



# GP CHAMPIONS FOR YOUTH HEALTH PROJECT

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TOOLKIT FOR GENERAL PRACTICE

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## 1 INTRODUCTION

This toolkit is designed for use in primary care by GPs, practice nurses, practice managers and other health professionals to improve young people's health.

It lists the areas all GPs should address to make their practice better for young people, including access, confidentiality, feedback, and patient participation.

In addition, building on experience from the GP Champions for Youth Health project, funded by the Department of Health and the Paul Hamlyn Foundation, it demonstrates how primary care can work with the voluntary sector to increase capacity, provide innovative methods of care and new referral pathways.

The toolkit also sets out how to make a case for getting your Clinical Commissioning Group to fund services for young people, using local data and voluntary sector expertise.

### The GP Champions Project

This three-year project in England consisted of 10 pilot sites, each with a lead GP linked to a voluntary sector organisation. The project aimed to find innovative ways of improving the health of young people aged 10-24 by joining up primary care with the voluntary sector. It was run by two charities, the Association for Young People's Health (AYPH) and Youth Access, in conjunction with the Royal College of General Practitioners' Adolescent Health Group.

Young people have participated in the work in all 10 sites, including those who are marginalised, such as the homeless, young offenders, care leavers and Black and Minority Ethnic communities.

The learning from the work is being brought together in resources including this toolkit for GPs. Further findings and recommendations from the work can be found online at [www.ayph.org.uk](http://www.ayph.org.uk)



*The project has exceeded expectations and our new found relationships will go from strength to strength.*

### Why focus on young people's health?

Adolescence is a critical time for health when risk-taking behaviour such as smoking begins and many serious long-term conditions become apparent. It is also a critical time for mental health, with half of lifetime mental illness starting before age 14. Despite the level of need and the specific health issues facing them,

young people are the age group who are least satisfied with visits to their GP and statistically have the shortest consultation times. New data now shows that young adults also have greater difficulty in booking GP appointments and are twice as likely to attend A&E or a Walk-In Centre.

Although there have been positive reductions recently in young people's levels of smoking, drinking and under-18 conceptions, this is the only age group in which mortality levels have not declined. Morbidity in this age group has also increased.

The second decade represents a tipping point for future adult health. It is a time when young people are becoming independent and when those with long-term conditions cross over from paediatric to adult services.

Some young people feel that their GP does not understand them, can't relate to them, judges them and talks down to them, especially around mental health. Repeated surveys show young people are concerned about confidentiality and they also find it difficult to make appointments and to explain to their doctor how they are feeling. Despite this, we know how important it is for young people to have a positive experience of going to their GP.

GPs sometimes say they see very few young people, but the 11-24 year olds make up 19 per cent of the UK population.

## 2 WHAT EVERY GP PRACTICE CAN DO TO IMPROVE YOUNG PEOPLE'S HEALTH

### Appoint a 'champion' in the practice for young people's health

There was overwhelming support from GPs on the project to champion young people's health and make their practice more 'young people friendly'. But this worked best in practices where one person took on the role and implemented it. GP partners had the most influence in the practice but did not always have the time needed to roll out initiatives. Salaried GPs were interested and engaged but could not always persuade the whole practice to get involved. Practice managers could see the business case for improving things for young people but were also short of time.



**ACTION:** Appoint one person to champion young people's health in the practice. It could be a GP, a practice nurse or the practice manager. Give them time at practice meetings to explain what's happening and why. GP partners have the most influence, but the least time.

## Let young people register with a GP

GP practices must make it easier for young people to register with them and not insist on seeing two forms of documentation to prove their address and identity. Some of the most vulnerable young people who most need to see a GP are denied registration as they lack the correct documentation. This is a particular problem for young people leaving care or the criminal justice system, refugees and the homeless.



**ACTION:** Work with your reception team to make young people's registration easier.

## Help young people make appointments

Young people can find it intimidating to make an appointment, especially over the phone. The increased use of telephone triage systems to book an appointment is particularly problematic for many young people. It can be hard to make a call at a specific time (often around 8.30am when young people are on their way to school, college or work), difficult to receive a call back from a GP during school or work hours and hard to explain a medical problem succinctly over the phone – especially in privacy. Online booking is much more acceptable for young people, although the set up procedure can be complicated and is not always offered to the under-16s.



**ACTION:** Review your methods of booking appointments and make sure a variety of ways are available – not just phone triage.

