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1. Foreword

The views of Young People can often be ignored, especially as users of services like health and social care. Healthwatch Surrey is committed to seeking out this Consumer Voice and bringing it to the attention of decision makers. We are delighted to have worked with Surrey Youth Focus to surface these views and experience of the health and care system.

This report establishes an up-to-date evidence base on the Consumer Voice of young people in Surrey. We hope that it will be used, shared and referred to widely by those responsible for commissioning and delivering services. We would also like to encourage people wishing to speak up on behalf of this seldom heard group to consider this report in their work and to consider joining Healthwatch Surrey to amplify this voice.

There is good news within this report, particularly in that young people are using services and are largely satisfied with the service they get. However, there are also concerns about bullying in school and college and the impact that this has on the mental health of young people. They are particularly concerned that the impact of bullying - something that may start in the education system but often becomes a problem for the health system - is underestimated by professionals, and it is an area that Healthwatch Surrey believes warrants further consideration by local decision makers.

Mike Rich, CEO Healthwatch Surrey

All young people are entitled to receive appropriate healthcare wherever they access it, and, importantly, they and their families need to be at the heart of decision-making for services.

Surrey Youth Focus as the 'voice and ear' of young people in Surrey were invited to research the views of young people about their health needs, priorities and experiences of the health service. The report aims to give a clear and evidenced picture of the views of young people in Surrey about health and social care and notably highlight the issues and concerns that are most important to them. I would like to thank the young people who contributed to this research and the youth organisations that facilitated their involvement.

We hope this report will support decision making and commissioning of services to significantly improve the lives of young people in Surrey.

Cate Newnes-Smith, CEO Surrey Youth Focus





2. Summary findings

- Young people are very concerned about the widespread experience of bullying in school/college and its impact on their health and wellbeing.
 - Bullying triggers a chain that leads to isolation, loneliness, depression and self-harming or other destructive behaviours such as excessive alcohol consumption
 - The view of young people is that education and health services greatly under-estimate the extent and impact of this common experience that starts as an education issue and becomes an NHS health issue requiring treatment, or worse, A&E involvement.
-
- The survey evidence is that young people are broadly content with the health services they receive from the NHS
 - 80% of respondents had visited their GP in the last year
 - 40% had visited A&E
 - These figures were confirmed in focus group discussions as being in accordance with the experience and impressions of young people
 - In general young people had been treated well in their interactions with the NHS, and in accordance with the Department of Health's "You're Welcome" guidelines
 - Notwithstanding this, examples were cited of poor treatment by receptionists, and doctors addressing the parent rather than the young person, as well as lengthy waits in A&E
 - There was considerable criticism of the orthodontic service
 - There is scope for using technology - apps/email - for making appointments
 - There was a strongly held view that technology (e.g. Skype) should not be used as a substitute for personal consultations with GPs. A personal relationship with a named GP was valued
 - There were some instances cited of young people, especially females in their late teens, not being allowed to move away from their family GP to their own GP when requested



- The view was expressed that too often GPs address the physical issue presenting, without sufficient regard to the emotional and mental consequences, especially of limiting long term illness or disability
- Young people are aware of the risks associated with behaviours such as smoking, alcohol, obesity and substance misuse and yet these are still widespread
- It was suggested that a way of addressing these issues would be for highly up front and interactive programmes to be adopted equivalent to the "Safe Drive stay alive" campaign, and to the well regarded sexual health education.



3. Healthwatch Surrey and Surrey Youth Focus: Our roles

Healthwatch Surrey (HWS) came into effect in April 2013 as an independent organisation to give the people of Surrey a voice to improve and shape all publicly funded health and social care services for adults and children in the county.

It does this by being an independent consumer champion ensuring that the voices of people in Surrey reach the ears of the decision makers. Healthwatch Surrey engages with and listens to what people from all parts of the community say, so that it can offer reliable evidence that can be trusted.

- HWS enables people to share views and concerns about local health and social care services
- HWS provides evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans
- HWS provides, or signposts to, information about local services and how to access them

Surrey Youth Focus is a membership organisation that aims to improve the lives of young people by representing and supporting the voluntary youth sector in Surrey. It has some 80 organisations as members, and through them reaches out to over 100,000 young people.

