen others expressing interest. The Selection Committee were impressed by the high quality of the applications which described a range of innovative approaches.

The selection criteria were:

- Sufficient background information
- Relevance to best practice in relation to the provision of services to young people
- Evidence of effectiveness
- Based on needs of young people
- Relevance to promotion of the sexual health of young people
- Youth friendly
- Relevance to the HSE and ICGP corporate objectives
- Application to relevant national strategies
- Provision of a clear service development plan
- Innovative approach e.g. use of partnerships
- Evidence of sustainability following duration of grant.

The initial intention had been to award four grants but ultimately eight grants were awarded. This was achieved by reducing the amount of the individual grants and securing additional funding from Health Promotion, HSE Dublin North East.

The successful applicants were:

1. Dr Cathy Banstead, Carrigaline, Cork
2. Dr Craig Bishop, Kilcoole, Co Wicklow
   (withdrew from the project early in 2007 because of unanticipated staffing problems)
3. Dr Mary Carmel Bourke, Glasnevin, Dublin
4. Dr Mairead Cassidy, Bray, Co Wicklow
5. Dr Velma Harkins, Banagher, Co Offaly
6. Dr Brian Norton, Ballybay, Co Monaghan
7. Dr Marie Scully, Navan, Co Meath
8. Dr Caroline Tansey, Sligo.

The project was managed by the Women's Health Programme at the ICGP. Support was provided to the participating practices. Templates were also provided for the interim and final reports from the practices.

The initiatives were presented at the 3rd Annual ICGP Women's Health Conference in May 2007 as a first step in disseminating information about models of good practice to general practitioners and practice nurses.

Timeline

Advertisement	October 2006
Recruitment of practices	November 2006
Interim reports from practices	January 2007
Final reports from practices	April 2007
Presentation of results from practices	May 2007

Chapter 3

Reports from the Practices

We provided a template to the practices for their final reports. They were asked to address the following questions:

1. Describe the practice profile
2. Describe any earlier work undertaken in the practice regarding young people's services
3. Describe the activities undertaken fro this project
4. Detail the outcomes
5. Outline the supports identified in undertaking the project
6. Outline the barriers identified in undertaking the project
7. What did you learn in the practice?
8. What recommendations would you make to increase access for young people to general practice as a result of your project?
9. Any other comments

The reports from the seven participating practice are presented in the remainder of this chapter.

Practice Report Number 1

Dr Mairead Cassidy

> "I would there were no age between ten and three and twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting"
>
> *William Shakespeare, c1611- The Winters Tale, act III, scene iii*

Adolescence is a developmental phase of significant positive change and maturation and is by no means universally problematic. However, probably since before Shakespeare's time adolescence has been viewed with trepidation and an element of fear by parents and society. Some adolescents may even argue that they are now demonised by society and portrayed as moody, difficult, unreasonable, untrustworthy, turbulent, radical and rebellious. Teenagers have specific and different needs of healthcare. Adolescence does not stand still for long and their needs are often immediate. While, it is readily agreed that investing in today's teenagers is investing in tomorrow's future we seem somehow reluctant to do so. During this project we tried to established a "young-people friendly" broad based health service with the key message that adolescent medicine is not so much about a particular set of diseases but more about the ways in which services are provided. Key issues shown in previous research is that concerns for young people in primary care settings are about access, confidentiality, consent and privacy. These were also issues we tried to address during the project.

DESCRIBE THE PRACTICE PROFILE

Bray is the third largest town in Ireland with a population of 26,951 living directly in the town (and nearly 31,000 if its environs are included) - 13,038 male, 13,947 female (Census 2006). Assuming we are in line with national and county statistics that would mean that we have a youth population (15-24yo) of approximately 4,420 (16.4%) living in the town. Bray is a large urban centre in north Wicklow bordering Dublin city. It has a mixed socioeconomic profile with areas of significant socioeconomic deprivation lying next to more lucrative estates. It has nine secondary level schools, a community college, and several youth organisations (Bray Youth Service, Bray Youth Info Centre, Bray Local Drugs Task Force, St. Fergal's Youth Project, Little Bray Youth Project, Bray and North Wicklow Youthreach).

The Carlton Clinic is a large multidisciplinary practice just off the main street in Bray. It has an active patient population of approximately 14,000 (10,000 private, 4,000 GMS). Our estimated youth population (16-25yo) is 3713 – 1688 females (private), 1438 males (private), 350 females (GMS) and 237 males (GMS).

Current Services: Women's health, contraceptive advice including Mirena and Implanon, travel vaccines and health, methadone clinic, Well man and Well Woman check-ups, opportunistic and symptomatic Chlamydia screening, phlebotomy, cervical screening, heartwatch, spirometry, 24 hour ambulatory BP, cryotherpay, antenatal care, immunizations, medical student training practice (RCSI), pre-employment medicals. All services are available Monday to Friday inclusive. We are a training practice for RCSI and UCD GP Training Schemes.

Staffing: 8 doctors (equivalent 6 fulltime), 1 GP registrar, 4 nurses (equivalent 2 fulltime), Practice manager, 4 administrative staff, and 9 reception staff.

Opening Hours: 8am to 7pm Monday to Friday (by appointment), 9 to 10.30am Saturday (emergencies only).

Relevant Staff Profiles: Dr. Mairead Cassidy and Dr. Melanie Piercy both have experience working in GUM clinics and would like to continue their interest and education in this area. Dr. Geraldine Holland and Dr. Cora Scanlon have done the STI foundation course and have a strong interest in women's health as does Dr Eimear O Hanlon. During this project, Dr. John Mc Manus, Dr. Tony O' Brien and two of the nurses have done the STI foundation course. Dr. John Mc Manus runs the methadone programme and is involved in Bray Drugs Task Force. He also has an interest in men's health and would like to see health services for young men improving within the practice. As part of this project together with the nurses he is in the process of establishing a Young Man's clinic. Dr. Turlough Bolger has many years experience in paediatrics and is a member of the College of Paediatricians. He has had considerable experience with adolescent health issues.

DESCRIBE ANY EARLIER WORK UNDERTAKEN IN THE PRACTICE REGARDING YOUNG PEOPLE'S SERVICES

Women's Health: Cervical Screening call and recall system; Well woman check-up – targeting mostly older women but can be adapted to younger women. Many of our female doctors have a particular interest in female health and we provide up to date, confidential, and non- directional advice to women of all ages regarding contraception and pregnancy.

Chlamydia screening and audit: 227 Chlamydia tests done in the practice in 12 months up to October 2006 (13 male, 214 female); 103 tests done on those aged 16-25 (7 male, 96 female); 10 Positive Chlamydia tests aged 16-25; Average age of those tested- 28.67 years.

STI courses: Two members of our staff have worked in GUM clinics and since the beginning of this project 6 other members have done the STI foundation course.

Alcohol Awareness Programme: We were one of the pilot practices involved in the alcohol awareness programme and through that involvement have learned to assess and advise people regarding hazardous and harmful drinking patterns.

DETECT Programme: We are involved in this programme for early identification and referral of psychosis and we recognise the need to target those at need for screening and also to be aware of those who may have other undiagnosed mental illness.

Methadone Programme: Dr. John Mc Manus is a level 2 methadone prescriber and involved with Bray Drugs Task Force. Through his work he would come in contact with many young people who are marginalised and who may have many unmet health needs.

Dermatology: Skin problems are often reasons that young people attend their general practitioner. Dr. Melanie Piercy has completed a diploma in dermatology and we also have a psoriasis nurse who attends at the practice for the last few years.

Communication Tools: Had already discussed and planned developing website and setting up a text messaging service for results etc.

DESCRIBE THE ACTIVITIES UNDERTAKEN FOR THIS PROJECT

- Website
- Information evening
- Birthday card initiative
- Establishment of youth friendly area within practice
- Gathering of relevant literature and leaflets
- Encouraging staff awareness of issues
- Establishment of care pathways
- Young men's clinic
- Meetings with local Adolescent Health Group in HSE
- Youth health directory
- Links with other services – psychologist, gardai, youth groups, sports promotion
- Involvement in local youth group and youth café
- Increased awareness of issues in community
- Visited support agencies – youth groups and gay and lesbian groups

DETAIL THE OUTCOMES

Website: Website is under development. Progress was delayed as the original website development company went into liquidation. It will include a youth page and links to many interesting websites for teenagers and parents.

Information Evenings: One evening for parents was organised which was very successful. We wanted to identify the parents of our 16-18 year old patients but could not identify them from our computer system. This caused delays in organising the evening as the computer engineers had to create a method of generating this report. The only report that we could eventually generate was any 16-18yo who had a test (i.e. blood test or similar) in the last five years. 250 invitations were sent. The meeting was advertised within the practice and staff targeted patients known to them to have a teenager within this age range. Invitations were also sent to local professionals working with young people. 25 parents attended and one local teacher. This represents approx. 10% response, which is the usual response rate to information meetings we have organised in the practice in the past. There were speakers from local youth services, the garda juvenile liaison team, a psychologist and our doctors. There was also time for open questions from the floor. As this was the first information evening that we arranged we focused more on the normal development and the positive aspects of the teenage years. However, on the night there were a significant number of parents who raised serious issues and who obviously had quite troubled teenagers with whom they were struggling at home.

An information folder with leaflets and lists of useful resources was distributed to each parent. It also contained feedback forms on the evening and on services they would like for their teenager.

Feedback from parents was overall positive.

> I liked the feeling of knowing that I am not alone going through the ups and downs of rearing teenagers."

> "(I liked)….. the acknowledgement of the need for such a service and the knowledge that we as parents don't have to battle on our own."

> "I think the meeting was a very good idea and I found it very informative. It helped me understand what way my teenagers' minds are ticking."

Seventeen feedback forms were returned which revealed interesting feedback on adolescent issues. i.e. whether they would like information sent to their teenagers directly and what information they would like sent.

Q1: Would you feel it was appropriate for us to send information in the post directly to your teenager with information similar to the packs we have given you this evening?

	Overall	Male teenager	Female teenager	Male and Female teenagers
Yes	8	6	2	0
No	3	1	1	1
No reply	6	1	3	1 (and 1 teacher)

No. of parents with (a) Female teenagers =6. (b) Male teenagers = 8. (c) Both= 2. (d) One teacher of mixed gender class with mild learning disability present.

All six who did not reply to this question indicated certain types on information they would like sent. I am unsure whether you could extrapolate from this that they agreed that it was appropriate to send information directly to their teenager. One of these was the teacher. All three who said they did not feel it was appropriate to contact the teenager directly left all boxes blank.

Q2: What information would you feel is appropriate for us to send?

	Yes	Male teenager	Female teenager	Male and Female teenagers
Websites	10	6	4	0
Sexual Health	12	7	4	1(teacher)
Sexually Transmitted Infections	12	7	4	1(teacher)
Healthy eating and diets	12	7	4	1(teacher)
Food for sports/fitness/supplements	12	7	4	1(teacher)
Drugs	12	7	4	1(teacher)
Alcohol	13	7	5	1(teacher)
Contraception	11	7	4	1(teacher)
Smoking	11	7	3	1(teacher)
Local Services/Clubs	11	7	2	2(1 teacher)

No. of parents with (a) Female teenagers =6. (b) Male teenagers = 8. (c) Both= 2. (d)One teacher of mixed gender class with mild learning disability present.

Due to the administrative difficulties we encountered with the computer generated report when arranging this evening it was not feasible to organise another night despite the success of this event. For the same reason a similar evening was not arranged for teenagers themselves and it was also fed back to us informally through parents and youth workers etc. that it was unlikely that they would attend. However, following the success of this evening I was asked to speak at two local schools. I would hope to access young people through my continued involvement.