## Take a flexible approach to appointments

There needs to be flexibility for young people who don't always manage to get to their appointment on time. They are often reliant on unreliable public transport and may not have phone credit to ring and say they're running late (or do have credit but can't get through). Receptionists need to take a flexible approach where possible and use text reminders so young people are prompted about their appointment.



**ACTION:** Take a flexible approach towards young people who are late or miss an appointment. Explore text or email reminders to avoid 'Did Not Attends'. Consider a 'drop-in' session for young people after school or college.

## Make the waiting room more welcoming for young people

This can be an imposing environment for young people who may be nervous about their appointment and feel self-conscious. Practices should consider having leaflets or a notice-board specifically for young people or have young people's website information loaded on the video system if screens are used. Receptionists can also help by making young people feel welcome and giving them the option to wait outside if they don't feel comfortable sitting in the waiting room. Receptionists also need to be tolerant of the fact that young people can be noisy and may bring friends with them. Those friends may be providing vital support to a young person in distress.



**ACTION:** Work with young people to get their view of the waiting room and develop ideas them to make it less intimidating and more welcoming for their age group.

## Listen to young people and give them time

One of the biggest complaints around the consultation is that GPs don't always listen to young people or respect what they're saying. Young people with mental health issues say there is nothing worse than being told by a GP 'Off you go – you'll be fine!' when they've tried to disclose a difficult health issue which has been concerning them for months. Listen to young people, give them time to explain, and say 'Is there anything else you'd like to tell me?'



**ACTION:** Listen to young people and take their concerns seriously. Remember they might find it more difficult than adults to talk about the underlying problem and articulate the reason for coming.



*Working with the voluntary sector forces me to approach situations from a different angle and not over medicalise issues.*

## See young people on their own, with no lower age limit

GP receptionists are still turning young people away if they come in without a parent. This is not current best practice and not supported by GMC guidance. In fact if a young person turns up alone, there is usually a very important reason they have attended and they should be seen as a priority. If a young person does attend with a parent or carer, it is good practice for a GP to see them on their own for part of the consultation. GPs can explain to adults that it is an important part of a young person's growing up and increasing independence to be able to talk to the doctor and it is good practice to talk about the principles of confidentiality with the parent/carer present. If a young person comes with friends, GPs can assess the situation. It might provide a great opportunity to talk to all of them about positive health choices or it might give a nervous young person the confidence they need to disclose a problem. GPs should also be mindful that young people may not find it easy to say 'No' to having a trainee in the room, but their presence might prevent a young person telling the GP something important. Every young person is entitled to see a GP on their own regardless of the culture, ethnicity or gender of either the doctor or the young person.



**ACTION:** Make sure reception staff know young people can make an appointment and see a GP without a parent and prioritise them. Get a parent/carer/friend out of the room for part of the consultation and stress that the young person can always see you on their own. Explain that it is best practice to always see a young person both with and without a parent/guardian on each occasion.

## Book a follow-up appointment

The consultation can also be really intimidating for some young people and work on the GP Champions project included developing materials for young people to prepare for a consultation, including making a list of the points they wanted to make. Some young people reported that they did not know they could talk to their GP about problems such as anger, depression, stress, sleep and anxiety. Continuity is important for young people who may need to learn to trust a GP before they can disclose their main health concern. They may present two or three times with a minor problem before being ready to say what's really worrying them and it may take several months to work up the courage to go and consult their GP. Getting through the door may be a great achievement for a young person.



**ACTION:** Arrange to see a young person yourself in a week's time if you sense they have more to tell you. Have a system for being aware if they don't turn up so you can get in touch if necessary.



## Feel comfortable around confidentiality

Lack of confidentiality is one of the biggest fears and barriers for young people accessing primary care. GP practices can address this by being confident about confidentiality guidance (see the resources section), displaying their confidentiality policy in the waiting room and making it clear at the start of the consultation that information is confidential unless there is a risk of serious harm to the young person. See the RCGP Confidentiality Toolkit in the resources section.



**ACTION:** Organise practice training around confidentiality and ensure reception staff are included and your policy is displayed.



*It's wonderful knowing we can increase capacity and improve young people's health by being able to refer young patients to the voluntary sector.*

## Record your data accurately

Read codes are GPs' standard clinical terminology and are important to record the consultation. Templates are used to assist GPs in coding accurately and GPs could benefit from setting up their own adolescent health template on systems such as EMIS web. Some specialist providers of adolescent health have developed their own systems. The Wheal Centre in South London has the Teen Health Check, which records broader issues around health and wellbeing, such as hours of sleep and alcohol and drug use. This then links to predefined Read codes. This is a very young-person centred way to do the consultation, but takes more time. At the Well Centre, some of this data is collected by a youth worker before a young person sees a GP.



