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PANACHE

Introduction

The role of practice nurses in the Australian general practice setting is undergoing rapid change.[1] This change is occurring partly in response to a shortage of general practitioners in rural, regional and outer-metropolitan areas. In recent years, the Australian government has offered substantial incentives to general practices in rural areas and areas of high workforce need to employ more nurses.[2] In the United Kingdom, evaluations of primary care services delivered by nurses suggest that appropriately trained nurses can undertake functions previously undertaken by GPs[3,4]. However, there has been limited research into attitudes towards the role of practice nurses in Australia from practitioner's viewpoints [5,6], even less from the consumer's viewpoint [7,8] and none in the area of mental health. Hegney and colleagues[7] report that consumers having absolute choice in who they see was vital for acceptance of any initiative involving practice nurses substituting for the GP and this finding was particularly important in rural and remote areas and in those consumers who had not encountered a practice nurse. Recent Australian policy has suggested utilising practice nurses in the domestic violence area (Federal budget, 2002005/6), mental health area (Media Release ABB044/06 11 April 2006) and sexual health area (chlamydia screening, Victorian State government initiatives).

The special health care needs of adolescents have long been recognized and recent work confirms that psychosocial issues form the greatest burden of disease for young people including; accidents and injury, tobacco, alcohol and other substance use, unprotected sexual intercourse and other mental health disorders (including depression and domestic violence).[9] Furthermore, risk-taking behaviours tend to cluster in individuals, are initiated in early adolescence and progressively increase in prevalence to early adulthood.[10] Harms resulting from such risk-taking behaviours are preventable. Where risk-taking behaviour has already occurred, early detection and intervention has the potential to reduce damage from ongoing harm. Adolescents report that they welcome the opportunity to discuss health issues such as contraception, substance use and sexually transmitted infection with health care providers and trust their advice.[11] Yet adolescents tend not to disclose their risk-taking behaviours to health care providers unless prompted, related in part to barriers perceived in accessing care such as fears about lack of confidentiality.[12]
Booth et al [13] found that a great many young people did not seek help even though they said they had a health concern. Booth et al identified three key barriers for young people accessing health care; confidentiality, embarrassment and discomfort and structural factors such as cost and accessibility. To overcome such barriers young people needed to trust their health care provider and have the opportunity to develop that trust through opportunities offered by health services for

young people to engage with them. Jacobson et al [14 15] suggest that more innovative and patient centred models of engagement with young people need to be looked at so as to make existing primary care more 'teenage friendly'. Kang et al [16] concluded that stronger linkages between service providers, adequate training and support and more flexible provision of health services for young people should be explored and evaluated. One model of providing care [17] could be adolescent health clinics, particularly in areas of workforce shortages. There is evidence to suggest that in some instances substituting nurses for doctors in the primary care setting can give equal or better outcomes.[18]

There is limited research evaluating nurse-led health care for young people, with most of the research being conducted in the UK. Among this limited research, various models targeting different types of health needs and behaviours have been implemented. Hibble and Elwood[19] established a practice nurse-led clinic for adolescents aged between 14 and 18. Upon turning 16 years of age, registered patients were sent an invitation to attend the clinic, and discuss general health matters including smoking, alcohol, diet, contraception, and sexual health issues with the nurse. During the clinics first year, it had an 83% (141/171) attendance rate with post-attendance questionnaire data revealing that young people found the clinic to be worthwhile. Miller and Booth[20] also established a young people's practice nurse-led clinic which targeted 14 year olds. Initially young people were recruited to participate in six weekly group sessions providing education on issues like drugs, alcohol, sexual health, and self-esteem. Following these sessions, a drop-in clinic for young people was made available once a week. No formal evaluation of this clinic was published although young people generally reported satisfaction with the clinic format.

Two UK studies[21 22] (one a pilot and the other a randomised controlled trial) randomised young people aged 14-15 years registered at a general practice into either an intervention group or a control. The intervention consisted of an invitation to attend a consultation with the practice nurse whose role it was to promote young people's self-efficacy for a healthier lifestyle. The control group received usual care. All young people who attended the consultation with the practice nurse in the pilot study reported being fairly satisfied to very satisfied with the consultation. In the larger randomised controlled trial, changes in risky behaviour were minimal over a period of 12 months but the clinic was generally well received by young people and enabled mental and physical health concerns of young people to be identified and appropriately managed. A more recent study[23] conducted a needs assessment within a UK community. Members of a local general practice distributed a questionnaire through a local school in order to establish whether a service targeting young people in this general practice would be desirable. The results overwhelmingly supported the opening a clinic, with 91% of respondents believing that the service would be

useful. Based on this demand, the clinic was established and run by the practice nurse with a focus on the areas of contraception and general health. While no formal evaluation of the clinic was conducted, the authors concluded that setting up a specialist primary care service such as a young people's clinic is useful and need not be costly or difficult to achieve.

Given the paucity of research in the area of practice nursing in Australia, we do not know what barriers practice nurses may experience when offering health clinics to young people nor what may facilitate their role in this area. Neither do we know what impact providing such care would have on general practice nor how receptive young people and their parents would be to such an innovation. Currently there is no published feasibility studies of setting up practice nurse adolescent health clinics in general practice, and this is the aim of the present study.