Birthday Card Initiative:

> My daughter was delighted to receive a birthday card from the clinic and felt really surprised to be sent info as a patient in her own right – it had a real impact!"
>
> *Comment from mother who attended information evening*

We developed the birthday card initiative to attract young patients to the practice in a non-threatening manner. Each patient between the ages of 16 and 25 years old was sent a card with an explanatory letter introducing our young person's initiative and the services that are available to them. The card was sent to all patients over 18 years and to the parents of all 16-17 year olds for the parents to pass on if they desired. Once agreement from all the partners was obtained on the content and theme of the card, I designed and created it myself. The aim was to focus on the positive aspects of youth and the card was designed to be suitable for both genders. It was agreed that it would contain an explanatory letter introducing our young person's health initiative and encouraging young people to educate themselves and to take control of their health. It also contained a list of useful resources online, local and national, for young people to access.

Unfortunately, the computer report difficulties, as previously described also plagued and delayed our efforts to distribute the card to our target group. The card was sent out on a monthly basis after generating a list of all our patients between 16 and 25 years of age with birthdays in that month. The computer system was unable to limit the search to any reasonable extent. Accordingly, the generated report contained any patient in this age bracket who had ever registered with our practice. This resulted in hours and hours of work ploughing through thousands of charts individually to clarify whether these patients were still attending or had ever attended! This constituted a considerable workload as each chart, consultation note and family details had to be checked for all those under 18 years of age. This work was undertaken on my own time, at evenings and weekends.

Overall the card was a success. We have had no negative feedback from young people or their parents. Reception staff and doctors have reported increased attendance of young people which they say is directly related to the card. I hope that its success will continue into the future and that as time goes on the logistics will become easier.

Youth-friendly Area within Practice: I organised an area within the practice with literature and a multimedia presentation directed at young people. After much negotiating with and waiting for builders, electricians, and getting correct parts etc. this area has been set up. I hope this area will be a source of information for young people and that it will afford them some degree of privacy.

Literature and Leaflets: I discovered a broad range of interesting and relevant literature from various sources e.g. Health Promotion Unit, Food Safety Authority, and Sports Council etc. The majority were not particularly young person or male friendly. Much of the literature on various topics is directed towards women. e.g. women and alcohol, contraception. Gay literature was well presented and informative and is more male orientated but may not be appropriate for general practice setting due to the explicit language and pictures used which may cause offence to some people attending their general practitioner.

Encouraging Staff Awareness: Ongoing education is needed about the sensitivity needed in dealing with young people, their rights to confidentiality and the services we can offer. Overall staff awareness has improved as a result of this project but there are still areas of need. There is a need to continuously remind all staff of these issues.

Care Pathways: Dr Holland developed a care pathway for the screening, treatment and follow-up of Chlamydia which is the infection we most often see. Care pathways for other infections are under development.

Young Men's Clinic: Dr. John Mc Manus and the nursing staff in the practice plan to establish this clinic and will address a range of relevant clinical conditions.

Meeting with Adolescent Health Group in HSE: During the course of the project I became aware of an adolescent health subgroup in our HSE area. I sat on the committee during the project and found it interesting and useful in liaising with other professionals. The meetings were attended by youth workers, psychologists, social workers, garda juvenile liaison officers, health board officials, and residential care workers. They were auditing A&E attendances of 12-22yo in the local hospital, were training for and developing parenting programmes and developing an Adolescent Health Issues Bulletin.

A Young person's health address book is in development with the support of this HSE group. It is modelled on a UK publication and is an address book for and by young people. It will be designed by the young people attending Bray Youth Centre and contain contact information relevant to them. It will also contain health messages which we will help them develop but which they will present in their own way. I hope to be of assistance in this project.

Bray youth services are currently establishing a Health café based on other models e.g. the Gaf in Galway and Squashy Couch in Waterford. It is still in the initial stages of development.

Links with Other Services: Through my visits to local youth centres, my attendance at local events (e.g. Bray Local Drugs Task Force Conference), my involvement on the adolescent health committee and my day to day work I have established links with various local services including local psychologist, social workers, youth groups, Wicklow VEC Sports promotion unit, garda juvenile liaison officers, parents and schools. A need was identified in my proposal to try to improve access for particular patients to GUM clinics. Some progress has been made in this area. We have managed to establish a link to the infectious disease clinic in the Mater Hospital where we have a GP Liaison person. Initial contact was made with the GUIDE clinic in St. James's Hospital but no formal link has been established.

Increasing Awareness among local communities of young people's health issues: Arising from the parents meeting, and my involvement in the local working group on adolescence and with local youth groups, I have been asked to speak in local schools and to continue my involvement with the setting up of the health café and health address book.

Young people's health directory: Over the duration of the project I have gathered information on local, national and international resources that are useful for young people. This information has been included in the birthday card and also distributed to practice staff and at information evenings.

Visits to support agencies: During the course of the project I visited youth groups and gay and lesbian support groups to view their facilities and services.

OUTLINE THE SUPPORTS IDENTIFIED IN UNDERTAKING THE PROJECT

Local Services: Youth groups, Wicklow VEC Sports promotion units (developing directory of sport clubs in Wicklow which I intend to display in the practice), local psychologist, Gardaí.

Websites: I have discovered many accurate, up to date and informative websites from Ireland and abroad which are directly aimed at young people. We will provide links from our website to these.

Health Service Executive: I was unaware of the local committee on adolescent health, as they were of me, until January 2007. They are currently keen on developing services for young people and were interested in the input of a general practitioner.

Free and Confidential STI screening: St. James' Hospital GUIDE clinic, the Mater Hospital Infectious Disease clinic. The Well Woman clinic in Coolock accepts medical card patients.

OUTLINE THE BARRIERS IDENTIFIED IN UNDERTAKING THE PROJECT

Accessing young people: It has been documented in previous research that young people, and in particular young men, tend not to access health services on a regular basis. This leads to difficulty accessing young people to provide information on their rights, services available and for health promotion. There is a lot of ambiguity and poor knowledge about the rights of young people to healthcare. There are also many teenage myths and misinformation from various sources. A societal approach involving multiple agencies (governmental and voluntary) and involving novel ways of communicating is probably necessary to access young people effectively.

Identifying young patients of the practice: As illustrated above our computer system would not generate the necessary reports to allow me to target young people in an easy and timely fashion.

Age limits chosen too wide or too high: We chose to target patients in our practice between 16 and 25 years of age. In retrospect the numbers of patients in a large practice like ours made the administration of the work at times overwhelming. It also became evident as time went on that perhaps targeting younger teenagers may be more appropriate as by the time young people reach their late teens many behaviour patterns have already been set. This was particularly evident in our efforts to educate parents as often issues have already arisen by the time they are 16. Perhaps knowledge of the supports and services that are available early on would be of greater assistance.

Financial issues: Cost for non-medical card holders of attending can be prohibitive. Working within the current system, unless this issue is dealt with in a sensitive manner it may result in breaches in confidentiality or loss of faith in the health profession.

Time constraints: I encountered several logistical and administrative obstacles during the project which slowed down my progress significantly. The large size of our practice (14,000 patients with an estimated 3,700 young people) also added to the burden of work. Perhaps it may be more feasible in a smaller practice. I found it difficult to reach the targets I set for this project in the six months allowed.

Legal issues: Issues of consent, confidentiality and providing information to young people on their own terms are dealt with below.

WHAT DID YOU LEARN IN THE PRACTICE?

Legal Issues: Legal uncertainty around issues of consent, confidentiality and marketing to those under 18 years of age were identified. With regard to marketing to minors, the Advertising Standards Authority's code for children (ASAI) puts limitations on marketing communications to children (defined as anyone under 18 years of age).

> "Marketing communications addressed to children should not exploit the loyalty, credulity, vulnerability or lack of experience of children. For example: Marketing communications should not undermine the authority, responsibility or judgement of parents, guardians or other appropriate authority figures. Marketing communications should not include any appeal to children to persuade their parents or other adults to buy advertised products for them."

There was concern raised at a practice meeting by administrative and medical staff that the sending of our birthday card may be viewed as a form of advertising and may cause offence to or breach of parents' rights and codes of proper practice. On that basis the card for those aged 16-17 years was sent to the parents to pass on to the young person if the parent felt it was appropriate. While we acknowledged that this is a valid concern and an unavoidable situation, it also raised the issue that by sending it to the parent we may be missing some more vulnerable young people who may be most in need of our assistance. Further advice from the Medical Protection Society raised the issue that by sending it to the parents instead of directly to the young person we may be breaching the young person's confidentiality. This obviously illustrates a conflict between the rights of the parents and the rights of the young person which is one of the legal grey areas of adolescent medicine.

With regard to consent and confidentiality, there is a lack of information among young people and the general public on the rights of young people within healthcare. In fact, even for health professionals there is a huge amount of uncertainty, which reflects the absence of legislation in this area in Ireland. The legal age of consent for medical treatment is 16 years of age. However, the child (i.e. under 18 years) is not specifically protected within the Constitution and previous rulings where the state intervened to resolve conflict between the rights of the child and the views of their parents took the view that state intervention should be the exception rather than the rule. There is also some ambiguity as to whether prescribing contraception falls within the definition of "medical treatment".

Everyone would agree that no magical transformation occurs on a young person's 16th or 18th birthday and most doctors tend to work on the basis that a young person has an evolving capacity to consent and that the main objective is to keep the young person safe. This functional approach is reflected in the UK Fraser Guidelines which arose out of the Gillick case. These principles have not been tested in an Irish court and the outcome of such a case, were one to be taken, is uncertain. Many agencies and voluntary bodies have called for clarification on this issue and legislation to protect the rights of the child as recommended by the WHO and UNCRC.

> "State parties shall assure to the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."
>
> *Article 12, UN Convention on the Rights of the Child*

Education for all Staff: The need for awareness among health professionals about the need for sensitivity, openness and reassurance regarding confidentiality etc. is paramount. All staff within the practice must be aware of the particular needs of young people. They can be considered as "new users" to our healthcare system and they need information and support in doing this appropriately and independently. Patterns of health behaviour that are established in adolescence are maintained in adult life. Therefore nurturing and guidance is essential as many young people may lack the confidence to challenge services or to develop ways of meeting their needs. Education of reception staff is of particular importance as a young person's first person's contact with a service may be their last if they do not perceive it as appropriate. Young people's needs are often immediate or perceived by them to be immediate and accommodation of and sensitivity to this is essential. Some young people have different attitudes to health and will only access it when they are desperate or in crisis. An initial negative response may have devastating or long-term consequences.

Not all staff at our practice were aware of the services we provide for young people. On one occasion a young person enquiring about STI screening was told that "we did not provide that type of service". In contrast, two young teenagers who attended (on separate occasions) for sensitive reasons were unable to pay for the service at that time or for the medication prescribed. The particular receptionist dealing with these issues made reasonable arrangements with the teenagers and both have subsequently returned to pay. This also highlighted difficulties within our billing system in that bills are often designated to families. In the case of an unpaid bill the invoice is sent to the "bill payer" – usually a parent. In these two particular situations unless these bills were flagged it would result in a breach of confidentiality to the young person.

Gender Issues: In our practice there are four male doctors and five female doctors. Attendances as a result of our project appear to fit in with previously documented gender patterns in that male patients tended to prefer male doctors and female patients prefer female doctors for intimate consultations. This was despite a considerable age difference that was present in particular between the male patients and male doctors. This confirmed the importance of choice of gender for young people.

WHAT RECOMMENDATIONS WOULD YOU MAKE TO INCREASE ACCESS FOR YOUNG PEOPLE TO GENERAL PRACTICE AS A RESULT OF YOUR PROJECT?

