

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP41 : Ymateb gan: | Response from: Power Up, Platform

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**March 2025**

# **POWER UP'S RESPONSE TO THE INQUIRY INTO THE FUTURE OF GENERAL PRACTICE IN WALES (PLATFFORM)**

**FORM**

## **SUMMARY OF RESPONSE:**

We welcome the inquiry by the Health and Social Care committee to look into the future of general practice in Wales. As a project, we know that GPs are often the first step in seeking and accessing mental health support for a lot of young people.

Young people recounted numerous negative experiences with GPs such as being "infantilised" and "not listened to". They also mentioned how there were large barriers, like the lack of communication and help being a "postcode lottery", that prevented them from seeking and receiving help.

They did, however, share some positive experiences they had with GPs and what made them good. This ranged from having the time to build good working relationships with a GP to GPs going above and beyond their job role.

Young people proposed recommendations for how GPs could be more accommodating in both how accessible it is to book appointments and receive support for their problems as well as how they interacted with children and young people.

## **ABOUT POWER UP**

Power Up is a young people's wellbeing and social action project for young people aged 10-25 living in Cardiff and The Vale of Glamorgan, led by the mental health and social change charity, Platform.

Power Up is a partnership project, with Platform working alongside the following organisations:

- EYST
- YMCA Cardiff
- iBme UK
- Llamau
- ProMo Cymru
- Cardiff and Vale University Health Board

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- Cardiff Council
- Vale of Glamorgan Council
- Cardiff Metropolitan University

The project provides frontline wellbeing support to young people experiencing challenges with their mental health. This includes 1-1 coaching sessions, the delivery of wellbeing programmes, and regular social groups. The project takes a trauma and relationally informed approach to providing support, focusing on connection, community, and creativity. Alongside providing a wellbeing service, Power Up also supports young people to create social change within their communities and within Wales.

## ABOUT PLATFFORM

Platform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platform, the charity for mental health and social change.

Today we work with over 9,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

## RESPONSE

Young people have told us that, in relation to mental health, the GP system and experience needs reforming. This response is an opportunity for them to share their voices and lived experience. It is important to note that the experiences of our young people are only a snapshot and are not representative of all young people. Therefore, we feel it would be worth exploring this topic further with other young people.

We have also included alongside this response, a separate document with some personal stories from our young people of their experiences with GPs, in the form of prose and poetry. We hope that will shed some more insight into the lived experience of young people and GPs.

### Negative experiences

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Our young people shared an abundance of negative and uncomfortable experiences with GPs.

Some of our young people declared that they would not go to see a GP at all. Others said they might but only in certain conditions such as, to “get medicine” or if their mental health was “really bad”. For some, the GP would be their second or third choice, once other options failed to help them. This strong aversion to accessing a GP is unsurprising when hearing from our young people some of their reasoning. One young person recounted about how a GP erroneously added a diagnosis to their record, which they asked to be removed but instead followed them around and was brought up everywhere, affecting the care, treatment and behaviour towards them and now the young person did not trust “any healthcare professional”. Another young person reported how they felt going to the GP had not actually solved their problem and had instead prolonged it with a “referral to an endless waiting list or antidepressants”.

Additionally, young people reported examples of large barriers to receiving help. One being the “lack of communication”, whether that was between patients and surgeries (being unaware of the various types of help that is available, like mental health nurses) or between doctors (not sharing notes or talking properly with other professionals when care is transferred from Wales to England).

A second barrier is help being a “postcode lottery”, with young people remarking huge variances in care between health boards and even between local surgeries. Young people were unhappy that depending on the road someone lives on, the access to appointments or GPs and wait times could differ significantly. One young person expressed disappointment at not being able to book GP appointments on the NHS app, which appears to differ based on which health board you come under.

Thirdly, timing was a barrier, with many young people commenting how the only method to get a GP appointment was by calling the surgery within a set hour, which also varied depending on the surgery. They felt that this made obtaining an appointment inaccessible for people with commitments. They felt that the wait and uncertainty between appointments was also inaccessible for some people, especially neurodivergent people.

Finally, the last big barrier was young people perceiving GPs and receptionists as being “gatekeepers” and preventing young people from talking to and receiving help from a professional.

All these barriers highlight that there is an unequal patient experience of GP services before they might even talk to a GP.

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Even though GPs have had training, young people felt that after an appointment they would feel worse off than before. That GPs tended to make problems “more complex” and not explain everything “well enough”. They felt that perhaps GPs focused on ‘one symptom’ instead of looking at the “full picture”, which left young people feeling that they were not receiving fully personalised and holistic support but rather the “cheapest” and “lowest level” of help the GPs could provide. One young person commented that GPs “do not always know what you need” and were concerned that it was the GPs who had agency, not the young people themselves. These concerns are obviously not something we want young people to feel after talking to a healthcare professional.

The way that GPs talked to young people were behind why they described many of their experiences as uncomfortable.

Some young people felt that young people were treated badly, especially when it came to talking about mental health needs and diagnoses. Some young people felt that GPs were not compassionate enough or created a safe enough space for young people to talk about their struggles.

Young people felt there was a lack of trust and familiarity between GPs and young people, which was not helped with the fact that appointments were “rushed” and too short build a good working relationship.

Young people felt that they were patronised and infantilised. That GPs underestimated how well young people were informed and knowledgeable about their own health.

Some young people felt that due to their age, they were not considered as “mature” or “trustworthy” to make decisions on their health and felt judged and condescended to by GPs asking inappropriate questions, due to their age and therefore implied “lack of maturity”.