The role of Surrey Youth Focus is to provide:

- Leadership representation and advocacy** - including representation on Surrey's Children and Young People Operational Board, and a seat on the Child and Adolescent Mental Health Services Strategy Board
- Providing member benefits** - including a fortnightly e-bulletin to 450 subscribers, having 2,500 Followers on Twitter, circulating 2,500 copies of Surrey Youth News
- Innovation, networking and brokerage** - this includes understanding the strategic landscape for young people both nationally and locally and enabling information sharing and mobilising action

Surrey Youth Focus membership includes The Youth Consortium who directly employ around 160 youth workers with a further 260 seconded from Surrey County Council.



4. The research questions

The work of Healthwatch Surrey is led by the voices of all people in the county, including children and young people. Therefore in March 2014, Healthwatch Surrey commissioned Surrey Youth Focus (SYF) to research the views of young people about their health needs and priorities.

This led to a series of research questions to look at the particular health needs and views of young people in Surrey within the context of the legislative framework and health issues of young people in general:

What is the legislative framework surrounding the health needs of young people's health?

What are the particular health issues of young people in Surrey?

What do young people in Surrey consider to be their main health concerns?

What do they know about their rights?

What are their views about the services they receive?



5. Legislative background

The Health and Social Care Act 2012 introduced several organisational reforms, including the creation of Clinical Commissioning Groups (CCGs) and Healthwatch as the consumers' health and social care champion.

The Act enabled the Secretary of State to set up a multi-agency Children and Young People's Health Outcomes Forum to develop a Strategy for integrated care for young people. This was commissioned in December 2011, and its report was published in July 2012. (1)

Their brief was to:

- identify the health outcomes that matter most for children and young people;
- consider how well these are supported by the NHS and Public Health Outcomes Frameworks, and make recommendations; and
- set out the contribution that each part of the new health system needs to make in order that these health outcomes are achieved.

The conclusions of the Forum, based on extensive research, were that children and young people and their families should be put at the heart of integrated care, and great stress was placed on acting early and intervening at the right time. A summary of the Forum's work can be found in a Local Government Association (LGA) Briefing. (2)

Specific recommendations included the adoption of four new outcome indicators for inclusion within the NHS Outcomes Framework. These included the effective transition from children's to adult services, which has since been addressed in the new Children and Families Act 2014. This Act

requires the creation of new 'birth-to-25 years' Education, Health and Care Plans (EHC) for children and young people with special educational needs, and offers families personal budgets so that they have more control over the type of support they get.

Another key outcome sought by the Forum was the greater provision of age-appropriate services - with particular reference to teenagers.

This recommendation had in part been addressed by the adoption of "You're Welcome" - the quality standards set by the Department of Health for user friendly services for children and young people. (3)

The report states that:

"All young people are entitled to receive appropriate health care wherever they access it. The Department of Health Quality criteria for young people friendly health services lay out principles that will help health services - both in the community and in hospitals - to 'get it right' and become young people friendly. Services across England need to take young people's needs into account. This includes primary, community, specialist and acute health services." (3)

The quality criteria cover ten topic areas: accessibility, publicity, confidentiality and consent, environment, staff training skills

attitudes and values, joined-up working, young people's involvement in monitoring and evaluating patient experience, health issues for young people, sexual and reproductive health services, and finally specialist child and adolescent mental health services (CAMHS).

As regards the identification of health issues, the report notes the importance of the transition from being a young person to being an adult, and the need for the healthcare system to promote healthy lifestyles including:

- Smoking cessation
- Healthy eating and weight management
- Alcohol misuse
- Long term health needs
- Substance misuse
- Mental health or emotional health and psychological wellbeing concerns
- Sexual and reproductive health.

The Government's response to the Forum's report came out in February 2013, entitled "Improving Children and Young People's Health Outcomes: a system wide response". (4) The response welcomed and accepted the Forum's work; the Ministerial Foreword states:

"The need for integrated care coordinated around and tailored to the needs of the child or young person and their family is clear and fundamental to improving their health outcomes.

Integration means the joins between services and commissioning responsibilities are invisible because organisations are working in partnership to deliver the best care across whole pathways and life stages.

It means children, young people and parents don't have to keep repeating their information, that records are not lost or duplicated, that individuals and their needs do not fall between gaps and that resources are focused on the same goals." (4)





5. Legislative Background

This report was followed up by a Government and multi-agency pledge to secure improved commissioning and greater integration of health and care for young people. (5) The key message in the pledge is that there are serious risks from failing to improve the care of children and young people:

- the all-cause mortality rate for children aged 0 - 14 years has moved from the average to amongst the worst in Europe
- 26% of children's deaths showed "identifiable failure" in the child's direct care
- more than 8 out of 10 adults who have ever smoked regularly started before 19
- more than 30% of 2 to 15 year olds are overweight or obese
- half of life time mental illness starts by the age of 14
- nearly half of looked after children have a mental health disorder and two thirds have at least one physical health complaint
- about 75% of hospital admissions of children with asthma could have been prevented in primary care. (5)

The participants commit to improving this position by sharing ambitions that:

1) Children, young people and their families will be at the heart of decision-making with the health outcomes that matter most to them taking priority.

2) Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.

3) Good mental and physical health and early interventions, including for children and young people with long term conditions will be of equal importance to caring for those who become acutely unwell.

4) Services will be integrated and care will be coordinated around the individual with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.

5) There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.

It is evident from the brief summary of key legislation and reports that young people as consumers should be at the heart of service design, and that delivery should be responsive, as far as resources allow, to their needs.

Furthermore they should be treated with respect as outlined in "You're Welcome".





6. The context of health needs in Surrey

The health needs of young people are defined in the Joint Strategic Needs Assessment (JSNA). (6) A further key source is the Surrey CAMHS needs assessment which is an up to date analysis of mental health need, but drawn down from the pro rata application of national trends to the Surrey population - the prevalence rate. (7) The rule of thumb is that some 10% of young people will experience some form of mental condition.

Surrey Young Carers also has its own detailed report on the health needs of young carers of whom 1,700 are known to them, but it is widely thought that there are some 14,000 young people with caring responsibilities that may impact on their health and wellbeing.

Importantly young people are a significant group in Surrey's health economy. Those aged 0-19 account for about a quarter of Surrey's population (23.9%), whilst if young adults aged 19-24 are included; the figure rises to just under a third (29.3%).

These and other core statistics are given below to contextualise the survey results given later. (8)



Population: Number of young people:		
Age	2011 Census	As % total population
All Ages	1,132,400	100
Age 0-4	71,300	6.3
Age 5-9	65,800	5.8
Age 10-14	67,600	5.9
Age 15-19	67,700	5.9
Age 20-24	61,500	5.4

Number of young people in receipt of free school meals: 12,114

Number of young people (0 -19) living in poverty: 23,090

Incidence of childhood obesity: 25,000 at age 11-15 (around 37%)

Mental health: Number of young people (aged 5-16) with mental health problem: 15,600 (national incidence pro rata to Surrey population)

Teenage pregnancy (as % those aged 15-17): 2% (nationally 4%)

Smoking: According to the Children and Young people needs assessment (2008), Girls are more likely to be regular smokers than boys. 10% of 11 to 15 year old girls are regular smokers compared with 7% of boys of the same age.

Alcohol misuse: The TellUs Survey was a national school-based survey that was conducted annually and used to assess a range of issues affecting children and young people aged between 12 and 16 years, including alcohol use. The table below outlines the results of TellUs4 on alcohol, carried out in 2009. (10)

Tellus 4 Survey Results on Alcohol Use: Young people aged 12-16		
	Surrey (%)	National (%)
Number reporting having ever had an alcoholic drink	47	42
Number recording getting drunk once or twice in the last month	12	10
Number reporting getting drunk three or more times in the last month	6	5

Drug Misuse: There were 3,440 young people aged 19 and under who used drugs frequently in 2008.

Table 6.1 Young people in Surrey: Contextual information

Sources: Surrey (specifically the JSNA Needs of Children and Young People, August 2013 and CAMHS Health Survey) (7) (8)



7. How did we do the research?

SYF engaged with young people, young trustees of SYF, to design the consultation. The young trustees recommended the use of online as opposed to paper surveys, and minimal focus groups. In designing and piloting the survey, SYF requested input from a range of youth organisations and young people.

The methodology was a combination of:

- Desk research/literature review
- Online opinion survey
- Focus groups

Young peoples' participation in the survey and focus groups was voluntary; and for participants under 16 years consent was required from a responsible adult (parent/guardian/ or the adult acting in loco parentis). The purpose was explained to the young people, their honest views and ideas about priorities were encouraged. Young people were reassured that all responses would be anonymous.

7.1 Survey contacts and communications

The advice and guidelines of the Market Research Society's Code of Conduct were followed in undertaking the survey, including the requirement to seek parental consent if interacting with children:

"The MRS Code of Conduct defines children as those aged under 16 years. Where the term young people is used in these guidelines it refers to those aged 16 and 17 years. Where the term adult is used, it refers to someone aged 18 or over.