Cost: Cost has been shown to be a prohibitive factor for young people in accessing health care in Ireland. We found it difficult to provide services to young people who are not earning unless the service was free. It could be argued that it is a breach of civil rights as there is a difference in ability to access services between those who have free access and those who do not. It also raised difficulties with our billing system in that requests for payment from the family may breach the young person's right to confidentiality. In view of these difficulties it would be worth considering the option of providing medical cards (or GP visit cards) to young people. Other options could include a discretionary STC payment, or financial/practice development incentives for a GP to provide services to young people. It is also essential to expand the free and confidential sexual health services that are currently working beyond their capacity and only available in certain parts of the country.

Rights of Young People: There needs to be clarification within the Irish legal and medical system on the rights of people less than 18 years of age to access healthcare, to confidentiality and their right to consent to medical care. This would need to address the issues of financial barriers to equal access, and the prioritisation of the rights of the child (as recommended by the WHO and UN) in modern Ireland within our constitution. It is time for legislation to become consistent with clinical practice in tackling modern challenges to young people's health.

Parents as Educators: For most young people their parents remain key providers of healthcare and a source of invaluable information. Life and Sex Education in schools has been shown to be patchy and of limited value. Educating and supporting parents is key to accessing adolescents. We got exclusively positive feedback from our parents' information evening and it opened our eyes to the unmet needs of parents, in particular those with troubled teens. There may be a role for GPs in having a more prominent role in the community in particular in schools and community groups. This would allow parents and young people access to accurate information and support in an informal setting.

Health Policy: Health policy must address the particular needs of adolescents particularly in relation to sexual health, substance abuse, mental health and accident prevention and these must be detailed in health strategies.

Health Promotion: Difficulty in accessing teenagers and shorter consultation times lead to the need for a different approach to health promotion. A lot of teenager behaviour is influenced by peers and the media. Therefore health promotion on a societal basis may be more beneficial e.g. banning smoking advertising, increasing price of cigarettes, banning alcohol sponsorship of sporting events etc. There is a role for stronger representation of health professionals on groups that make decisions that influence the behaviour and health of society and young people.

ANY OTHER COMMENTS

The field of adolescent medicine is itself young, with little evidence based guidelines to help us develop protocols and plan future programmes. I hope that projects can learn from one another and as a critical mass of activities is gathered we can analyse the outcomes and help overcome the barriers that are stacked against young people.

Unfortunately due to the time limits of the project and the technical difficulties I encountered it was impossible to accurately assess the impact our project has had e.g. Have attendances increased? Has Chlamydia screening increased? We have much to learn and formal evaluation, further meaningful investment, consultation with young people and experimentation is needed to allow further improvements. The social and personal lives of young people can be enriched by an environment that supports positive health and well being. By investing in young people we are investing in our own future.

Acknowledgements: I am immensely grateful to all those who helped me out and contributed during this project, in particular Dr. Geraldine Holland and Dr. John Mc Manus in the Carlton Clinic who have been directly involved in developing elements of this project. I would also like to thank all the other doctors and staff in the Carlton Clinic who provided their full support and did a huge amount of administrative work in organising the information evening and birthday card distribution. Many thanks also to all the new contacts I made in the community, Ms Jenny Smith who was my main contact with the youth services and Ms Margaret Kyne-Doyle who works in the HSE and chairs the committee on adolescent issues; DS Majella Lynch (JLA Gardaí) and Ms Deborah Russell-Carroll (Adolescent Psychologist in Bray HSE) who both contributed at our information evening; Dr. Ailís ní Riain from the ICGP and also the HSE who provided funding towards this project.

Practice Report Number 2

Dr Marie Scully

DESCRIBE THE PRACTICE PROFILE

Abbey House Medical Centre is located in a purpose built building on three floors which opened in January 2005. The ground floor contains a reception area, a doctor's consulting room and two separate retail units. The first floor contains the main body of the practice, with reception and two waiting areas, seven doctor consulting rooms, a nurses' room, clinic room, manager's office, meeting room, kitchen, and administration office. The second floor comprises consulting rooms which are let to visiting consultants in various specialities, including urology, ophthalmology, psychiatry, haematology and orthopaedics. We also let to a clinical psychologist and counsellors (private). There is a physiotherapy suite, an audiology clinic and a chiropody room.

The practice is a training practice and currently there are four medical partners, one business partner, two full-time assistants, two part-time assistants, and a GP registrar.

The population of the town of Navan has increased significantly in the last few years. The increase consists mainly of commuting young couples and families who have moved from Dublin to buy houses here. The demographic of the practice population is therefore skewed towards the younger end. There has also been a large influx of immigrants from Nigeria and Eastern Europe.

The current practice population is approximately 16,000.

DESCRIBE ANY EARLIER WORK UNDERTAKEN IN THE PRACTICE REGARDING YOUNG PEOPLE'S SERVICES

Despite the fact that the practice is involved in a number of projects such as HeartWatch and Diabetic Watch, and we also run Well Woman Clinics and Asthma/COPD Clinics, there has been no specific work undertaken regarding young people's services prior to the implementation of this project.

DESCRIBE THE ACTIVITIES UNDERTAKEN FOR THIS PROJECT

There has been a high demand identified for STI screening and there is no STI clinic in the entire HSE-NE region. Hence I proposed to use the grant funding for an STI clinic.

I drew up a protocol for the service and liaised with the GUIDE clinic in St James's Hospital. I also identified and hired a nurse with experience in this area to run the clinic.

Patients in the age range 18-25 years were sent a letter inviting them to attend. In total, almost 2000 letters were sent. We put up some posters in the practice to advertise the service. The clinic was run on a Thursday evening from 4th January until 8th March inclusive. Each clinic ran for 3 hours and patients were given 20 minute appointments, so that a maximum of nine patients could be seen per night.

Prior to the commencement on 4th January, all 11 clinics were fully booked.

At the clinic, patients were interviewed, asked about lifestyle, sexual orientation, number of partners and any concerns. Women were asked about their menstrual cycle. Bloods were taken for HIV, Hepatitis B and C, and Syphilis screen. A urine sample was taken for Chlamydia PCR. Women had a High Vaginal Swab done, and were offered cervical smear testing. All were given information on STIs (HSE booklet).

Gonococcal testing was excluded for practical reasons. Testing for this organism requires same day culture and preferably within a few hours of the sample being taken. This was impossible to do with our time frame.

DETAIL THE OUTCOMES

69 patients attended. There was a considerable number of no-shows, and a small number who actually cancelled. 59 were female and 10 were male, of whom two were gay.

There were 22 abnormal results in 18 patients. They are as follows:

Chlamydia	**4 positive results**
Candida	**8 positive results**
Bacterial Vaginosis	**6 positive results**
Group B strep	**1 positive result**
HIV	**1 positive result***
Cervical smears (34 were done)	**1 BNA and 1 CIN 1 to date****

*This was in a young girl who had recently moved from Nigeria to stay with her half sister and her young family. Unfortunately, even after discussion and counselling, her sister and husband made the decision to send her back to Nigeria. I understand however that she was to be referred to a university hospital there for treatment.

** Most smear results are outstanding, due to current six month delays in reporting.

All positive results were followed up by letter and consultation with the patients.
All the patients who attended the clinics were written to and informed of their results.

OUTLINE THE SUPPORTS IDENTIFIED IN UNDERTAKING THE PROJECT

I am fortunate to have a well-organised practice with good administrative and managerial supports. Hence arranging the mailshots and booking the patients was efficient and well-run.

The nurse involved was experienced and able to act on her own initiative.

OUTLINE THE BARRIERS IDENTIFIED IN UNDERTAKING THE PROJECT

The main barrier to the success of this project lay with the HSE itself. Despite the fact that there was obviously a high demand for the clinic, and relatively small number of samples concerned, the local laboratory declined to process the samples for me on the basis that they represented an additional service which had not been approved for funding. Despite representations to the Laboratory Manager, and to the Hospital Manager from both myself and the Primary Care Director, we had no success in changing their minds, even though the number of samples was very small relative to the size of our practice. I therefore had to arrange an alternative service. I sent the HVS samples privately to Claymon laboratory and arranged a courier to bring the bloods and urines (for Chlamydia) to the Viral Reference laboratory directly; having had the latter's agreement to process them for me. Sending samples by courier also requires special packaging which had to be arranged through a medical packaging company (Hayes DX). As a result, we had to limit the service because of the increased costs involved. I had hoped that this project would act as a pilot for an ongoing service which could even be offered outside our own practice. However, the costs of sending the lab samples to the VRL and to Claymon proved prohibitive and mean that this service is not financially viable.

The clinics were fully booked before they commenced but interestingly only about two thirds of patients actually turned up for their appointments. The main reason was simply forgetting about the appointment, as they were booked some time in advance. About two weeks into the project, on the day prior to the clinic, I started to ring the patients who were due in. Of those where a contact number was on their file (about half only), many were mobile numbers and some were no longer in use, or out of credit.

The timing of the clinic meant that we could not test for gonococcus, as these samples have to be cultured within a few hours, and this was not possible.

WHAT DID YOU LEARN IN THE PRACTICE?

The STI clinic project initially seemed to be a simple and effective way of using the grant to improve young people's health services. However, due to the problems I ran into with the laboratory samples, it became a more time-consuming and costly exercise than I had initially envisaged. However, given that several patients were diagnosed with STIs and other vaginal infections and treated, it proved to be a worthwhile project.

It was interesting to initiate a clinic in general practice and operate it for a set time. The failure of patients to turn up, particularly when there was quite a demand for appointments, was frustrating. The percentage of patients with contact numbers on files could have been better and our administration staff is more aware of inserting telephone numbers onto files if they are absent.

Contact tracing was somewhat ad hoc in those cases of positive results. In the case of two of the four patients with positive Chlamydia results and long-term partners, both the index patients and their partners were investigated and treated. In the case of the other two, neither was with a regular partner and it was left to them to inform their previous partner(s). All were provided with written information on the condition. However, ideally this should be followed up.

Prior to doing this project, I would have baulked at the prospect of providing an STI screen in general practice. However, the project proved that this is quite feasible for the majority of STIs in primary care. Indeed an ongoing service would have been entirely viable with the co-operation of the local laboratory service. The only screen which proved difficult to perform was gonococcus as this requires same-day processing. For this reason, it was excluded.

As a result of running the clinic, the awareness of STIs has increased generally across our doctors and practice nurses, and one practice nurse undertook to attend a course on STIs run at the Mater Hospital.

WHAT RECOMMENDATIONS WOULD YOU MAKE TO INCREASE ACCESS FOR YOUNG PEOPLE TO GENERAL PRACTICE AS A RESULT OF YOUR PROJECT?

The clinic involved in the project proved very popular insofar it was booked out even before it had commenced. There were several reasons for this – it was relevant, accessible, and free.

Young people are often in college or low-paying jobs. They have problems in accessing medical services during office hours. The increasing tendency of general practice to operate only within office hours is therefore a barrier to access. If a specific clinic, such as an STI clinic is to be successful it should ideally be run in evening or weekend hours. Alternatively, the GP co-operatives could look at providing special services in out-of hours. Against this is the fact that laboratory services would need to be available.

The other issue is cost. The standard fee in general practice, currently approximately €50, is often prohibitive to young people. An entirely free service is not however viable and may not be valued. The latter may be a factor in the numbers who failed to turn up for their appointments. A reduced fee for students and young people, already introduced by some practices, could be considered by more.

Contacting the patients prior to their appointments proved quite difficult. Many had changed their mobile numbers so obtaining a current number at the time of booking would have been very useful in retrospect. With high usage of mobiles in young people, texting would be a way of reminding about appointments in future.

Young people in general are infrequent attenders in general practice. One way of encouraging a relationship with the practice is to send a birthday card on their 16th or 17th birthday and invite them to a health check with the practice nurse. In this consultation, sexual health issues and contraception could be discussed.