## Positive experiences

However, some young people felt that there were some examples of good experiences with GPs but that these were “outliers”.

For example, young people mentioned how GPs can prescribe things to “make you feel better” and refer them to “Mental Health Nurses”.

Young people felt that doctors had good training which enabled them to carry out their role as a healthcare professional well, but this was mainly when issues that came up were to do with physical illnesses or common ailments, like asthma and eczema or “anything to do with antibiotics”, and some common mental illnesses. In these cases, young people felt confident that GPs could help.

Some young people felt that in rarer cases, GPs can often become a young person’s “first point of call” as some young people, who are care-experienced or vulnerable, may not have a trusted adult they can talk to about things that worry them. This was

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highlighted by one young person's experience who shared how their GP ended up stepping in as their care coordinator and arranged appointments and acted on their behalf, which they really appreciated especially as it was not the GP's role to act as one.

Young people shared some stories of good interactions with GPs, which were marked by familiarity and trust. For one young person, they explained that they had a good professional and caring relationship with their GP, meaning that they did not feel "dismissed" or "rushed" and that the GP trusted and acted on their words. But they were aware that this level of a relationship may be quite unusual and perhaps only due to the frequency that they visited the GP.

Good experiences were also marked by having the time and space to build good relationships. One young person explained that while normal appointments were short, there was the option to have double appointments, which they thought was good as you "often need more than 10 minutes".

Another young person talked about the importance of "informed choice", which was something they stated that their GP did well and would make sure they were well-informed on all the possible treatments, allowing them to choose the best treatment for the young person together.

Ultimately, it appears that a good experience depended on who your GP was and if you had a good relationship with them in addition to what the problem was (with it being better if it was a common physical health issue).

## Recommendations

Based on their experiences, young people had lots of suggestions on how GP services could be improved.

A large portion of their ideas were on the types of further training GPs could have that would improve the overall experience, not only for young people but everyone.

Examples were regarding wider areas of care such as mental health (more uncommon problems and especially in young people); women's health (PMS/PMDD, postpartum depression and periods) and trans health. In addition, training on providing more tailored support to certain groups of people such as young parents, neurodiverse and care-experienced young people.

Young people thought GPs and GP staff could have more training on how to be more "conversational" and "empathetic" as well practicing informed consent and getting to the root of a problem in a more holistic and trauma-informed way.

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Some young people thought it would be good for GPs to have more awareness and understanding about abuse and the different ways it can present in young people alongside being able to spot signs of coercive and controlling behaviour.

Young people thought GPs could be more knowledgeable about the different places people can access practical support from like food banks and emergency grants, especially as young people have mentioned that for some young people, GPs are their first point of contact and “trusted adult”.

Young people thought having extra training would ensure that all GPs feel competent in these areas and would help alleviate some of the other problems young people found. For many young people, going to the GP and talking about your problems with someone you do not know very well is an anxiety-inducing and distressing experience and so anything GPs can do to make young people feel more comfortable is welcomed.

Young people had other ideas for practical improvements to GP services around getting appointments.

They thought it should be easier for people to make an appointment, with some suggestions of being able to book appointments online or directly through a GP. Others were to have longer appointments or have them online instead of in person, meaning GP services would better accommodate for young people and their varying needs.

Regarding receptionists, young people thought they could be “more welcoming”, “less stressed” and “less scary” or that an option could be implemented when calling a surgery to state that you are a young person calling (and therefore need to be approached differently). This is important to consider as many of our young people referred to receptionists as being “gatekeepers” to them accessing support.

Furthermore, young people had ideas of how GPs could improve how they interact with young people as well as what they could focus on in the appointments. Young people wanted GPs to be “more relatable”, “gentler”, “kinder” and “considerate”. Young people wanted to be reassured and have their feelings validated on their distress and symptoms, even if they were “wrong” or misinformed.

Young people felt GPs could be more holistic in the way they approached their problems and to “see the person” and not just “the medical report”. Some thought that GPs could trust young people more; one young person pointed out that “we have to trust them so they should trust us”.

Young people also conveyed that it was important that everyone was given the opportunity in an appointment to understand their issue and possible treatments so that they could make the best choice for them. Young people commented that this

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could help make the overall experience better as well as build a trusted relationship between GPs and patients.

Moreover, young people felt some of the problems mentioned could be solved by ensuring young people have a “stable family doctor”, meaning they have time to build a relationship based on trust and familiarity with a healthcare professional, which is especially important if a young person has grown up or is growing up with lots of professional involvement in their life.

Finally, young people thought improvements could be made in ensuring GP services could work more in tandem with other services. For example, young people found it “odd” that you were not able to access more services in the same surgery and thought you should be able to receive various kinds of help in the same place. Additionally, that communication and collaboration between healthcare professionals could be made “better” and “easier”, including allowing easier access for people to see specialist doctors.

We are aware that it may be quite hard to implement all these suggestions, especially when it comes to ‘enforcing’ training, but we think it is essential to consider what we can enforce, and what we want GP services practicing in Wales to be like.

## Conclusions

To sum up, young people voiced how many of their experiences with GPs had been distressing and unpleasant. They also recounted large barriers that prevented them from having a positive experience and receiving the right support.

However, young people did share some stories with GPs that were more positive, and these tended to be because they had built trusted relationships with the professionals based on mutual respect and familiarity.

In terms of what young people wanted from GP services in the future was for them to simply listen to young people; take them and their queries seriously and make the entire process (from obtaining an appointment, during and the follow-up afterwards) more inclusive and accessible.

**Submitted by Rebecca Roots**  
Research and Policy Officer