Consent: This is the permission given by the responsible adult to the interviewer which allows the interviewer to invite the child/young person to participate in a project. It is not permission to interview the child/young person, as the child/young person must have their own opportunity to choose to take part in the research." (9)

The organisations and networks undertaking this survey were:

- The Youth Consortium Surrey and Borders
- Surrey Young Carers
- Surrey CAMHS Youth Advisers
- SATRO Club Members (300 young people)
- YMCA Health Champions
- Scouts and Guides
- Open online access through SYF website and links to 'Wearesurge website'

The survey was launched in mid June, and publicised through the partner organisations listed above as well as publicly on the SYF website and via Social Media. It closed in late July.



8. What did we find out?

8.1 The survey results - views of young people

The survey was launched through Survey Monkey (open between 18 June and 15 July 2014) with 210 responses received to what was considered a detailed survey.

8.1.1 The survey respondents

There was quite an imbalance between genders in the responses: 70% were female and 30% male. 74% were 16 and over, and 21% under 16 (with parental consent to respond) and nearly 5% under 16 without parental consent. 86% of respondents were White, 5% mixed race, 4% Asian and 1% Black and 12% of respondents said they had a disability.

8.1.2 Service usage

The respondents had made considerable use of GP and A&E services. Some 80% of respondents had seen their GP in the last year, and 40% had been to A&E. Both focus groups thought the A&E figure (40% having visited in the last year) was reasonable; it was suggested that young people's sporting and recreational activities made them liable to bone fractures/accidents. In the second focus group exactly 80% had indeed visited their GP in the last year. Just over three quarters had seen a dentist in last year (77%), and 3% had never seen a dentist. 57% had heard of the 111 service, and 36% had not.



Table 8.1. Percentage visits to healthcare professionals/providers in the last five years.

Health professional/provider	Within the last year (%)	2-3 years ago (%)	4-5 years ago (%)	Never (%)
GP surgery (Doctor or health worker)	81	14	3	2
Dentist	77	18	2	3
Local hospital including A&E	40	31	7	22
School nurse	26	13	15	46
Sexual and reproductive health service (e.g contraceptive clinic)	18	7	2	73
Child and Adolescent Mental Health Services (CAMHS)	20	5	3	72
Pharmacist for advice	41	12	2	45



8. What did we find out?

“Last time I went to the GP they were brilliant! I was worried at first but the lady there really reassured me!! Very lovely GP who made the experience as pleasant as it could be!!”

“I went to my GP and was really happy to see that he respected my privacy. He quickly went to ask his next-door female colleague if she could do my check up.”

“... the general health service in Surrey is very good, but the emergency services - and emergencies are situations where you really want to feel supported and confident in the people you are relying on - have been terrible. Slow, lack of care and concern for either those in need of immediate physical attention or those around in mental distress”.

“Different departments and people (even if in same) don't speak together meaning I end up having to repeat stuff to different people who should know before I meet them”.

8.1.3 Service quality

The respondents rated services from GPs very highly - 90% saying that their (recent) experience was either ‘Very Good’ or ‘Good’. The figures for dentist visits were similarly high at 88%. This contrasted with a much lower figure of 69% for A&E experiences.

The views of the focus groups broadly confirmed these statistics. There was a slight suggestion that the experience in dentistry services and from their receptionists was better than that for GPs - the explanation seemed to be more time and continuity of relationships. There was some criticism of A&E within the focus groups. Young people had experienced long waits for actual or suspected bone fracture, but were eventually dealt with well, whereas a real emergency (suspected meningitis) was dealt with very expeditiously.

Perhaps the best summary came from a focus group member: **“The NHS is quite good, quite slow and time consuming”**, suggesting that the NHS imposes time costs on the user/patient in waiting/queuing/missing school/missing work and is very much supplier led, rather than customer led.



8.1.4 Were they welcomed?

Reference was made above to the “Everyone’s Welcome” report by the Department of Health regarding the way in which young people should be treated, and the feedback from respondents was mainly very positive.

These figures are encouraging, but not grounds for complacency. The lowest satisfaction is for usefulness and clarity of the leaflets provided. This is relevant as both

focus groups said they wanted information about difficult/embarrassing topics (notably sexual health) relayed by leaflets. However, there were also a large number (30%) for whom leaflets were not relevant at all.

Both focus groups had stories of being ignored by receptionists or looked at askance. One young woman had asked to be transferred from her (male) family GP to her own female GP and been refused.

Table 8.2 Percentage of respondents agreeing with ‘Everyone Welcome’ principles.