**ACTION:** Consider practice training around data entry and consider creating a new template for adolescent health consultations.

## Use data to see where improvements can be made

GP practices need to be aware of the number of young people who are registered, how often they attend and their gender and age.

Good data recording is essential for the practice to get an accurate idea of why young people are attending and is vital for spotting trends and setting up timely interventions.

Coding should make it easy to look at young people's smoking, drug and alcohol use, sexual behaviour and contraception. The Quality and Outcomes Framework (QOF) data also provides information on young people's indicators around diabetes and asthma. Registers of prescriptions can be looked at via date of birth.

Data audits can show if there is a particular health issue which the practice as a whole needs to address (eg self harm by cutting) or whether one GP in the practice is picking up certain trends.

GPs can also use local data from Public Health England such as the Child Health Profiles. These show data on a range of health issues such as under-18 conceptions, obesity, A&E admissions for self-harm and drug use. They also highlight how local areas compare to the national average.



**ACTION:** See what the audit options are within the practice and use data to identify trends and make improvements.

## Gather feedback and complaints

Give young people an opportunity to feed back on their appointment and make complaints. They should be able to do both of these anonymously via a suggestions box in the waiting room or an online form. The complaints policy should be on display and on the practice website. Montpelier Health Centre in Bristol is using feedback postcards, developed by Off the Record, to help the practice to become more 'young person friendly'.

Make sure the practice has a clearly displayed complaints procedure and that the practice will take young people's feedback seriously.



**ACTION:** Pilot an anonymous feedback form for young people immediately after their consultation.

## Involve young people in patient participation groups

Healthwatch believes it is important for patients of all ages to have a 'voice'. Young people are rarely represented on practice patient panels as the events are often held during school or work hours and are dominated by older people. Even if patient participation groups are held in the evening, it may still be hard to get young people to attend, but it is important to get their input. Find other ways of getting them to contribute, either through online forms or by holding special feedback sessions for young people with snacks and the chance of winning a shopping token. Some of the GP Champions project young people have given presentations at patient participation groups.



**ACTION:** Consider as a practice how young people can contribute to your patient participation groups – remotely or in person.



*I didn't know there was so much local data available to show how we're performing compared to the rest of the country.*

### 3 INNOVATIVE WAYS TO IMPROVE YOUNG PEOPLE'S ACCESS TO PRIMARY CARE – EXAMPLES FROM ALL TEN GP CHAMPIONS PROJECT SITES

#### A 'one-stop shop' in a youth setting, for all young people including those who aren't registered with a GP – Liverpool

Our Liverpool GP Champions partners secured CCG funding to run a young people's weekly health drop-in service for one year. The Brownlow Practice and the Young People's Advisory Service's (YPAS) model provided a 'one stop shop' in a safe, non-judgemental environment in a community youth setting (YPAS). It was available to patients who lived in the city centre neighbourhood, regardless of registration status. The service was delivered by a GP, nurse, counsellors, outreach workers and staff from partnership statutory services.

The CCG also paid for a room to be equipped for consultations in the YPAS youth premises, to meet Care Quality Commission (CQC) standards.

The partners reported low take-up at first until young people got to know about the service and to trust it, but the pilot has taken off and is now well-used and liked. Collaboration between the GP and voluntary sector continues and they hope to get funding to continue the work.



*Working with the voluntary sector forces me to approach situations from a different angle and not over medicalise issues.*

#### Delivering IAPT counselling from the GP practice – Bristol

In Bristol, the voluntary sector organisation Off the Record and Montpelier Health Centre worked together to improve counselling options for young people. Previous counselling provision had been miles away from the practice in an inconvenient area for young people. The partners brought counselling right into the GP practice, by getting a contract under the Any Qualified Provider model to deliver the Improving Access to Psychological Therapies programme (IAPT) in a room in the GP practice. This has enabled the GP practice to offer step 2 and 3 interventions for 16-25 year olds (1:1 and group) in Montpelier Health Centre, delivered by the voluntary sector partner, who has been funded per referral and by results.