Methodology and Results

There were three phases to the project:

Phase 1: Recruitment and evaluation of practices prior to the clinics

Phase 2: Setting up the nurse-led adolescent health clinics

Phase 3: Post-clinic evaluations

Phase 1: Recruitment and Evaluation of Practices Prior to the Clinic

Recruitment of General Practices

Three pilot General Practices in Victoria, Australia were recruited into the project. Nurses from two of the practices were already known to the Chief Investigator through their enrolment in postgraduate study in the Department of General Practice. These nurses were approached by the Chief Investigator and asked if they would like to participate in the project. The nurses from the third practice were already involved in a related research project (Prevention, Access, and Risk-taking in Young People Project (PARTY) which was also being run by a research team in the Department of General Practice. After hearing about the PANACHE project, these two practice nurses expressed interest in being involved and were subsequently recruited to the project.

Practice 1

Practice 1 was a large rurally located practice. At the time of recruitment this practice consisted of 11 GPs and 4 registrars, 7 practice nurses, 1 practice manager, and 1 clinical care coordinator, and 9 receptionists. The following allied health services operated in the practice: 2 psychologists, 1 dietician, 2 physiotherapists, 2 radiologists, and 1 pathologist. On average this practice saw 3200 patients per month, with approximately 300 of these being young people between the ages of 14-24.

Practice nurse A was 51 years of age and had been employed as a practice nurse for 9 months. At the time of recruitment, she was working 30 hours per week at the practice. She completed her initial nurse training in 1999, was an accredited immunisation provider, and had completed several courses in the general mental health and adolescent mental health areas. Practice nurse A cited a particular interest in counselling, adolescent health, and mental health issues. (marilyn)

Practice nurse B was 38 years of age and had been employed as a practice nurse for 9 months. At the time of recruitment she was employed 30 hours a week at the practice. She had completed her initial nursing training in 1989, had trained in the areas of immunisation, wound management,

asthma, diabetes, and had undergone some training in the adolescent health and counselling areas. Practice nurse B had a particular interest in the adolescent health and child health areas. (michelle)

Practice 2

Practice 2 was a small rurally located practice. At the time of recruitment this practice consisted of 1 GP, 1 practice nurse, 1 practice manager, and 2 receptionists. In an average week this practice saw approximately 185 patients, with about 25 of these being young people aged 14-24.

The practice nurse at practice 2 was 45 years of age and had been employed as a practice nurse for 5 years. At the time of recruitment she was employed at 28 hours a week. She completed her initial nursing training in 1985, and had training in the areas of immunisation, wound management, asthma, diabetes, and cervical screening. Her specialist interests were alternative health, child health, asthma, diabetes, preventive medicine, women's health, and adolescent health.

Practice 3

Practice 3 was a medium sized regionally located practice. At the time of recruitment into the study this practice consisted of 5 GPs, 4 practice nurses, 1 practice manager, and 3 receptionists. On average this practice saw approximately 600 patients per week, with approximately 100 of these patients aged 14 to 24.

Practice nurse A was 45 years of age and had been employed as a practice nurse for 15 years. At the time of recruitment, she was employed 10 hours a week at the practice. Practice nurse A completed her initial nursing training in 1981 and is an accredited women's health nurse, immunisation provider, and midwife. She has also undergone training in sexual health and adolescent health. Practice nurse A has particular interests in preventive medicine, continence, women's health, adolescent health, and counselling.

Practice nurse B is 53 years of age and had been employed as a practice nurse for 10 months. At the time of recruitment she was employed 32 hours a week at the practice. She completed her initial nursing training in 1972, and is trained in immunisation and asthma. Her specialist interest areas are asthma, immunisation, and women's health.

Baseline Practice Assessment

Following recruitment of the three practices into the project, practice staff at each of the practices were asked if they would participate in a short interview with the Research Fellow. Interested practice staff members were provided with plain language statements and consent forms which interested individuals then signed and returned to the researchers. The Research Fellow then contacted each of the practices to arrange a day visit when baseline interviews and practice observation could be conducted.

Practice Observations

Practice observations were conducted at each of the three practices over a period of one day. The Research Fellow visiting these practices took field notes on the practice environment (specifically the youth friendliness of the practice), the atmosphere and structure of the waiting room and consulting rooms, the interaction between reception staff and patients (particularly young people), and the availability of health information in the form of posters and brochures specifically targeted at young people.

