

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](#)

GP45: Ymateb gan: Gweithredu dros Blant | Response from: Action for Children Wales

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St David's Court  
68a Cowbridge Road East, Cardiff CF11 9DN  
Llys Dewi Sant  
68a Heol y Bontfaen, Caerdydd CF11 9DN  
Telephone / Ffôn.029 2022 2127  
actionforchildren.org.uk

Russell George MS  
Chair,  
Health and Social Care Committee,  
Welsh Parliament,  
Cardiff,  
CF99 1SN

Friday 28 March 2025

Dear Russell and Members of the Senedd Health and Social Care Committee,

Here at Action for Children, we help children across the UK to grow up safe and happy. We offer practical and emotional support to families, and we're working with decision-makers to make sure government policies protect children, now and in the future.

We became aware of your inquiry into the future of general practice services in Wales, particularly around patient experiences and ideas for improvements which would benefit those accessing primary care.

The voices of the children, young people, and families we support are central to our work in Wales, and we therefore wanted to ensure that their voices were included in the work of the Committee. It is important to note that these children and young people live with a number of complex health and social needs, both within their birth families and the Action for Children family in our homes.

The following topics, experiences and ideas reflect their experiences as well as the experiences of our practitioners who support our children, young people and families.

### **Complexity of needs**

Several of our children and young people often live with a complex picture of both social and health needs, which impacts on their ability to engage with existing systems in the environments in which they are expected to adapt and conform.

Current systems to access GP services have an expectation of a wait for patients to be seen by a doctor – whether same day or weeks in advance, as well as sitting in a surgery waiting area, which can be extremely difficult for some young people. For those of our young people who have had adverse childhood experiences or are neurodiverse, this can be an extremely triggering process for them. Being asked to wait in an unfamiliar environment with lots of other people, numerous conversations taking place at once and movement, can cause sensory overload for those young people who are neurodiverse.



Some of the young people we work with are also involved in disputes with other young people and at times involved in varying degrees of exploitation. Sitting in a very public place can also make them feel extremely vulnerable which again in turns heightens their emotions and potentially their reactions.

Their fears and anxieties can at times manifest into them presenting in a challenging way - often agitated, upset, and at times frustrated – which heightens their risk to themselves and others. This could be avoided by having quieter, more private spaces for some of our most vulnerable in our communities.

An example of the need for flexibility with regards to complex needs is the potentially volatile nature of some young people whose emotions can become extremely heightened in settings they are unfamiliar with and uncomfortable in. One of our practitioners cited prolonged correspondence with a general practice to highlight the potential risk of a young person attending the surgery. Home visits were not possible and when the young person was in a comfortable position to attend the surgery an early appointment was arranged, and he accessed the surgery through a different door. However, he was still expected to sit in the same public waiting room with no recognition of the potential risk for the young person and others in the surgery.

One young person shared an experience of having health anxieties and having very negative experiences of attending a surgery, where she was asked to be weighed. She had struggled with her appearance and her weight and was taken into a very public area of the surgery to be weighed. The nurse who accompanied her also made a comment in the public area that she needs to “eat something” alluding that she was too skinny, making her feel very uncomfortable and reluctant to engage in the future.

By the time some of young people, who often do not feel valued by the public sector systems, agree to make a medical appointment have needed medical attention for several weeks. The additional waiting time is a barrier for many as by the time the appointment has been made their anxieties have grown and their willingness to wait longer have diminished. At times this can mean last minute cancellations which are a waste of resources on all sides, because of the rigidity of the system which does not consider behavioural needs or anxieties.

### **Access to primary care services**

Services across Wales have highlighted similar challenges in making appointments whereby there is a continuing general issue in calling at 8am to book an appointment either for the same day or weeks in advance. Unfortunately, they often find that appointments have already been filled, and they need to call back again the next day.

Trying to call for appointments is often extremely time consuming for practitioners and as already mentioned, often causes real delays and spaces in time between a young person agreeing to make an appointment and the appointment taking place. In some rural areas there are callback arrangements in place to confirm appointments but due to connectivity issues, calls are often not taking place and therefore appointments missed.

We have also had concerns raised about alternative methods of making appointments not being accessible for young people. For example, in some settings appointments are made online only which for some with additional learning needs is not accessible and removes an element of independence where it could exist.

Some of our families – those with English as an additional language and those who struggle to engage with formal systems – also raised the complexity of language used when accessing health care. This particularly presents a barrier for those who do not speak English as a first language and have a lack of trust in systems, meaning they often are unable to both explain their healthcare needs, nor fully understand the advice they are being given.

### **Care experienced children and young people**

For those of our children and young people who are care experienced there are significant challenges in accessing multiple aspects of health care, often due to moving through different homes and to different areas. Whilst this often includes specialist services such as CAMHS and tertiary health care, there is direct link to primary care which is often a challenge. This a challenge when homes are not close to family homes as care experienced children and young people can often move significant distances to new areas as part of their journey of being in care.

Registration on moving to a new home or area is often a challenge for our practitioners as some of the information around their health needs and previous registrations does not always 'travel well' with young people. There are also difficulties where parental responsibility for the young person is complex in changing to a new general practice, especially where the responsibility lies with Children's Services or partly still with a birth parent.

There was also feedback from practitioners about the positive relationships with nurses who undertake Child Looked After reviews of our care experienced young people, questioning why the role could not expand further to allow them to undertake more generic health care, instead of having to access nursing services based at a general practice i.e. taking bloods or other samples, providing vaccinations etc.

### **Prescriptions and pharmacy support**

With regards to those children and young people who are accessing health care there have been challenges identified in the dispensing of medications and prescriptions, particularly where tertiary health care is being provided by a different health board.

One example provided was where due to receiving tertiary care from another health board, the young person's medication was prescribed through the GP and dispensed at a community pharmacy. At a review the consultant agreed to reduce the dosage however this had to be communicated to the GP via letter and then the prescription amended, which has meant a delay in the changes as the prescription was not shared digitally and the process was not flexible.

This is a particular issue with children and young people living in residential accommodation during term-time only in order to access specialist education provisions, such as Headlands in the Vale of Glamorgan. The inflexibility of the system makes it very time consuming for staff to liaise with multiple healthcare professionals to make things work for our young people.

With an increase offer of pharmacy services in recent years it would be beneficial to see this expand further and see improved promotion of said services, to alleviate pressures on general practice services.

We hope this information on behalf of some of our children, young people, families, and practitioners is helpful, as the Committee considers the future of general practice services and your recommendations to the Welsh Government.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Ash Lister', with a horizontal line extending from the end of the signature.

**Ash Lister**

**Cynghorydd Ymgyrchoedd, Dylanwadu a Pholisi | Campaigns, Influencing and Policy Advisor**