A member of the GP practice sits on Off the Record's board and young people on the project have delivered training to GPs. They have also given evidence about their experience as service users and their work on GP Champions to a Health Select Committee hearing and also to officials at the Department of Health as part of 'Take Over Day'.

## Providing a pop-up GP service in a further education (FE) college – South London

If you want to improve young people's health it makes sense to take health provision to where there are adolescents in high numbers. The South London GP Champions partners, Redthread and Queens Road Partnership, worked with Lewisham/Southwark Further Education College (LeSoCo), to pioneer a pop-up GP service, with a youth work component.

It took a long time and a lot of negotiation to get the initiative off the ground, but they are now running two-hour weekly health sessions at all three LeSoCo campuses in South London, funded by the college. The GPs use EMIS mobile to record each consultation and have started seeing some young people with complex and multiple needs including housing problems and mental health issues. The project has needed additional capacity and administrative help to set up the contract and service level agreements. The pilot partners advise other GPs considering setting up 'pop-ups' in non-traditional settings to get Disclose and Barring Service (DBS) checks done at an early stage and to think ahead about practical issues such as clinical waste, medical consumables, keeping medicines secure and getting samples to labs.



*I didn't know the voluntary sector could offer so much at such high quality and so cost effectively*

## Improving access in rural areas – Cornwall

Young People Cornwall and Wheal Northey Surgery trialled some ideas to meet some of the challenges of accessing GP services in rural communities, such as confidentiality, the receptionist knowing your family and transport issues. The young people helped devise and pilot a "Dr Grace" Facebook page in combination with one to one sessions with a young person's information and advice worker. Different approaches were trialled, and the successful model involved the offer of generic health information regarding GPs from Dr Grace, followed by face to face support from the information and advice workers, and further referrals, eg for counselling.

In addition, with funding from Healthwatch Cornwall, young people have also been involved in making a five minute film focusing on GPs, pharmacies and reception staff on young people's needs around mental health and wellbeing. The film may be used in the future as part of GP training.

The film also includes a section to inform young people about misunderstandings they may have about GPs and commonly asked questions, which are answered by Dr Grace. Targeted at young people and also healthcare professionals, it aims to empower young people to take control of their own care, be clearer about the GP role, make appropriate use of GPs and understand any treatment.

## Addressing the health needs of homeless young people – Southampton

The GP Champions project uncovered considerable levels of need from young people who are not registered with a GP. This was found to be as high as 10 per cent of young people in some pilot sites. GP practices have to ensure patients are eligible to be treated in the UK. But some of them are making registration almost impossible for young people who do not have formal identification, such as a passport or driving licence and proof of address. Young people leaving care or the criminal justice system and the homeless are particularly disadvantaged in providing formal documentation. Yet they are among the most vulnerable and in most need. Our Southampton pilot, Bath Lodge practice and No Limits surveyed young homeless people then raised the issue with the local Healthwatch. They also gave evidence to the local authority health scrutiny panel and are continuing to push for it to be easier for unregistered young people to see a GP.

The GP practice has also improved its health offer to young people, offering counselling onsite from No Limits and improving the waiting room area with a noticeboard for young people, with details of local services and helplines.



*We spoke a different language when we started, but we are absolutely on the same page now.*

## Training GPs to improve young people's health – Washington, Tyne and Wear

Improving GPs' understanding of young people's needs and feelings has been the focus of work in Washington, Tyne and Wear. The partners, Washington Mind and Encompass Health Care, developed a training session for GPs which they delivered to more than 200 GPs at a CCG protected learning time event in Sunderland in the Stadium of Light. Young people from the project developed this further and ran two workshops at the Royal College of General Practitioners in London, challenging GPs to understand the young person's perspective and to see the consultation from their viewpoint. They also filmed a young person interviewing a GP about the consultation to break down myths about what the GP was for and their perspective.

The pilot site has just held a young people's mental health conference which was attended by their local MP, a CCG commissioner, community CAMHS representatives, education sectors and parents, proving that joined up working is possible and is making a difference. Washington Mind has extended its youth provision with a new 13-25 service.

## Providing seamless voluntary sector counselling referrals from the GP – Sheffield

GPs on the project felt there were few options for young people who did not meet the CAMHS or AHMS threshold or would not engage in these services. In Sheffield, the partners Interchange Sheffield and Pitsmoor Surgery developed a new referral pathway enabling the GPs to refer young people direct from the consulting room to counselling services at Interchange. Experienced youth counsellors established a relationship with the young person by text and kept in touch with them until a counselling appointment was available. The GPs reported this was a very useful system for helping young patients with low level depression or complex problems, especially those who would not access traditional mental health support. The practice would be keen to develop this further if funding can be found. They cited the positive turnaround in the health and wellbeing of young people who had received counselling and who they wouldn't have been able to help otherwise. The results will be fed through to the CCG and the Children and Young People's Health and Well Being Partnership Board.