Everyone Welcome?	Yes (%)	Sometimes(%)	No (%)	N/A (%)
Were staff friendly, did they listen to your needs?	69	28	3	1
Did you feel staff took you seriously?	63	29	8	1
Did you feel staff were well trained and knowledgeable about your health needs?	63	28	8	1
Did you feel staff knew how to refer you to other services available locally if required?	48	28	15	9
Was your privacy respected at all times?	82	13	4	1
Were the buildings welcoming and accessible?	65	31	3	1
Were the leaflets useful and written in a way you could understand?	39	25	6	30

“None of the leaflets actually contained focussed information concerning younger people, therefore the most informative leaflet only contained a few short sentences about Young health care.

Not very useful, as you might imagine. The few that were about younger people only had details to parents, and it was clear to see that the target audience was parents. However this did not greatly affect me, though it would have been nice to be able to pick up a leaflet and read it well”.

“CAMHS was a disaster. They were patronising, at times rude and they seemed to be utterly stumped by my symptoms because I didn't fit exactly into the boxes that they expected. It didn't help that I seemed to see a different person each time at a time when I found meeting new people terrifying.”

“I feel that there are no pathways in existence for ‘community referral’ e.g. for dietary, or exercise advice apart from general advice to do some more exercise, or to eat ‘healthily’. For change to happen it would be useful to have referral pathways for such interventions.”



8. What did we find out?

8.1.5 The Four Top Health Concerns of Young People - "The Inconvenient Truth"

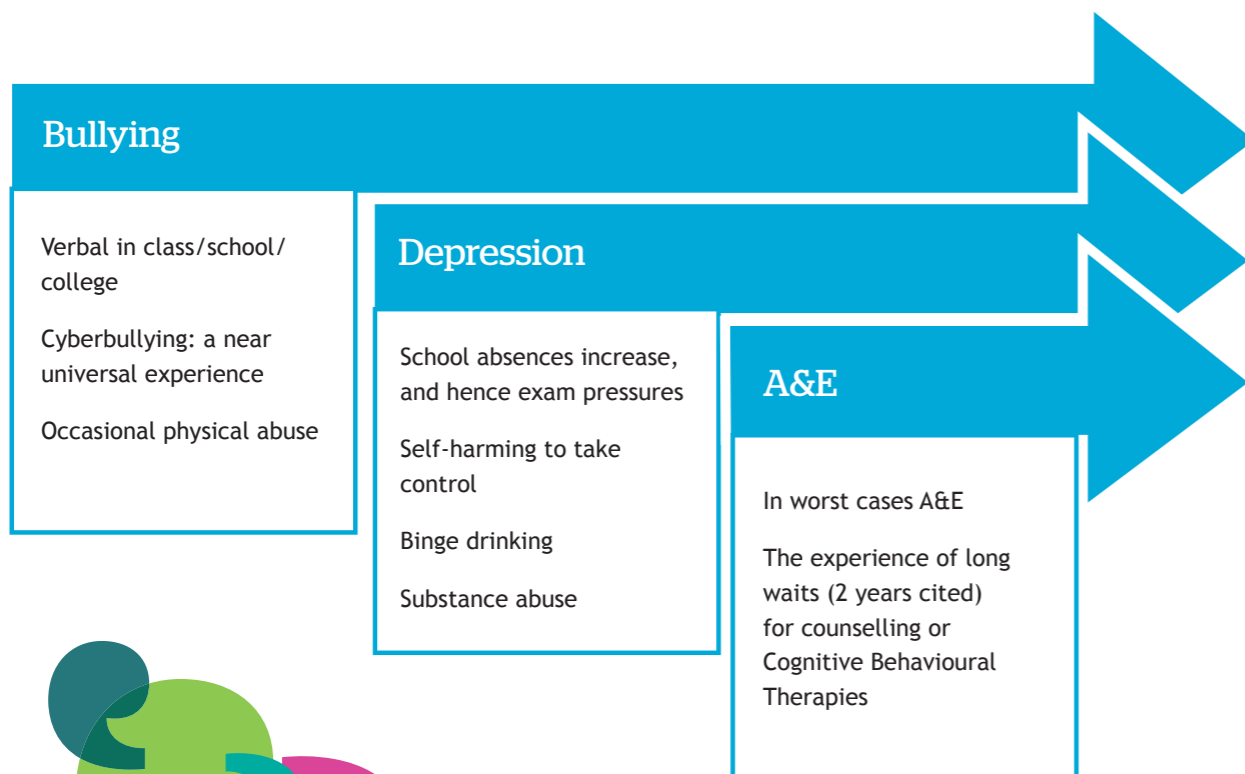
This is perhaps the most important insight from this research. Some 70% of respondents were "sometimes" concerned about potential health issues; only 17% of young people never thought about it. It is very clear indeed from both the survey results and the focus groups that the principal concern of young people in their teenage years is **mental health in the widest sense**.