Practice Report Number 3

Drs Emma Wallace, Mary Carmel Burke, Larry Bowles, Tara Galligan & Dearbhla Dignam

DESCRIBE THE PRACTICE PROFILE

Glasnevin Family Practice (GFP) was established in 1987. It is a large group practice serving both GMS and private patients. The staff profile includes five GPs, a practice nurse, a practice manager and several reception and secretarial staff. The practice has a strong interest in Preventative Medicine, Mental Health and Occupational Health and teaching at both undergraduate and postgraduate level. Dr Mary Carmel Burke is the practice Principal and is a trainer for the RCSI GP Training scheme and a tutor for undergraduate students for UCD and TCD. Dr. Burke is also a qualified Family Planning Instructor and is committed to training young doctors in Family Planning. The practice also provides primary care services to the students of DCU and St. Patrick's Teacher Training College. The practice ethos is a commitment to total quality patient care. The staff profile of the practice is young and all of the doctors are aged between 30 and 43 years.

DESCRIBE ANY EARLIER WORK UNDERTAKEN IN THE PRACTICE REGARDING YOUNG PEOPLE'S SERVICES

Glasnevin Family Practice was appointed to provide healthcare services to the students of DCU in 2004. In 2005, the practice also was appointed as primary care providers to the students of St. Patrick's Teacher Training College. The practice provides a number of services which attract young people including STI screening, cervical smear taking, travel vaccinations, antenatal care and chronic disease clinics e.g. asthma and psoriasis.

DESCRIBE THE ACTIVITIES UNDERTAKEN FOR THIS PROJECT

Several practice meetings were held to facilitate the introduction of the project to all GFP staff and the nursing and administrative staff at DCU Health Centre. All staff members embraced the project and a number of initiatives were planned.

a) An **audit of Chlamydia** detection and management in DCU students was undertaken by Dr Emma Wallace. This audit has been completed and its findings incorporated into a practice protocol for STI screening. The audit has been presented at the RCSI GP Registrar Research Symposium.
b) A **focus group** has been established to inform planning of a web-based survey regarding the sexual health awareness and practices of DCU students. A similar study was carried out by Trinity College Dublin Student Health Centre in 2002 and there has been liaison between the GFP planning group and the TCD team in order to explore their experience and utilise this information to facilitate a DCU based survey.
c) We plan to organise an **open evening for young people** exploring areas relevant to this age group including sexual health, contraception and psychological wellbeing. It is hoped to attract some well known entertainment figures to attend and it is intended to make the evening as interactive as possible using actors to dramatise common scenarios. This will be a costly event and will require ongoing planning and organisation. Similar events run by GFP in the past regarding Men's Health, Preparing for the Menopause and Asthma have been very successful.
d) In order to **further staff training** regarding STI screening, Dr Tara Galligan and Practice Nurse Ann Kernan attended additional training in the provision of these services. The practice was also represented at the recent Student Health conference held in Dublin. The practice is a member of the Doctor's Association for Student Health and the Nurses' Association for Student Health.

e) In order to facilitate increased awareness and education of young people, GFP has assimilated a **Young Persons Health Pack**. This pack contains easy to understand information regarding health promotion and specific information regarding STI screening, contraception and psychological well being with a strong emphasis on confidentiality.

f) Several staff members were recently involved in a **meeting** with the Research Officer from the Crisis Pregnancy Agency. This meeting proved very useful and covered topics including follow up of young women post abortion, the new challenge posed by internet self referral to U.K. and European clinics which potentially discourage pre and post consultation with Irish health care providers and the assessment of contraceptive needs of the non-national population.

DETAIL THE OUTCOMES

The project has increased awareness amongst staff at GFP regarding the special needs of young people. This increased awareness has facilitated an enhanced service for young people attending GFP and DCU Health centre. We are striving to provide a young person friendly service with an emphasis on ease of access and confidentiality. With this in mind, a **young peoples contract** has been developed emphasising care which is comprehensive, non-judgemental and confidential. This contract is being assimilated into a **poster** for display in our waiting rooms in GFP and DCU Health Centre.

Following the audit of Chlamydia detection and management in DCU Students a **practice protocol** has been developed. This protocol sets out guidelines for the detection, management and follow-up of young people diagnosed with an STI. An important development has been the implementation of telephone follow up of these patients by our trained practice nurse. Experience internationally concurs with our own local experience that young people tend not to attend for follow-up appointments following the diagnosis of an STI. Telephone follow-up allows a trained practitioner to ensure compliance, monitor partner notification and reiterate a sexual health awareness message. All young people are also provided with a 'pack' with information pertinent to their diagnosis and general health advice.

Further initiatives, as previously outlined, including a web-based survey of DCU students and an open evening for young people (patients of Glasnevin Family Practice itself and also young people seen as part of our contracts with D.C.U. and St. Patrick's Teacher Training College) are in the advanced planning stages.

OUTLINE THE SUPPORTS IDENTIFIED IN UNDERTAKING THE PROJECT

- This project was broadly welcomed by the clinical staff of GFP and DCU Health Centre. The Practice Manager at GFP was very helpful also.
- Dr Ailís ní Riain at the ICGP was a source of constant support and knowledge and her input was very much appreciated.
- The Irish Students Health Association was a useful resource.
- Liaison with Trinity Student Health Centre regarding planned further research has been very fruitful.
- The RCSI GP Training Scheme was also available for advice and encouragement.

OUTLINE THE BARRIERS IDENTIFIED IN UNDERTAKING THE PROJECT

Time (or lack thereof!) was the major barrier identified during the project. There were also some difficulties in portraying the benefits of the project to DCU Administrative staff. This has not proved too problematic to date but may pose difficulties in moving forward with the conclusion of planned initiatives. Furthermore as GFP and DCU are on two different sites the retrieval of information for the audit proved time consuming and there were some logistical difficulties in planning meetings with the DCU nursing and administrative staff.

WHAT DID YOU LEARN IN THE PRACTICE?

The need for meticulous planning and the involvement of all staff was underlined by this project. Even though GFP has been involved in research and Health Promotion initiatives in the past we found that any new venture brings with it its own set of challenges and even when every eventuality seems accounted for things can still go wrong!

Overall this project proved very rewarding and the practice is definitely more aware and more capable of addressing the needs of young people as a result of being awarded this grant.

WHAT RECOMMENDATIONS WOULD YOU MAKE TO INCREASE ACCESS OF YOUNG PEOPLE TO GENERAL PRACTICE AS A RESULT OF YOUR PROJECT?

Stemming from the work done to date in GFP, several key areas have been identified as potential barriers to young people accessing primary care services.

Confidentiality is a major issue. Young people must feel safe in discussing issues important to them. Waiting room initiatives are a good way to depict this message including posters and leaflets.

There needs to be **flexibility** in service provision for young people as timekeeping may prove more difficult for this group. Therefore if appointments are missed, another time should be offered and if a young person presents requesting an urgent consultation this should be facilitate where possible. This will help promote ease of access to GP services.

During consultation with a young person it is important that the **approach** used is non-judgemental and the **language** used is free of jargon. Young people may be more sensitive than other groups to a paternalistic style of consultation.

Cost remains an important issue for young people and in order to encourage practices such as STI screening and cervical smear screening a reduced rate could be offered. This should hopefully act as an incentive and encourage more young people to avail of these services.

Education remains probably the most important area to address in order to improve young people's access to primary care. As clinicians we can take responsibility for increasing awareness opportunistically and by educating ourselves on the issues relevant to young people. The provision of information to young people, for example in the form of leaflets, DVDs and interactive CDRoms, is essential.

Research remains an invaluable tool for identifying needs and prioritising service provision.

Practice Report Number 4

Dr Velma Harkins & Ms Reneagh Bennett

DESCRIBE THE PRACTICE PROFILE

Our practice consists of two full-time and one part-time general practitioner. The gender breakdown is 1.5 whole time equivalents are female and there is one male GP. The practice is also supported by

- A GP Registrar
- A female Practice Manager/Nurse
- A full time female Practice Nurse
- Three part time female administrators.

Our practice provides care for a rapidly growing rural town and its immediate environs. The population of the immediate area is in the region of 3,100. We are the only practice providing health care within a seven mile radius of the town. The practice population is approximately 5,500.

The practice has a long history of working in partnership with the HSE in relation to service provision as well as health promotion issues specifically for diabetes, heart disease and physical activity and physiotherapy. We have the services of a dietician, a physiotherapist, a women's health physiotherapist, a diabetes specialist nurse, podiatrist and an ophthalmologist. Very soon we will have a psychologist joining the team.

The town of Banagher has one primary school and two large co-educational secondary schools, which are currently in the process of amalgamating.

The practice staff has made considerable efforts to keep abreast of issues relating to Sexual Health Promotion and Care. Some of this includes:

- ICGP Diploma in Women's Health, 2006
- Sexually Transmitted Infections Foundation Course (BASSH), 2006
- IPNA Conference Lecture 2005. Dr. Lynn, "Teen Friendly Practices".
- ICGP Family Planning Certificate.

DESCRIBE ANY EARLIER WORK UNDERTAKEN IN THE PRACTICE REGARDING YOUNG PEOPLE'S SERVICES

- Comprehensive family planning services
- Crisis pregnancy counselling
- Emergency contraception
- Support for families dealing with unplanned pregnancies

DESCRIBE THE ACTIVITIES UNDERTAKEN FOR THIS PROJECT

Meetings
- Meetings with HSE personnel to introduce the project and our aims and to encourage working practice with the HSE
- Meetings within the practice to discuss plans and way forward
- Meeting with SPHE teacher in one of the local secondary schools.

Questionnaire
- Designed questionnaire and notice board information sheet
- Wrote letter of introduction about the project from the practice to be sent out with a covering letter from the school to the parents of the students involved
- Delivered the questionnaire to students and collected when completed
- Relayed results to practice colleagues and SPHE teacher.

Laboratory Contact
- Contacted local microbiology labs re sexual health screening materials, storage and transportation of samples
- Organised swab delivery from Mullingar hospital labs to local hospital for collection.

Sexual Health Screening Policy
- Revisited current policy for sexual health screening in practice
- Decided following discussion with colleagues in practice what screening was possible and what needed referral
- Discussed policy and procedures for sexual health screening in relation to teen health services and needs.

DETAIL THE OUTCOMES

Meetings
- The meeting outcome with the HSE personnel was not as productive as we hoped. The HSE focus was to engage an external auditor or researcher to carry out the school questionnaires. I did not agree as I felt we would lose the local impact and school contact, and use up the allocated finance quickly, if not completely.
- Meeting with SPHE teacher of one local secondary school very productive as they want help with these issues. Agreed to contact parents re questionnaire with 5th and 6th year students.

Questionnaire
- Attended the school to introduce the questionnaires and distribute them
- Completed questionnaires received at surgery from school, results of questionnaires collated and SPHE teacher advised of results
- Feedback of results to colleagues in practice.

Laboratories
- Established delivery route for chlamydia swabs to surgery
- Established swab storage and transport to laboratory for analysis.

Protocol / Procedures

Revised current practice policy with regards to sexual health screening
- What sexual health screening can be carried our in our practice?
- What needs to be referred?
- Contact tracing issues
- Confidentiality concerns of patients.

OUTLINE THE SUPPORTS IDENTIFIED IN UNDERTAKING THE PROJECT

- Willingness of HSE to meet and discuss the project
- Willingness of local SPHE teacher and school to accommodate our project questionnaire
- The input of the local students in completing our questionnaire, and the parents for allowing us the contact
- The I.T. support in our surgery from the practice nurse manager in relation to the questionnaires, letters etc.
- Contact with ICGP with project-related problems
- Time allocated from usual practice nurse duties to the project
- Support and input from colleagues at surgery
- Educational material re sexually transmitted infections from St. James's Hospital GUIDE department.

