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Original article

# Experience of Primary Care Services Among Early Adolescents in England and Association With Health Outcomes

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A B S T R A C T

**Purpose:** The aim of this study was to investigate adolescents' (11–15 years) experience of their general practitioner (GP), whether poor reported GP experience was associated with worse physical and mental health measures and whether poor previous GP experience was linked to lower utilization of these services.
**Methods:** We used logistic regression to analyze data from the 2014 Health Behaviour in School-aged Children study. Four aspects of recent care experience were studied: feeling at ease, feeling treated with respect, satisfaction with doctor's explanation, and feeling able to discuss personal matters. Five dichotomized measures of health status were used: ever self-harmed; fair or poor self-reported health; frequent (at least weekly) low mood; sleeping problems; or headaches.
**Results:** Of 5,335 students, 4,149 reported having visiting their GP within the past year. Of these, 91.8% felt treated with respect, 78.7% felt at ease, 85.7% were satisfied with explanation, and 53.9% felt able to discuss personal matters. After adjusting for ethnicity, age, gender, and family affluence score, poor experience on any indicator was strongly associated with increased risk of self-harm (adjusted odds ratio range, 2.01–2.70; all $p < .001$); feeling low (AOR range, 1.53–2.11; all $p < .001$); and sleeping problems (AOR range, 1.49–1.91; all $p \leq .001$). Poor experience on all indicators, except discussing personal matters, was associated with worse self-reported health.
**Conclusions:** Nearly half of this large, national study of adolescents did not feel able to discuss personal matters with their doctor. There was a consistent, strong association between reported lack of good GP experience and poor health measures.
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**IMPLICATIONS AND CONTRIBUTION**

These findings show a strong association between poor health care experience and poor health. Adolescents with the greatest need report poorer experience of care, which may further exacerbate their health problems. Further research is needed to investigate the extent to which higher quality services can address these disparities and improve outcomes.

Adolescence is a key stage of the life course when lifelong health behaviors and attitudes to health care can be established [1]. Meeting the distinct health care needs of this age group is an important public health investment [2]. Unmet health care need in adolescence is linked to a range of increased health risks, and

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longitudinal data show that it is an independent predictor of poor mental and physical health outcomes and on-going unmet health care need in adulthood [3].

Compared to many other countries, English adolescents have potentially good access to general practice services (English general practitioners [GPs] are similar to family physicians, having responsibility for primary care needs of their patients), as the English National Health Service offers comprehensive health services, free at the point of use. However, concerns have been raised about the quality of National Health Service care provided for adolescents and in particular about the responsiveness of services to young people's needs [2,4]. Data from the United Kingdom and other high-income countries show that adolescents report poorer experience of inpatient services than other age groups and that young adults report poorer GP experiences than older adults [5]. One previous UK study showed that only 26% of 13- to 15-year-olds felt able to talk to their GP about private things, and feeling unable to discuss private things was associated with lower consultation rates [6]. Despite government intentions since 2013 for children and young people to be included in all relevant patient experience surveys, the national patient surveys for GPs remain restricted to patients aged >18 years [7,8]. As a result, no national data have been reported on the GP experiences of patients aged <18 years. However, in smaller studies, young people have reported dissatisfaction or avoidance of their GP due to concerns about lack of confidentiality, feeling embarrassed, or not being treated with respect by health care professionals [9,10].

National guidance, in particular, the *You're Welcome* quality standards for young people friendly care, emphasizes the importance of listening to the perspectives and experience of young people who use health services and working in partnership with them to monitor and improve service quality [2,11]. Initiatives to train health care professionals in communication skills with young people have been shown to result in sustained improvement to patient satisfaction and professionals' confidence in their consultations with young people [12]. Small-scale projects have also suggested that high-quality services, which address the distinct health care needs of adolescents, can support young people to engage more actively with their own health and increase the likelihood of further attendances [13,14]. However, little is known about whether poor GP experience in this age group is associated with worse health status or reduced health care utilization.

Using data from the 2014 Health Behaviour in School-Aged Children (HBSC) survey (England), we wished to investigate:

1. The experience of GP care in a large, national sample of early/mid adolescents.
2. Whether poor reported GP experience was associated with worse physical and mental health measures.
3. Whether poor previous GP experience was linked to lower utilization of GP services.

## Methods

### *Participants and details of HBSC England methodology*

The World Health Organization HBSC study is a cross-national survey-based study addressing the health and well-being, health behaviors, and social determinants of young people aged 11, 13, and 15 years [15]. Data are collected through self-completed surveys administered during class time. The study is conducted every 4 years across Europe and North America following an internationally approved protocol [16].

The sample for the present study comprised English students who completed the 2014 HBSC survey. The survey includes international mandatory items and optional country-only questions, allowing for flexibility for inclusion of issues of national importance. Both the self-harm and service use questions were national questions. A random sample of all secondary schools in England, both state and independent, stratified by region and school type was drawn. The original sample consisted of 100 schools of which 48 schools were recruited resulting in 5,335 students from 261 classes. There was a fairly even gender split (51.5% male), and each of the three age groups were well represented (39.8% 11-year-olds, 30.0% 13-year-olds, and 30.2% 15-year-olds). The majority of the sample was white British (76.8%). The response rate at the student level was 92%. For full details of methodology, see Brooks et al. [17]. Ethical approval was granted from the University of Hertfordshire Ethics Committee for Health and Human Sciences (HSK/SF/UH/00007).

### *Variables*

*Health measures* included five survey items. Students were asked how often in the past 6 months they had experienced any of the following: (1) headaches, (2) feeling low, and (3) sleeping difficulties. Response options varied from "about every day" to "rarely" and were aggregated to create a dichotomous variable. Students also reported general self-rated health (excellent/good/fair/poor), with the upper two and lower two response options combined to form a binary variable. Finally, 15-year-olds were asked if they had ever self-harmed (yes/no). As outlined in Appendix 1, poor health measure responses (defined as symptoms occurring weekly or more frequently, having ever self-harmed, or fair/poor self-reported health) were coded as "1" with all other responses coded as "0."

*GP experience* was measured through five items. The first item assessed whether the student had visited their GP within the past year (yes/no). The remaining items focused on their experience of their last consultation. Being able to talk to the GP about personal things was also a binary variable (yes/no). Feeling at ease with and feeling respected by the GP and GP providing good explanations were rated on a five-point Likert scale from strongly agree to strongly disagree. As outlined in Appendix 1, the responses were aggregated to create a dichotomous variable, with positive experiences coded as "1" and negative or neutral experiences coded as "0." The patient experience measures were adapted from questions that had been used in previous surveys and are consistent with the wider literature on measuring the quality of health care for adolescents [6,18,19].

*Demographics* including age, gender, ethnicity, and social economic status (SES) were included. SES was measured via the family affluence scale, a proxy measure of SES, based on a set of questions relating to material wealth in the family home. Consistent with recent HBSC work, the raw family affluence scale was converted into three tertiles, as outlined in Appendix 1, categorizing respondents into the bottom 20%, middle 60%, and top 20% [15].

All statistical analyses were conducted using SPSS. Where the response rates were compared between cohorts to assess

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