The top 4 concerns are:

1. Mental health/depression
2. Self-image
3. Self-harming
4. Exam pressures

There was quite a strong gender bias in the responses (twice as many females as males) which could be influencing this outcome if self-harming and body image are of greater concern to females than males. However, in the focus group discussions, there were more males than females and both focus groups were emphatic that mental health is the **main issue of concern**, and that it is not being dealt with adequately by the NHS.

The starting point was thought to follow a chain of causation that began with bullying in school/college, and often ended in A&E:



"There doesn't seem to be the right help and advice for my age group. Alternatives are Drugs, Alcohol or online networking which is boring and addictive and depressing"

"I think some of them link with each other very closely so I would also pick bullying and school/exam pressure."

"My mum and me and brothers live on benefits. My mum isn't well at the moment and I am trying to manage it all. There is not enough and so my mum and me go without. It's making me tired and I feel anxious"

I cannot get any help with my mental well-being (I am very depressed) until I have reached a "healthy weight", and I am constantly worried about this. Also, I can never sleep, but I am too scared to ask for something to help (my mum is very anti-sleeping pills).

"Just sometimes feel I could afford to lose a little weight"

"Stress at home, anxiety from exams, pressure from family, isolation and lack of freedom making it difficult to reach out in privacy."

"Worried that I have some form of depression....I don't feel like there is enough going on to combat depression etc in teens/ young adults, or if there is I definitely don't know about it. Can imagine it's very hard for some young people to pluck up the courage to talk to someone or even to acknowledge the fact that they may be depressed etc. So maybe more can be done about mental health awareness for yourself and to be able to notice it in others."



The participants in both focus groups thought that bullying was the starting point for mental health issues, alongside exam pressures.

The policy implication of this suggests that there needs to be closer collaboration between schools/colleges and health and care services to address the issues. The focus groups suggested this should include zero tolerance of bullying behaviour, though it was also thought that teachers and parents especially were the last people who would be turned to, as bullying would only worsen.

The positive suggestion was to use young people who had overcome bullying/ depression as role models, combined with developing a strong anti-bullying culture, and to develop interactive programmes on mental health care similar to those on sexual health which were well regarded.



8. What did we find out?

8.1.6 Knowing Rights/Meeting Needs

The respondents seemed well informed about their rights, with the caveat about the lack of awareness that young people can determine their own treatment even if aged under 16. Nearly 60% of young people feel involved in decisions about their own health, and nearly 92% of young people think that the NHS in Surrey is meeting their needs well or very well.

However, it is the comments that help to illustrate what might need to be changed or improved:

“Better counselling and therapy treatment for young people with complex problems and ADHD/ASD difficulties that get worse as you get older.”

“The process of seeing a GP and then being referred to a specialist can take a very long time. For students who spend some time at university and some time at home, being registered at one place and not at the other can be challenging.”

“Shorter waiting times or less referrals because I’ve lost over two years being referred to different departments who have a look and send me somewhere else six months later.”

“A&E can often be very busy and stressful, though the staff are always helpful.”

“It could be improved by making the buildings more welcoming on the inside!”

“Allow to speak to Drs and people privately and confidentially without parents.”

“I feel that because I am only 16 sometimes the workers of the NHS tell me to “talk to a parent” or “get mum and dad in here to talk about it”, when really they should be talking to me and allowing me to make my own decisions.”

“They did things then didn’t tell me till it was going to happen.”

“They always speak to mother first and ask her opinion and more often go on that even if it’s very different to my own.”

“Most of the services I felt that it took ages to see me, even if I had an appointment or if it was an emergency situation (e.g. A&E). I also felt that for CAHMS and



the GP I was not given sufficient information to take away with me. I didn’t feel that they were listening to my questions and concerns and so left feeling unhappy. However my dentist has always been great. Very informative and caring. I feel also that because I am 16 that maybe the staff do not take me seriously, even when I’m coming to them with clear evidence of a problem.”

“My worst experience is with CAMHS. They ask me awkward questions, talk about difficult things and then do nothing to help me with the problems I tell them about. So why ask the questions. I would never go but I have to to get my medication for ADHD. I hate going and am always left feeling depressed. I just tell them everything is fine now (even when it’s not) so that they don’t ask any more questions. I don’t mind telling people about the problems I am having if they are going to help. They just make me say it and then just book me in for six months time……. I just felt humiliated.”