Relevant literature read for guidance:

1. Working with Young People in Sexual Health Settings, A Providers Guide. Adams, J, National Children's Bureau Sex Education Forum, Factsheet 25.
2. Vulnerable because of their ignorance – A qualitative evaluation of the sexual health of Young People in the HSE, Midland Area. DRAFT COPY.
3. www.teenagepregancyunit.gov.uk.
4. HSE Sexual Health Strategy for Midland Area 2002.
5. Teen Health Service Project Draft Proposal, Midland Health Board, 2003.
6. Get Connected, National Conjoint Child Health Committee, 2001.
7. Crisis Pregnancy Agency website: www.crisispregnancy.ie

OUTLINE THE BARRIERS IN UNDERTAKING PROJECT

- HSE change of direction on how to approach the needs assessment at local level for size and time frame of the project
- Short time span of project
- Limited funds
- Negative parental attitudes encountered towards sexual health education in schools.

WHAT DID YOU LEARN IN THE PRACTICE?

- Things don't change overnight.
- Limitations of relevant resource to do sexual health screening locally, both from a laboratory, specimens and premises view.
- Need to have practice protocol for sexual health screening methods, information given to patient, follow up of patient, results, treatment and contact tracing.
- Need for regular updating of medical / nursing staff re sexual health screening techniques, relevant information for patients and follow up and importance of contact tracing.
- It is a valuable service for people to have locally.
- It may be run very efficiently at GP practice level with the correct support framework in place.
- It is a growing need in the community especially at a local level.
- The service needs to be free for young people to access it effectively.
- In a rural setting, the idea of a dedicated clinic appears less attractive, as it's a small town and young people have identified that being seen coming in to the clinic would be a major problem.
- To maintain confidentiality in the small rural town young people suggested attending during usual surgery hours as a better option. However, cost then becomes an issue, where to get the money for the visit without asking parents.

WHAT RECOMMENDATIONS WOULD YOU MAKE TO INCREASE ACCESS FOR YOUNG PEOPLE TO GENERAL PRACTICE AS A RESULT OF YOUR PROJECT?

- It may improve access to sexual health education and services required for treatment of young people at GP practices, if **financial issues** were not a barrier. Perhaps some grant mechanism could be devised whereby family planning services to young people could be provided free by GPs.
- The **general practice setting** is ideally placed to address sexual health issues, and offer relevant advice and support as required.
- GP practices should be youth friendly both **in appearance** and **behaviour** towards young people and their needs.
- All GP practices should have adequately **trained staff** in sexual health screening for young people.
- There is a need for **better laboratory support** if sample demand increases.
- There needs to be **better facilities for referral** for full sexual health screening to be carried out. A Midlands-based STI clinic is very much needed, with a dedicated young persons clinic attached.
- There needs to be more youth friendly sexual health **literature** available at GP practice level.
- There is scope to develop further the **sexual health education** for young people attending secondary school in view of the results of our questionnaire. The GP or practice nurse should be part of the young person's sexual health / contraception choice and prevention of unplanned pregnancy education at secondary school level. This could be achieved by inviting the local GP or practice nurse to give an educational talk within the school RSE programme. This would invite a closer working relationship with the HSE and establish a valuable contact with the local young people.
- To roll such a service out effectively **adequate finance** needs to be allocated as relevant.

ANY OTHER COMMENTS

I have enjoyed the journey into the young person's world this project has provided, as it is an ever changing environment with its own stresses and problems. It is important to take time to listen to our young people and be available in a confidential trusting non-judgemental manner, to offer the help and support sought, to accept their needs are different at times and that they possess a language and means of communication of their own. This project has been a small window into a much bigger area. With the relevant resources it could be a very big success for all involved, and help to reduce the growing problems our young people are facing regarding sexual health in this modern day changing culture.

Our young people are our future.

Practice Report Number 5

Dr Cathy Banstead

DESCRIBE THE PRACTICE PROFILE

- Training practice
- Medical staff: 2 male and 3 female GPs; 1 GP Registrar
- Nursing staff: 3 practice nurses - 2 trained in midwifery; all have the Family Planning Certificate.
- Administrative staff: 6 part time receptionists.
- Premises: 2 premises - one in Carrigaline (population 14,000) and a branch surgery in Crosshaven (population 3,000).

Project Manager's Profile: Dr Cathy Banstead is a General Practitioner in Carrigaline and Crosshaven, Cork. She has completed a Distance Learning course from Bath University on Men's Health and has previously worked as a registrar in Sexually Transmitted Diseases and Psychosexual Problems.

DESCRIBE ANY EARLIER WORK UNDERTAKEN IN THE PRACTICE REGARDING YOUNG PEOPLE'S SERVICES

Opportunistic health promotion for teenagers would have been the norm before setting up the Teen Health Clinic. Therefore, only a few young people would present for family planning or sexual health problems. The barriers were likely to have been concerns about confidentiality, cost, and knowledge of who to go to. There was previously no targeting of young people for health education.

DESCRIBE THE ACTIVITIES UNDERTAKEN FOR THIS PROJECT

The following activities took place during this project:

- Consultation with local stakeholders
- In-house staff training: receptionists, nurses and doctors
- Website
- Text service
- Information: contacted 300 teenagers in our practice by distributing fliers
- Link with schools: Gave 10 workshops in local secondary schools
- Advertising the service : in local papers/posters in waiting rooms etc.
- Dedicated evening clinic.

DETAIL THE OUTCOMES

Consultation with local stakeholders

- Contacted services already up and running for advice and ideas. These included the Youth Health Service in Cork, STD Clinic in Cork, Health Promotion department for leaflets and HSE for advice.
- Contacted other local GP practices, youth workers, social workers, school nurses and AMOs. Health centres were notified as to what was on offer.

Website

- A website was developed giving up to date information on a wide range of health care issues.
- An email address was established so that young people could request an appointment by email.

Text service

A dedicated mobile phone was purchased in order to receive text messages for appointments, giving their first name. They would be texted back with a time and date. In addition, results of tests could also be texted back.

Dedicated evening clinic

A dedicated evening clinic was established offering free consultation to young people by appointment. The clinics ran from 5 – 7 pm on Wednesday evenings, starting on 17th January 2007 and ending on 30th April. It took 2-3 months to complete the preparation work before these clinics could start. This included meeting the various agencies, setting up the website and then going into the various schools.

In total 70 patients were seen during these clinics and 10 people who had made appointments did not attend.

Client profile

Clinic Attendance	**70 teenagers (14-19 years)**
Gender	**59 girls: 11 boys**
No. of 14 year olds	**4**
No. of 15 year olds	**4**
No. of 16 year olds	**10**
No. of 17 year olds	**30**
No. of 18 year olds	**22**
Clients from outside our practice	**15**

Presenting Symptoms

Acne/skin problems	**4**
Weight/diet/exercise	**4**
Mental Health	**2**
Sexual dysfunction	**1**
Contraception prescribed	**50**
Contraception prescribed under legal age for SI	**5 (all sexually active)**
Swabs for Chlamydia/gonorrhea	**14 women**
Positive test for Chlamydia	**5**

OUTLINE THE SUPPORTS IDENTIFIED IN UNDERTAKING THIS PROJECT

- My partners, nurses, reception staff all gave great encouragement and support
- The community was very supportive and grateful for the new service

OUTLINE THE BARRIERS IDENTIFIED IN UNDERTAKING THIS PROJECT

Concern about marketing a service and keeping within the recommendations of the Irish Medial Council regarding advertising.

WHAT DID YOU LEARN IN THE PRACTICE?

- Teenagers want to know the facts.
- Teenagers don't have €50 to spend on health. It has to remain a free service.
- Contraception is expensive.
- Unplanned pregnancies can be reduced and STIs can be detected and treated.
- Mental health issues can be picked up early and referred to appropriate services.
- Treatment of acne is confidence boosting.
- A chance to intervene on obesity and healthy lifestyles was a strong theme in the young patients I saw in practice.

WHAT RECOMMENDATIONS WOULD YOU MAKE TO INCREASE ACCESS FOR YOUNG PEOPLE TO GENERAL PRACTICE AS A RESULT OF YOUR PROJECT?

- Sexual Health Education in schools essential.
- Free consultations with the GP for STI screening/contraception are essential. Young people can't afford the doctor or don't view it as priority.
- Marketing this at a local level is important.
- This is a unique time and opportunity to influence the future health of young people and to set them up for a healthier life ahead.

Practice Report Number 6

Dr Caroline Tansey

DESCRIBE THE PRACTICE PROFILE

The practice is an urban, single-handed, training practice with both GMS and private patients. Currently we have a fourth year GP registrar and a sessional GP working in the practice. We look after about 620 GMS patients and with private patients our total practice population is about 2,500.

The premises is located opposite a busy shopping centre. Together with another practice, we have provided a student health service to a local third level educational institute for the past twelve years. While we are not currently employed by the College our practice continues to have links with the student population at the IT in Sligo.

40% of our patients are in the age group 18-30 years.

DESCRIBE ANY EARLIER WORK UNDERTAKEN IN THE PRACTICE REGARDING YOUNG PEOPLE'S SERVICES

This is the first initiative taken with young people in the practice.

DESCRIBE THE ACTIVITIES UNDERTAKEN FOR THIS PROJECT

a) We devised a **questionnaire** in conjunction with the Primary Care Development Unit, HSE Sligo. We circulated the questionnaire to 200 young people in the practice aged 18-23 years. We asked them what service they would like in the practice.
b) We ran a **weekly young people's clinic** each Wednesday afternoon from January to March 2007 for any health problems. Sexual health issues were raised at all consultations. With our GP registrar in the practice we were able to offer patients a choice of a male or a female doctor.
c) Arising out of the interest shown in the questionnaire, **group information sessions** were run in the practice. These took place in the evenings and covered six different topics.
d) **Course attendance**. I attended the Sexually Transmitted Infections Foundation Course (BASHH) in March 2007.
e) **Website** under development.

DETAIL THE OUTCOMES

Questionnaire

A random sample of 200 young people in the practice, both male and female, aged 18-23 years were given a questionnaire regarding the services they would like to see available in the practice. Ninety six completed questionnaires were returned (76% from females and 24% from males).

Differences were seen in the ranking preferences of males and females. The top twelve priority areas are listed below in rank order.

Priority areas of interest for females

1. Contraception
2. Skin problems (acne, moles, sun protection)
3. Healthy eating
4. Emergency contraception
5. Normal cycle / period problems
6. Sexually transmitted diseases
7. Counselling for emotional problems
8. General tiredness / fatigue
9. Exercise
10. Travel vaccination
11. Balanced diet
12. Chronic illness (diabetes, asthma, epilepsy).

Priority areas of interest for males

1. Skin problems (acne, moles, sun protection)
2. Counselling for emotional problems
3. Smoking cessation
4. Sports supplements
5. Alcohol / drugs advice
6. Sexually transmitted diseases
7. Travel vaccination
8. Sports injuries
9. Exercise
10. Chronic illness (diabetes, asthma, epilepsy)
11. Contraception
12. General tiredness / fatigue

There were also other areas of interest not included in the questionnaires that were suggested by respondents:

- Problems arising from death / suicide
- Problems coping as a single parent
- Information on cancer and genetic cancers
- Heart disease
- Irritable bowel syndrome
- Narcolepsy
- Lipotrim / slimming medication.

Weekly clinics
The weekly surgeries for young people were busy and often dealt with routine medical problems. We found they were booked initially mainly by women requiring contraception. Men booked for STI screening / advice. As the consultations were longer than usual it gave the patients an opportunity to discuss a range of issues.