After consulting with over 100 young people from across the city, young people working on the project were also commissioned by the local Healthwatch to design a leaflet for young people around confidentiality and their rights when attending their GPs. More than 5,000 copies will be distributed in 80 GP practices across Sheffield and a further 5,000 have been commissioned by Public Health to be distributed throughout secondary schools in the city.



*The voluntary sector counselling has turned round the life of one of my 12 year old male patients who had complex problems but didn't meet the CAMHS threshold.*

## Working with the local authority on healthy living – Brighton and Hove

The pilot sites, YMCA DownsLink Group and Portslade Health Centre, decided to work on healthy living and developed a survey for young people in conjunction with the local authority's Healthy Weight Management Programme Board. It was very successful and got 250 responses and included responses on young people's perceptions of going to a GP for advice on diet and weight. It also revealed that young people wanted their GP to raise issues about their weight and thought it would be 'irresponsible' if the GP didn't raise concerns.

The activities led to a further piece of work with the Brighton and Hove Food Partnership, with the GP Champions team offering advice on young people's participation to ensure their views were included in the design of a new weight management programme for 14-17 year olds in the city.

Top findings from the survey have been put onto computer mouse mats which will be sent to GPs in the city. The partner GP now sends text appointment reminders to young people to reduce DNAs and has made the practice more 'young people friendly'.

## Improving young people's contraceptive service – Salford

Contraceptive and sexual health service take-up has improved amongst young people at Salford Health Matters as part of the GP Champions Project work. The practice carried out an audit of the service and then worked with their voluntary sector partner, 42nd Street, to see how contraceptive uptake amongst young women could be improved. This resulted in the GP practice setting up reminder texts which has been successful. The voluntary sector has considerable experience at building relationships with young people and keeping them engaged.

The project partners have also worked closely to improve young people's perceptions of primary care. They'd said they felt 'unheard' by GPs, did not use GP services and felt the consultation was not confidential. Together the partners are producing a guide for GPs when supporting young people with mental health issues and one for young people accessing GPs. Salford Health Matters has provided a room in the practice for 42nd Street to provide counselling. The team at 42nd Street ran a residential weekend for young people to develop their ideas and their work has involved young carers and homeless young people.



*Working with the voluntary sector encourages you to be more flexible towards young people and more tolerant if they run late, are loud, or turn up to an appointment with a gang of friends.*

## Educating GPs about domestic and sexual violence – East London

E12 Health and the Newham Asian Women's Project (NAWP) have worked together on the specific issue of domestic and sexual violence (DSV). Their aim was to improve young women's access to GPs at an early stage, to prevent the escalation of physical and mental health problems. Together they have improved awareness among health professionals and support staff of DSV and created appropriate and safe access routes for young women.

NAWP has worked with large groups of young women (50 at one event and 70 at another) to build their confidence in going to a GP and to find out their needs. As a result, they are developing a training module for GPs to increase their capacity to deal with issues around DSV and to offer an effective response. Young women said they felt that if they raised issues around sexual health, abuse or mental health the professionals were not always effective in dealing with those problems and delivering better services.

The partners plan to continue their collaboration and extend the training to more GPs.



## 4 WORKING WITH THE VOLUNTARY SECTOR AND OTHER NHS BODIES TO IMPROVE YOUNG PEOPLE'S HEALTH

The GP Champions project was innovative in putting voluntary sector organisations together with GP practices to explore and improve joint ways of working to improve young people's health. Some of the most successful partnerships were between GPs and Youth Information, Advice, Counselling and Support services (YIACS) in the voluntary sector. These already worked with young people and many had a health component, providing counselling for mental health issues and some also provided advice on issues such as drugs, alcohol and sexual health.



*It's wonderful knowing we can increase capacity and improve young people's health by being able to refer young patients to the voluntary sector.*

### Finding local voluntary sector organisations

GPs do sometimes pull together addresses and phone numbers for charities which might be local sources of advice and help, but the contact details quickly go out of date.