“When visiting CAMHS for awful mood swings, I was on the waiting list for about a year, then when I was finally appointed a ‘nurse’, she was ill every time I was scheduled an appointment, so I ended up not even being seen, so we asked to change counsellor, but the woman I was changed to clearly usually worked with small children and so I felt incredibly patronized and it ended up creating more problems; i.e my eating disorder escalated massively.”

“Waiting rooms should be so if you’re alone you don’t need to see other members of the public. I have often bumped into my mother’s friends while waiting asking me where my mum is and if she knows I’m there. Within the surgery should be a councillor office open 24/7 for people to just come in and talk Most importantly the Opening times are ridiculous for students! If the appointments are fully booked we are told to call back at 8am by which many of us have to be in school or college Also within the clinic should be a place where you can pick up free contraception since I don’t know anything about the local sexual health clinic and neither do my friends. This quick stop by would help many people.”

“Waiting time for an appointment is awful, having to sometimes wait at least 2 weeks is just terrible.”





8. What did we find out?

8.1.7 Access to support

Family and friends are still the most influential group supporting young people. There was however a high level of awareness of the NHS Choices advice site and over 55% of respondents reported visiting the site.

8.1.8 Use of technology

A possibly surprising result of the research is that whilst about 50% of young people see the value of on-line appointment systems (by phone/app), they do not favour the prospect of Skype calls online to their GP (favoured by only 24%). This was indicated by the survey responses, but borne out emphatically in the focus groups. Young people do not favour on line consultations for several reasons:

- Difficulty of having privacy and opportunity at home
- A concern about being hacked or intruded upon, or simply losing the link in the middle of a sensitive call
- A preference for building a relationship with a named GP

8.1.9 Lifestyle/Behavioural issues

One of the focus groups remarked on obesity as a core issue for young people. Both groups mentioned smoking as an issue. The survey evidence however was that 80% of respondents never smoked, and similarly 90% never took illegal drugs. However in terms of alcohol consumption, whilst 25% never drank alcohol, 60% were occasional consumers of alcohol and 14% had a habit of binge drinking at week-ends. These figures are broadly consistent with the pattern identified in the section on contextual information.

As regards healthy lifestyles, 76% of respondents had eaten at least three portions of fruit or vegetables a day, but only 26% had



consumed more than five portions. In terms of exercise, just over 50% respondents had undertaken 30 minutes of exercise three times in a week (15% had done none or just one period of exercise). The recommendation is that young people aged 5-19 should have 60 minutes of exercise every day.



8.2 The Focus Groups

Two focus groups were held to check out and amplify the points made in the survey findings. One was held in Stanwell (Spelthorne) attended by five young people, and a second in a more rural area - Farnham (Waverley) - involving 10 young people. An additional telephone discussion took place with a young person (who had serious health needs) about the perspective of young people with disabilities.

The focus groups were facilitated by two staff from SYF with one leading the discussion and the other taking notes. The draft notes were ratified by the participants as accurately reflecting their views.

Both sessions were animated and with plenty of comments being made. The themes that emerged concerned:

- A broadly favourable experience of the NHS in GP services, but with some reservations about how younger people may be talked about, rather than talked to when parents are present
- Experience of long delays in A&E for non-life threatening problems
- A concern that young people with long term conditions (disabilities) do not have the implications explained to them in an age-appropriate way
- A concern that the mental and emotional aspects of physical problems are not always explained, whereas the two need to be addressed together
- A confirmation (from all three sources) that depression and mental health issues are a major concern; linked to bullying, isolation, loneliness and self-harm
- Similarly that smoking habits and obesity are a widespread issue, with the latter linked to diabetes, awareness of which needed to be developed amongst young people, and especially those from BME communities
- Some examples were given where young women did not have the opportunity to exercise the choice to change from a male to a female GP
- Considerable criticism of orthodontic services for their lack of weekend service, waiting times and cost thresholds