Group Information Sessions

Topic	Speaker
Sexually transmitted infections	Gerry Feeney, Nurse Manager, STI Clinic, Sligo General Hospital
Drugs and alcohol	Martin Jones, Drugs and Alcohol Counsellor, HSE Sligo
Contraception	Dr Tara McKeon, MRCGP
Stress Management	Marian Quinn, Counsellor, Institute of Technology Sligo
Exercise for Life	Sean Mooney, Recreational Manager, Sports Complex, Sligo
Diets and a balance diet	Eithne White, Community Dietician, HSE Sligo

Website
We are in the process of creating a website where young people can see the services the practice provides. They will be able to register with the practice, download medical card application forms and view our fees and services. We hope to have a repeat prescribing facility and have links to relevant websites. We will have an online comment box and tailor our services to the changing needs of our patients.

OUTLINE THE SUPPORTS IDENTIFIED IN UNDERTAKING THE PROJECT

- GP Unit, HSE North West, in particular Ms Maeve McDermott who assisted in the preparation of the questionnaire
- Administrative staff and GP registrar in the practice
- Access to speakers locally through the HSE community care addiction service and dietetics service
- Sligo General Hospital GUM clinic
- Counsellling service, Institute of Technology Sligo
- Sligo Corporation
- Sports Manager, Sligo Sports Complex.

OUTLINE THE BARRIERS IDENTIFIED IN UNDERTAKING THE PROJECT

- Finding time to carry out the project was the main barrier.
- Appointments had to be re-arranged to leave a free surgery slot weekly for the project.
- A considerable amount of organisation was involved in analysing the questionnaire and setting up the interactive sessions.
- Creating a website is a big undertaking. The ICGP are no longer providing this service. Most providers we contacted did not have a particular skill in setting up a GP website. It also required us to update our practice leaflet and expand the details provided.

WHAT DID YOU LEARN IN THE PRACTICE?

A high proportion of our practice population are in the target age group. We were surprised at the interest this age group have in health issues. This interest should be focussed on in the practice in terms of health education and prevention.

We anticipated that contraception and related issues would be an area of interest for young women. We did not expect that skin problems would be so highly ranked by both men and women. Counselling relating to family and personal relationships rated second highest for men. This reflects a general consensus nationally that young males cope worse than women with emotional issues. However, its high ranking was unexpected. Young men had more interest in smoking cessation and drug and alcohol abuse than the women. We felt that women should be encouraged to look at these issues. We were also surprised at the level of interest in chronic diseases, in particular diabetes. We attributed this to the publicity the increased incidence of diabetes is getting in the media.

We found it challenging to get groups committed to the information sessions, despite their expressions of interest in the topics through the questionnaires and at the dedicated surgery appointments.

WHAT RECOMMENDATIONS WOULD YOU MAKE TO INCREASE ACCESS FOR YOUNG PEOPLE TO GENERAL PRACTICE AS A RESULT OF YOUR PROJECT?

- I feel that young people will relate well to our website and we hope to tailor the health links to the areas of interest expressed in the questionnaire.
- It may be feasible for the practice nurse to continue a surgery session for this age group.
- Once the young person attends it is important to have access to the appropriate service e.g. counsellors, STI clinic etc within a reason time frame.
- Eligibility for medical cards should be examined. Students under 23 years are assessed on the basis of their parents' income. Often these students cannot afford the cost of a doctor's visit.

ANY OTHER COMMENTS

This was a useful exercise that stretched the practice's imagination as to how we would approach the project.

In hindsight, it may have been more useful to focus on one area rather than have several different arms of the project, as we did.

Practice Report 7

Dr Brian Norton

DESCRIBE THE PRACTICE PROFILE

Name of Practice:	Health Care Unit – Ballybay
Partners:	Dr. Brian Norton- GP Trainer (N.E. GP Training Scheme) Dr. Deirdre Smyth Moran Dr. Jack Crummie –GP Trainer (N.E. GP Training Scheme)
Current GP Registrar:	Dr. Teresa O'Brien
Practice Staff:	**Practice Manager:** Lucy Finlay **Receptionist:** Helen Wynne **Secretary:** Catherine Goodman **Nurses:** Josephine Larkin / Shannon McKenna **Clinical Nurse Specialist:** Felicity Duffy
Services & Special Clinics:	(1) Chiropodist. (2) Dietician (3) Visiting Ophthalmologist (4) Large HeartWatch Programme – 60 Patients (5) Large Diabetic Watch Programme - 60 Patients (6) Warfarin Clinic – 50 Patients (7) Podiatrist
Demography:	• Only GP. Practice in town within 7 mile radius. • One Pharmacy currently in town. • Practice Population – GMS Approx. 2,000; Private Approx 3,800 • Larger than average elderly population, mixed urban rural; all ages. • Local Nursing home for respite & long-term residents. • Camphill Community – respite care for disabled. • Factories – four in Ballybay, others in surrounding areas. • Technical School – VEC • Substantial Lithuanian and Polish population • Farming area
Appointments held by GPs:	• Occupational Health to four local factories, • Medical Officer for Nursing Home, • Undergraduate teacher Trinity Medical School, GP Training.
Access:	Hours: 9-12 Morning Surgery; 2.30-4.30 Afternoon Surgery Special Appointments for Adolescents 12.30pm & 4.30pm (offered as a result of this project)
Range of services available to all patients:	Immunisations ; Minor Surgery & Cryotherapy; HeartWatch practice; Warfarin Clinic; Alcohol Project completed and implemented; Driving Fitness Tests; Factory Medicals; Pregnancy Tests; Phlebotomy; Complete range of family planning services; Antenatal care; Well Woman and Well Man care; Complementary Medical Services; Sports Medicine.
Practice medical records:	Fully computerised
Links with other primary healthcare professionals:	**Located in the building:** Public Health Nurses, Palliative Care Nurse **Visiting:** Social Welfare Officers, Children's Dentist, Social Workers, Occupational Therapist, Physiotherapy, Psychology, Psychiatry and Speech Therapy.
Links with community:	Dr. Norton engages in special school projects with Vocational School.

DESCRIBE ANY EARLIER WORK UNDERTAKEN IN THE PRACTICE REGARDING YOUNG PEOPLE'S SERVICES

Practice has been involved in Ballybay/Cootehill Adolescent Friendly Health Project for two years. During this time a professional survey was carried by Edgeworth Organisational Consultants to identify barriers to an Adolescent Friendly Health Service. This comprised extensive qualitative and quantitative research which highlighted the needs of adolescents in accessing G.P. services. Dr. Norton attended numerous meetings and we hosted a number of field days for students and child adolescent officer in our surgery. All staff completed an education day to look at further development of an Adolescent Friendly Service.

DESCRIBE THE ACTIVITIES UNDERTAKEN FOR THIS PROJECT

Communication with local Youth Officers from Foroige, HSE Youth Health Project Leader & Vice Principle V.E.C. College, Ballybay. Dr. Norton was involved in a number of meetings with these officers.

'Float' for St. Patrick's Day Parade on the theme of Adolescent Health/Sexual Health. This was most successful and was presented at parades in the local towns of Carrickmacross and Clones as well as Ballybay.

We hosted **"Meet and Greet" lunch-time meetings** in our surgery. These were attended by students, doctors and staff. We provided a light lunch of healthy foods. This was most informal and our aim was to make the young adolescents feel at ease in our surgery. We gave **hand-outs** relating to health and well being. Details of our surgery services were outlined with emphasis on confidentiality and care. We also handed out **questionnaires** to all attending students requesting their views on adolescent health and ideas on further improving the services. Research findings based on those completed questionnaires will be completed soon.

Preliminary findings are:

- The majority of our young patients were not aware of counselling services available.
- Some do not have access to Internet at home and have not viewed health websites.
- Contraception was a big issue and some felt not enough information was readily available on this matter.
- Others felt the cost of GP visits was a major factor.

DETAIL THE OUTCOMES

- We felt that the planned meetings were informative both to us and the young adolescents. This project was worthwhile and very much appreciated by those involved.
- Dr. Smyth Moran completed the STI foundation course at the Mater Hospital in March 2007.
- Some of the funding was used to subsidise student surgery visits.
- Development of practice website with added information on Adolescent and Sexual Health matters is still in progress.
- We intend to develop a new practice leaflet outlining Adolescent Friendly Service and improved ways to access same.

OUTLINE THE SUPPORTS IDENTIFIED IN UNDERTAKING THE PROJECT

Dr. Norton's previous experience with the child & adolescent group and leadership was invaluable. Our doctors and nurses attend study days on STIs and sexual health, mental health awareness etc. and they are continually updating their knowledge and skills so they offer a very supportive service.

WHAT LESSONS DID YOU LEARN IN THE PRACTICE?

We realised that these young people need understanding and like to be treated as adults. Their needs are important and confidentiality is a must! Most would prefer not to have parents involved. We were pleasantly surprised at the enthusiasm of the students and their interest in the surgery and what the doctors discussed.

WHAT RECOMMENDATIONS WOULD YOU MAKE TO INCREASE ACCESS FOR YOUNG PEOPLE TO GENERAL PRACTICE AS A RESULT OF YOUR PROJECT?

- Introduction of more adolescent friendly surgery hours for local students at 12.30pm lunch-time and at 4.30pm after college with access to help and information from designated Practice Nurse and our GP registrar as requested.
- Subsidising or covering cost of surgery visits for young people.

ANY OTHER COMMENTS

We enjoyed the challenge of this project and found it educational to us and hopefully to all who participated. As the project is still ongoing, our intention is to host more lunchtime meetings with other age groups from the college in the near future. While we found the project time-consuming for a busy practice we feel it was very rewarding and hope we will be more user-friendly, thus helping the adolescents overcome inhibitions to attend any GP surgery.

SUMMARY OF THE ACTIVITIES CARRIED OUT IN THE SEVEN GP PRACTICES

ACTIVITY	PRACTICE						
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7
Dedicated surgery appointments		**x**		**x**	**x**	**x**	**x**
Information seeking / provision							
Information meetings	x		planned			x	x
Questionnaire			planned	x		x	x
Website development	ongoing				x	ongoing	ongoing
Information pack	x		x				x
Practice poster			x		x		
Birthday card	x						
Focus group			x				
Contract		x					
Text service			x				
Practice changes							
Staff awareness	x	x	x	x	x	x	x
Staff training	x		x		x	x	x
Developed/updated practice protocol	x		x	x			
Clinical audit	x		x				
Youth-friendly area	x						
Young men's clinic	planned						
External linkages							
Liaison with local agencies / groups	x	x	x	x	x	x	x
Interaction with secondary schools	x			x	x		x
Interactions with 3rd level colleges			x			x	
St. Patrick's Day Float							x

Chapter 4

Discussion

Adolescence is the pivotal time in developing sexuality and successful support and intervention at this time helps young people on the path to healthy sexuality. The large number of applicants and the high quality of the submissions received in response to the launch of this project indicate that this is an area where GPs and practice nurses are interested in developing services and have given considerable thought to how this might best be achieved. These reports from the seven successful applicants begin to explore a number of approaches, their feasibility and the factors that might need to be in place to ensure sustainability. The approaches described by the applicants explore the needs of their young patients, address ways to increase access to services, build capacity within the practices by increasing awareness of young people's issues and supporting training and will increase the competence and confidence of all practice staff in dealing with young people. The reports detail a broad range of activities undertaken in a variety of general practice settings. Their successful completion is testament to the enthusiasm and personal commitment of the participating GPs and practice nurses. The grants provided did not meet the true economic cost of the projects as described.

The selection of initiatives was at the discretion of the practices themselves, based on their own views of what would be most beneficial and feasible with a six month time frame. Interestingly, they mirror many of the approaches successfully implemented in UK practices, as described in the earlier literature review. However, implementation was more challenging for the Irish general practices because of the different healthcare setting here.