#### GPs can:

- search for YIACS via their national 'umbrella' body Youth Access
- search for local branches of national young people's charities such as Brook, MIND, YMCA
- do online searches to find nearby voluntary sector providers
- ask the local authority to provide a list – there may be a youth officer in post who can help
- contact the local GP CCG link – your local cluster or Mental Health Programme team should have a directory of services. If not, request one as best practice eg [www.wellbeingliverpool.org.uk](http://www.wellbeingliverpool.org.uk)

## Referring to the voluntary sector

This can be done informally, by giving a young patient a phone number, a card, or a leaflet, or by setting up an appointment for them while they're in the consulting room – either by phone or online.

The voluntary sector is under significant financial pressure and will not have the capacity to take on numerous unfunded cases, eg for counselling. Some of our GP Champions pilot sites were surprised at the excellent quality and value of voluntary sector counselling provision and set up referral pathways, funding the counselling from their own practice budgets. Pitsmoor Surgery in Sheffield and Bath Lodge practice in Southampton, both found great value and advantage in commissioning their voluntary sector partners (Interchange, Sheffield and No Limits, Southampton), to provide counselling for young people who did not meet the threshold for Child and Adolescent Mental Health Services (CAMHS).

## GPs commissioning the voluntary sector

GPs can commission the voluntary sector direct from their own budget within the practice. They might also receive 'drip-down' money from the CCG – especially at the end of the financial year. GPs can research the voluntary sector organisation they intend to commission by looking at their Charity Commission reports and getting feedback from the local authority or other bodies. Voluntary sector organisations have to run very efficient businesses to survive. GPs can ask to see their past three years' of financial records to check their sustainability and ensure they can deliver a contract, if commissioned. Many of them are already carrying out contracts and providing frontline services for local authorities. For more information see the GP Champions for Youth Health briefing on Commissioning effective Primary Care services for young people.



*I now have the skills to put together a bid for the CCG, using strong local data and build a case, thanks to our voluntary sector partner who does this all the time!*

## GPs working with the voluntary sector to get CCG funding

GPs may also want to work with a voluntary sector organisation to provide a new type of service, which requires a greater level of funding. For this, they might work with the voluntary sector to make a joint approach to their local Clinical Commissioning Group. One example might be to get innovation funding to pilot a 'pop-up' GP clinic in a youth centre. To maximise success, the partners need to

know what CCG funding lines are available, and when. The bid normally has to come from the GP practice, but voluntary sector organisations are skilled at writing funding bids and can be a great asset to GPs who have little or no experience at applying for funding. The voluntary sector has the skills to make a case, put together a business plan and budget and set outcome indicators.

The project has shown that if CCGs can be encouraged to commission the voluntary sector to provide young people's health services, along with a lead GP, they can get excellent quality of provision and cost savings.

### Data to build a case for CCG funding

GPs can respond to local need, improve young people's health in the long-term and spot trends if they have adequate data and record consultations effectively. (See earlier section on data recording). The practice will have large amounts of very useful data to build a case for commissioning a specific service, but time may be an issue in retrieving and auditing the data. As a minimum the GP practice's QOF manager can pull out QOF data relating to young people's health.

But there is also excellent data provided by Public Health England (PHE) (see resources) which enables local areas to see how they are performing and the greatest areas for improvement. PHE provides a range of indicators such as under-18 conceptions, A&E self-harm admissions, obesity, smoking, and drug and alcohol abuse. The comparisons with national averages make a persuasive case if CCGs can be shown they are performing below average or in the lower percentiles on particular issues affecting young people's health.

### Engaging with other statutory bodies

In addition to CCGs, other new health bodies can be useful to GP practices wanting to improve their young people's health provision. Local Healthwatch organisations which represent the patient's voice have given several of our GP Champions partners small grants to improve their young people's participation. They have funded training and film projects initiated by young people and worked to improve primary care options for homeless young people. The Care Quality Commission has given guidance to GPs setting up consultations in non-medical settings and we hope there is an opportunity to get learning from the GP Champions project rolled out through Health Education England. Health and Wellbeing Boards (HWBs) which bring together the local authority, Director of Public Health and the CCG Chair, should offer a great opportunity, especially for the voluntary sector in its ability to deliver public health interventions. GPs should find out who is the lead commissioner in the governing body for children's services and make contact.

## 5 RESOURCES

Visit [www.ayph.org.uk](http://www.ayph.org.uk) GP Champions Project to see a full list of online resources

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1 bmj2014;349:g7801