9. Conclusions



- The major health concern of young people in Surrey was in the area of mental health and depression. This view came across in the survey responses and was confirmed by both focus groups.
- Young people felt there needs to be greater collaboration between schools setting a zero tolerance of bullying, including cyber bullying, because of the consequences for young people of their lives being miserable, becoming increasingly socially isolated, depressed, leading to medication by GPs, or to A&E for self-harming. The cost dimension of this needs to be recognised in Surrey for it is clearly part of a national trend.
- On the whole, the NHS is perceived by young people to be meeting their needs well.
- Moreover most young people are being treated respectfully as patients/customers.
- 80% of young people have visited their GP in the last year, and 40% have visited A&E.
- 77% of young people had visited their dentist in the last year and 3% had never seen a dentist.
- There is criticism of waiting times in A&E for what may be regarded as low priority problems - such as fractures - but instances of life threatening emergency were felt to be dealt with well.
- There may need to be greater sensitivity on the part of GP practices to young people (especially young women) wanting to move away from their family GP to their own named GP.
- There is a need to improve the user friendliness of leaflets, which still have a valued place in informing young people about sensitive issues.
- Use of on line/app booking systems for appointments would be welcomed, but the responses made it clear that technology cannot replace the personal relationship between patient and doctor that is valued by young people.
- There is considerable praise for dentistry services which seem to have more time and better relationships with younger patients than GP services. However, this did not extend to orthodontic services about which there was considerable criticism in the focus groups.



10. Next Steps

Healthwatch Surrey will be raising awareness of the findings with the following individuals, groups and organisations:

- Health & Wellbeing Board
- County and Borough Councilors
- Surrey Youth Parliament
- Commissioners of services used by Young People:
 - Surrey County Council
 - Clinical Commissioning Groups
 - NHS England
- Providers of services used by Young People:
 - South East Coast Ambulance Service NHS Trust
 - NHS Hospital Trusts
 - Surrey and Borders Partnership NHS Foundation Trust
 - Community Care Providers
 - GP Surgeries
 - Pharmacies
 - Independent Providers

This evidence base of views and experiences provides a firm footing from which Healthwatch Surrey, Surrey Youth Focus and the community of Surrey can champion the voice of Young People in the forums and meetings it is involved with.

On-going application of the report will be the responsibility of the Young People's Engagement Group, hosted by Healthwatch Surrey.



11. Contacting Healthwatch Surrey

People can contact Healthwatch Surrey about any concern, experience, issue or feedback they wish to share about a health or social care service in Surrey.

A free independent complaints advocacy service in Surrey is provided by SEAP.

They can be contacted on:

- ☎ Telephone: 0303 303 0023 (local rate number)
- ✉ Text (SMS): 07592 787533
- 📠 Text Relay: 18001 0303 303 0023
- ✉ Email: enquiries@healthwatchesurrey.co.uk
- 🌐 Website: www.healthwatchesurrey.co.uk
- 🚶 Or pop into any of the Citizens Advice Bureau in Surrey.
A list of the Citizens Advice Bureaux in Surrey is available on the Healthwatch Surrey website.

- ☎ Tel: 0300 435727
- ✉ Email: Surrey@seap.org.uk
- 📠 Text: 80800 keyword SEAP
- 🌐 <http://www.seap.org.uk/local-authority/surrey.html>
- A comprehensive list of other advocacy support services in Surrey, including mental health advocacy, can be found on the Surrey County Council website at:
- 🌐 <http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/adults-with-physical-or-hearing-or-visual-impairments/advocacy-and-advice-services-for-adults>






References

1. Department of Health.
<https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>. Gov.uk. [Online] <https://www.gov.uk>
2. http://www.local.gov.uk/childrens-health/-/journal_content/56/10180/3684797/ARTICLE. [Online] <http://www.local.gov.uk>
3. <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>. [Online]
4. www.gov.uk/government/uploads/system/uploads/attachment_data/file/214928/9328-TSO-2900598-DHSystemWideResponse. [Online]
5. Health, Department of.
<https://www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reducechild->. Gov.uk. [Online] Feb 2013. <https://www.gov.uk>
6. JSNA Children and Young People.
<http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=27>. Surrey. [Online] <http://www.surreyi.gov.uk>
7. Surrey County Council.
<http://www.healthysurrey.org.uk/assets/documents/camhs-mental-health-needs-asse-2>. Healthy Surrey website. [Online] April 2014.
8. ONS Census 2011, Surrey.
<http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=55>. Surrey. [Online] <http://www.surreyi.gov.uk>
9. Market Research Society .
[https://www.mrs.org.uk/pdf/code%20of%20conduct%20\(2012%20rebrand\).pdf](https://www.mrs.org.uk/pdf/code%20of%20conduct%20(2012%20rebrand).pdf). Market Research Society website. [Online] 2010. <https://www.mrs.org.u>
10. Tellus4 Research Report DCSF-RR218.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/221932/DCSF-RR218.pdf. Gov.uk. [Online] 2009. <https://www.gov.uk>
11. ONS, Census 2011. Surrey.
<http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=55&cookieCheck=true>. Surrey-i. [Online] <http://www.surreyi.gov.uk>






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