The acceptability of offering sexual health services to young people is reflected in the high levels of demand for the services offered during this initiative. The single greatest barrier identified by all participating practice is the issue of cost – in terms of the consultation fee, laboratory investigations, contraceptives and medications. This is a fundamental barrier to accessing services that is not within the capacity of general practice itself to address.

Other common themes to emerge were the awareness of the need for practices to be truly youth friendly in appearance, behaviour and approach and the need for a flexible approach to providing services. Participating practices showed willingness to address these issues but also identified the resulting challenges.

All practices identified increased awareness as a successful outcome from participation in this initiative. Awareness of the sexual health needs of young people was heightened in young people themselves, their parents, the staff in the practices and local schools and colleges. The project also provided opportunities for information exchange between these groups. As a result practices developed greater understanding of the needs of young people and the young people and their parents became more informed about the services available to them through general practice. Information can be delivered through a number of modalities including information meetings, school talks, practice leaflets, posters and websites. Practices found it difficult to identify patient information leaflets specifically targeted for young people and where such leaflets were identified they were, in the main, directed at young women.

Access for GPs to laboratory services presents difficulties across the range of services provided. It was highlighted by the difficulties some of the practices had in having tests for STIs transported to and processed by local laboratories.

Other challenging issues include the uncertainties surrounding the issues of capacity to consent and confidentiality. This was reflected in the different age ranges selected by the practices for inclusion in their initiatives. A cautious approach may result in providing contact with young people too late to be of maximum support for them. The practice reports detail the delicate balance between recognising the young peoples' need for autonomy and respecting parental authority. Where parents were actively involved, whether through their attendance at information meetings at the practice or consenting through the schools, their response was generally positive.

While this was a short-term initiative designed to explore possible models of care, a number of sustainable gains have been achieved. The increased awareness among practices is likely to impact on all future contacts with young patients. The training that many staff members undertook builds on the capacity within general practice to address the sexual health needs of patients. The links with the local community health and educational services have opened up lines of communication that are likely to lead to ongoing collaboration. A number of tools were developed by the practices and examples of the birthday card, the young people's charter, the poster and the young people's information pack are given in this report. These are then available for adoption by other practices. In addition, dissemination of the results of this initiative already underway with the presentations at the 3rd Annual ICGP Women's Health Conference in 2007, will continue with the circulation of this report.

Chapter 5

Samples of the Tools Developed

During the course of this initiative, a number of the practices developed tools and supports which were helpful in their interactions with young people. The GPs involved have generously given us permission to include samples in this report.

We include:

- Birthday Card
- Young Person's Health Pack
- Confidentiality Contract
- Practice / School Poster

1. Birthday Card (Dr. Mairead Cassidy, Carlton Clinic)

Rationale

Evidence from a number of initiatives in the UK have shown that a birthday card sent to all young patients of the practice detailing services available to them and inviting them to visit their general practice shows this to be successful. Such cards have been distributed as early as the 14th birthday. The Irish setting provides a number of challenges to such a scheme. These include uncertainty about legal issue regarding consent, confidentiality and marketing to minors, and difficulties in identifying patients of the practice in the absence of universal patient registration. The card was designed to focus on the positive aspects of youth and the image for the card was selected to be suitable for both genders. In this case the targeted age group were patients between the ages of 16 and 25 years old. The card was sent to all patients over 18 years and to the parents of all 16-17 year olds for the parents to pass on if they desired. It was accompanied by a letter detailing the initiative.

Overall the card was a success with no negative feedback from young people or their parents. Reception staff and doctors reported increased attendance of young people which they say is directly related to the card.

Contents

a. Text

Congratulations on getting this far in life.

The doctors and staff at the Carlton Clinic would like to wish you a healthy and happy birthday and to take this opportunity to encourage you to begin taking care of and managing your health.

This year at the Carlton Clinic we have started a young person's health initiative. All doctors and staff are involved but it is led by Dr Mairead Cassidy and Dr John Mc Manus. It aims to encourage health awareness in young people and to provide accurate information so that you can make informed choices about your health.

We realise that sometimes this stage of your life can be difficult and confusing. It can bring you to the heights of joy and to the depths of despair – all within a few minutes. It is a time of great physical and emotional change and you get all types of different messages from books, magazines, films, TV and advertising.

We hope to develop a friendly environment where young people, male and female, can explore their health needs in order to help you make healthy choices in your social lives and relationships. There will be information available on our website, leaflets in the surgery, and we plan to organise some information evenings for young people. It will include information on general health (e.g. asthma, exercise, skin care etc.), sexual health (normal development, contraception and sexually transmitted infections), and social health (local services, smoking, alcohol and drugs). We hope that this will assist you in making life choices confidently when the time arises.

We have enclosed a leaflet on local and national services, support groups, help lines, and websites for your future use if necessary.

Please do not hesitate to contact us if you have any questions

Thank you for taking the time to read this.

Yours sincerely

b. Useful Resource List

Useful Websites and Phone numbers:

www.citizensinformation.ie
Phone: **01 2860666**
Information on rights and entitlements, free legal and financial advice

Living Life Voluntary counselling Centre, Bray
01-2866729
Counselling available to all including a "Teen Between" group for children of separated families

www.samaritans.org
Freephone: **1850 609090**
24 hour confidential emotional support. Also have a new text service aimed at young people

www.healthhub.ie
An Irish site with information of all aspects of health from healthy eating, dental care, to serious illnesses.

www.healthysteps.ie
Information on diet and exercise for young people

www.youthinformation.ie
Bray Youth Information Centre
Phone: **01 2762818**
Free non-judgemental service to young people, parents and their carers. Information, secretarial service, internet access
Youth café recently opened with wide screen TV, courses, activities or just somewhere to hang out.

www.spunout.ie
A website created by young people covering all aspects of health, culture, and lifestyle

www.mindbodysoul.gov.uk
A young persons' information site on all aspects of physical and emotional health

www.youthhealth.ie
Downloadable youth information leaflets on health, drugs, work, mental health etc.

www.coolschoolbullyfree.ie
Information on how to deal with bullying

www.bodywhys.ie
Phone: **01 2835126, 1890 200 444**
Support and information service for people with eating disorders and their friends and families

www.cluedup.ie
An Irish website with information on sexual health

www.guide2guide.ie
Information on sexually transmitted infections from the clinic in St James's Hospital. Also information on their services

www.RUthinking.co.uk
An information website for teenagers on all aspects of sexual health

www.likeitis.org
Information on all aspects of sex education and teenage life

www.thinkcontraception.ie
Information from the crisis pregnancy agency on contraception options for men and women

www.ifpa.ie
Phone **01 8069444**
Irish Family Planning Association
Information on all aspects of contraception and sexually transmitted infections

www.crisispregnancy.ie
www.positiveoptions.ie
Phone: **01 8146292**
Information for you on unplanned pregnancy.

www.life.ie
Phone **1850 281 281**
Caring service for women with unplanned pregnancy

Teen Between
Phone **01 6785256**
A support service for teenagers who are having difficulty dealing with their parents' separation

www.gayswitchboard.ie
Phone **01 8721055**
Confidential and non-judgemental advice for people concerned about their sexual orientation. Also provide a support service for parents whose children are gay or lesbian.

www.belongto.org
Phone: **01 8734184/8734932**
Youth project and support service for gay and lesbian people aged 14-23

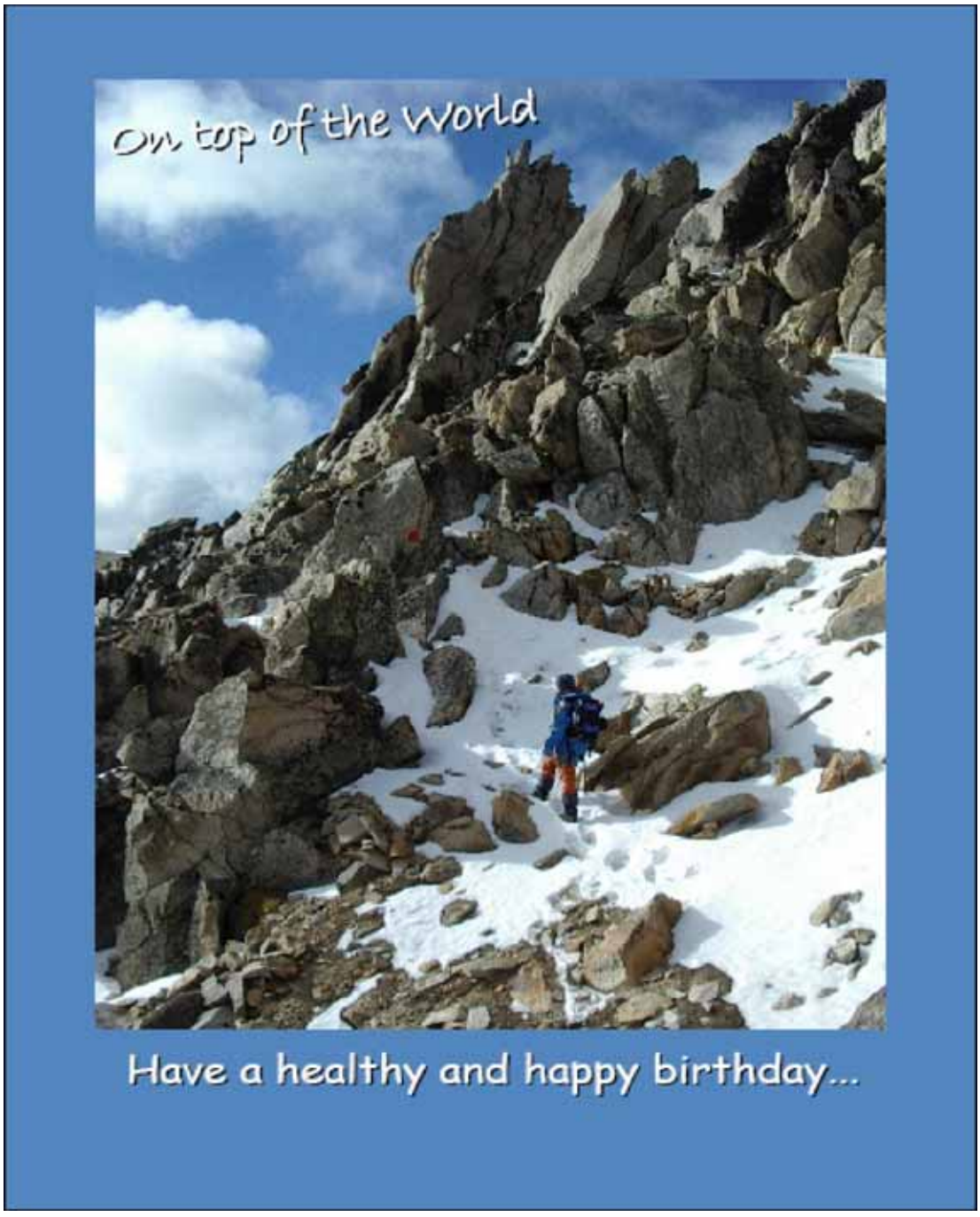
Bray community addiction team
Phone: **01 2764692**
For individuals, families and the wider community affected by alcohol and drugs

www.drugsinfo.ie
Information on drugs and their effects

www.unlocked.ie
Information on alcohol and its effect

The drugs/HIV helpline
Freephone **1800 459 459**

C. Image for Birthday Card



2. Confidentiality Contract (Dr. Mary Carmel Burke, Glasnevin Family Practice)

Rationale
Confidentiality was identified as a key area of importance to young people during work undertaken by Glasnevin Family Practice for the ICGP Young Peoples Project.

Young people frequently have concerns regarding this area as they often wrongly perceive that information disclosed during the consultation can be relayed to other family members without their knowledge or consent. This is a serious barrier to accessing healthcare in this age group.

An environment perceived as safe by the young person to discuss pertinent issues, facilitates comprehensive and effective care provision. Waiting room initiatives have been shown to be a useful means of conveying commitment to maintaining confidentiality. Accordingly, a confidentiality contract was developed for display in our practice waiting room. The aim of this development was to highlight the duty of the practice staff to protect the privacy of the young person and to emphasise this concept as a professional obligation.

In addition, the contract stresses a service that is open and accessible to young people.

Content
The Glasnevin Family Practice Confidentiality Contract for young people simply states

Glasnevin Family Practice welcomes Young People. We acknowledge that confidentiality is a significant concern for young people and we respect this.

'Confidentiality' means that the professional has a duty not to disclose anything learned during a consultation, without that person's agreement.

The wording of the contract is simple and jargon-free. It aims to convey a clear message to young people attending the practice that their concerns are recognised and taken into account by all practice staff. The contract is concise with an emphasis on clarity.

The idea of welcoming young people to the practice is an important one. Too often young people feel excluded from a service that is not deemed to be user friendly and overriding concerns regarding confidentiality may discourage attendance further. By challenging this preconception through a contract young people may feel reassured that their specific needs are catered for. Furthermore by defining the professional duty of care and maintenance of privacy the young person may feel more secure in disclosing sensitive information.

Display
The Confidentiality Contract is currently on display in the practice waiting room. Feedback to date has been positive. By challenging barriers to accessing general practice in this fashion Glasnevin Family Practice hopes to encourage utilisation of a service that is committed to confidentiality and quality patient care.

Photograph shows the Confidentiality Contract surrounded by a selection of the leaflets included in the Young Persons Health Pack.

3. Young Persons Health Pack (Dr. Mary Carmel Burke, Glasnevin Family Practice)

Rationale

Health Education remains an essential component of primary care provision to young people. Young people can feel invincible and therefore are more likely to engage in behaviour that may be damaging to health. It is therefore important that enough information is given to allow informed choices to be made and that the style in which this is achieved is age-appropriate and easy to understand. Recognised barriers to accessing healthcare should be acknowledged and consequently emphasis placed on confidentiality and mutual respect.

One of the activities undertaken by Glasnevin Family Practice for the ICGP Young Peoples Project was the design and production of a young persons health pack. Similar packs are currently in use by the practice for many patient groups and have proved both effective and popular with patients. In our experience young people respond well to these types of initiatives. 'Fresher week' start up packs for college students are well received.

Content

The design of the pack is simple. Leaflets covering a broad range of health issues and an information leaflet regarding primary care services are organised into an A5 folder. Folders are provided free of charge and confidentiality of all services emphasised. The written information provided is jargon free and covers a broad range of topics including exercise, alcohol, smoking, contraception, STI prevention and screening, and managing stress. The packs are colour coordinated - blue for males and pink for females to allow inclusion of sex specific health information including breast care, cervical smears and Men's Health covering testicular cancer etc.

Furthermore there is an emphasis on psychological wellbeing with information regarding common mental health issues. Included also are details regarding accessing confidential help lines, crisis pregnancy agencies and useful websites. The use of colourful written information that is attractive to young people is a feature throughout the pack and there is an emphasis on question and answer formatting which has proved popular with the group previously. There are also plenty of diagrams and pictures to maintain interest with concise text.

Health Information leaflets have been provided by the Health Promotion Unit, the Irish Cancer Society and the Irish Heart Foundation. An information leaflet regarding practice service provision is also included and this takes the form of a practice leaflet detailing staff profiles, opening hours and services provided.

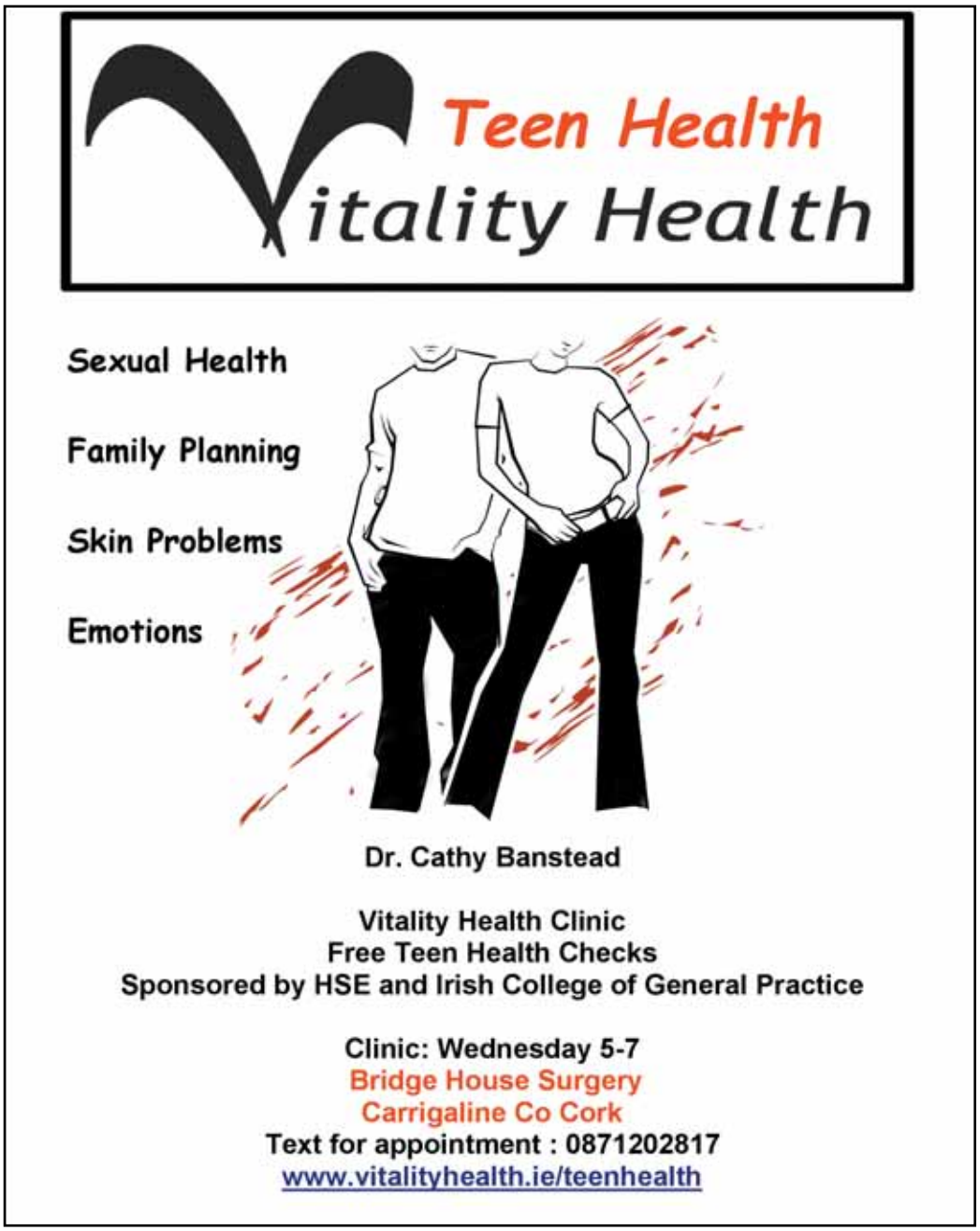
By providing young people with this pack it is hoped that awareness regarding common health issues will be raised and that primary care will be seen as a user friendly service which is sensitive to the needs of this vulnerable population. It is also anticipated through educating the young that lifelong health promoting behaviours may be established. The pack also introduces young people to the concept of preventative health through screening programmes.

The Young Person's health pack is a simple but effective means of promoting health, raising awareness and encouraging increased utilisation of general practice services.

4. Practice / School Poster (Dr. Cathy Banstead, Bridge House Surgery)

Rationale and Content

When a new service is offered to patients they need to be informed of its existence. Posters in appropriate places are well recognised as effective means of creating awareness. This poster was designed to communicate the basic information in a manner that appeals to young people. It can be displayed in the practice waiting room or on school notice boards with permission. In the school setting it allows contact details for the practice to be accessed in a discreet fashion.



Chapter 6

Recommendations

Recommendations arise from this initiative from the experiences of the individual participating practices, from the discussion that followed presentation of the project at the ICGP Women's Health Conference, from the compilation of this report and the experiences of ICGP and HSE personnel who supported the project.

National level

1. The needs of young people should be specifically addressed in development and implementation of the national Sexual Health Strategy with support for provision of services in the general practice setting.
2. Access to GP services, contraception and STI treatment should be explored, including the possibility of subsidised services for young people, as part of a comprehensive national Sexual Health Strategy.
3. Legislation and guidelines for GP on consent to care for minors are required.
4. The potential roles of GPs and practice nurses in SPHE and RSE programmes in schools should be considered in its continuing development.

Health Services Executive

1. The partnership working approach successfully utilised in this project should be considered in developing service delivery models.
2. The pilot project approach can provide an evidence base for new models of service delivery that is specific to the Irish healthcare setting, supports capacity building and generates champions among the service providers.
3. System-wide change requires mainstreaming of the approaches developed through the pilot project approach.
4. General practice should have a role in the provision of STI services as this is feasible and acceptable to both patients and general practice staff.
5. GP access to laboratory services to provide STI services in their practices should be greatly enhanced.

Irish College of General Practitioners

1. Needs to promote awareness of the specific health needs of young people and the approach required to ensure that they get a quality service in general practice.
2. Needs to continue to advocate for the policy and organisational changes required to support provision of health services to young people.
3. Should continue to support initiatives to develop services to young people in the general practice setting.
4. Should further develop and disseminate the tools that were successfully employed in this initiative.
5. Should consider development of a network for healthcare professionals providing sex education in schools or other community settings.

General practices

1. Should ensure that all staff are aware of and responsive to the particular health needs of young people.
2. Should consider training needs of practice staff in providing health care to young people.
3. Should consider young people's needs in drawing up or updating practice literature such as leaflets, website, and confidentiality policies.

Chapter 7

Next Steps

This initiative has provided the opportunity to examine the feasibility of a wide range of approaches to improve access to general practice services for young people. While the initiative was time-limited and the grant to each practice was modest, the outcomes provide an evidence base for further development of many of the approaches taken. This can best be achieved by supporting practices to undertake a single initiative. It would be particularly helpful to explore the following:

1. Service Development

We would like to support the establishment of a young people's clinic within a general practice. This could be doctor- or nurse-led and run either at the general practice surgery or as an outreach at an appropriate setting. A grant would support this to allow the service to be offered free of charge or at a substantial reduction in cost to the young people attending.

2. Involving Young People

Engaging with young people is crucial to addressing their health needs. This should be a two-way process, with an element of needs assessment combined with information provision. Young people's health needs could be assessed through questionnaire of focus groups and information about their own health and the services provided by the practice could be given through talks, leaflets or workshops.

3. Birthday card and follow up service

The birthday card initiative proved popular in one of the practices in this project and has also been successfully implemented in general practices in the UK. There are particular challenges in identifying young people who are patients of the practice in the Irish healthcare setting. There is also a need to provide services for the recipients and to explore their take up of these services.

4. Practice Audit

Arising from this initiative we have developed a checklist for adolescent-friendly practices. It would be helpful for general practices to measure their services to young people using this checklist, identify areas for improvement and describe how these are addressed.

We will endeavour to secure funding and recruit practices to address these areas.

It is important to develop and test approaches that will truly improve access to and effectiveness of sexual health services for young people in the general practice setting. A once-off grant to support the development of such approaches is essential but sustainable changes in services to young people require policy and organisational changes at a national level.

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PROVIDING SEXUAL HEALTH SERVICES TO YOUNG PEOPLE IN AN ACCESSIBLE AND EFFECTIVE WAY

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