	Practice 1	**Practice 2**	**Practice 3**
Practice setting	• Practice located in the town centre. Serviced by bus. No local high school in the town.	• Practice located in small, local shopping centre. Surrounded by retail businesses. Serviced by a bus that runs intermittently.	• Practice located on a main road, serviced by a bus, very close (5 minute walk) to local high school.
Waiting room	• Large, modern, open and spacious waiting room • Many chairs positioned at a reasonable distance from one another, all seats are viewable from the reception area • Many patients appear to know one another and chat openly in the waiting room • Easy-listening music playing • Phone rings frequently, lots of noise from children in the large play area	• Small, cramped waiting room. 7-8 chairs in close proximity to the reception desk. • Classical music playing • Children's drawings on the wall • Waiting room geared towards older patients • Waiting room is extremely quiet – patients whisper when they talk. • Large windows into the clinic mean that passers by can see into the waiting room.	• Large, open, modern waiting room. Approximately 30 seats. All seats face each other. • Waiting room is very noisy due to people talking, the phone ringing frequently, and loud music playing on the speakers – Fox Fm type radio station. • Patients appear to be primarily the elderly and young mothers with small children. • Cluttered nurse's office visible from the waiting room. •
Information and Resources	• Five large boards containing posters and brochures on health-related issues e.g.	• Only one poster on a youth-relevant issue – pregnancy counselling Australia	• A large amount of leaflets on general health issues e.g. diabetes, pap smears, info on

	diabetes, immunisation, pap smears, smoking, breast checks, chronic illness support groups. • Posters about the medical centre – outlining the GPs that work there and the services offered • Only one youth specific poster noted – medium sized poster behind reception desk promoting a website for young people with alcohol, drug and sex issues. • No youth specific reading materials – only woman's day, newspaper, women's weekly, TV soap	• One small table in the waiting room on which sit health brochures for issues such as counselling services, diabetes, mobile transport services, medimate – most material relevant to older patients only. • No reading material targeted at young people – mainly gardening magazines, time magazine, readers digest etc. and the bible).	local community centres, - nothing specifically aimed at young people. • Posters on general health issues – mainly aimed at older population. • No young people reading material – mainly gossip and celeb (woman's day, new idea), women's (new woman), gardening, and national geographic.
Receptionists	• Three receptionists very busy, all aged between 20-30 years, wearing uniforms • Reception staff appear friendly, informed and genuinely enthusiastic about their jobs.	• One receptionist only ever on at a time. Receptionist comes across as friendly but nervous.	• Three receptionists. Extremely busy. Two girls approximately 26 years of age and one receptionist in her 50's. All seem very friendly and chatty with the patients.

Additional Data Collected from Practice Nurses

The five practice nurses were also required to complete two short surveys. The first survey, the *practice nurse survey*, asked the nurses to report on various demographics such as their age, educational qualifications, employment as a practice nurse, membership of professional nursing organisations, specialist interests, training, their involvement in health promotion clinics, and their confidence in the adolescent health area (see Appendix A for survey). The second survey, the *practice survey*, required the nurses to report specifically on their work relationships, practice culture and communication, the practice's engagement with other community service providers, and the practice's youth friendliness (see Appendix B for survey).

Baseline interviews

The baseline interviews consisted of questions in the following areas: the practice work environment such as how the nursing role is viewed and utilised at the practice, how change is usually instigated at the practice, youth healthcare services at the practice, youth friendliness of the practice, anticipated barriers and facilitators to running the adolescent clinics at the practice, the impact of the clinics on the practice nurses, GPs, and practice staff particularly in the areas of communication, referral pathways, and clinical guidelines, the expected response of young people to the clinics, and the scope of practice for the nurses running the adolescent health clinics (see Appendix C, D, E for interview schedules for practice nurses, GPs, and practice staff). Practice nurse interviews took approximately 1 hour, while the GP and practice staff interviews usually ran for 15-30 minutes.

At practice 1, 2 practice nurses, 2 GPs, and 4 practice staff participated in the baseline interviews for the project. At practice 2, 1 practice nurse, 1 GP, and 1 practice staff member participated in the baseline interviews for the project. At practice 3, 2 practice nurses, 1 GP, and 4 practice staff participated in the baseline interviews for the project.

The baseline interviews with practice nurses, GPs and practice staff were thematically analysed using NVIVO 7. The results of these analyses are presented below in the following four categories:

- Overall perceived impact on the practice (positive, negative, and no impact)
- anticipated impact and changes to the practice as a whole
- anticipated change specifically between the nurses and GPs, and
- scope of practice for nurses running the adolescent health clinics.

Overall impact of the clinics on the practices

There were three main themes that emerged around the perceived impact of the clinics on the practices: positive impact, negative, and no impact. The contents of these categories are presented below.

Positive impact

Four of the nurses spoke about the personal satisfaction they expected they would derive from running the clinics. They looked forward to helping young people with their issues and pioneering a new role for nurses:

"Professionally I don't think it will do me any harm. I mean it's another feather in my cap type of thing. And in saying that I'm at the end of my profession, you know another 15 years, 10 years and I'll be probably leaving work so it's a personal achievement more than a professional achievement. And yeah so I suppose that way." (Practice 3: Practice Nurse A)

"Professionally it could set a precedent for years to come to do with nurse practitioners. Another role that they could do within their role…I suppose if you look like something like a psychologist is under a psychiatrist, if you're looking at it from that sort of way, the nurse would sort of be under the doctor but still being able to diagnose and treat and feel comfortable doing that." (Practice 1: Practice Nurse A)

Three GPs felt that running an adolescent health clinic would have a positive impact both on the nurses (in terms of expanding their role) and on young people in the community:

"*I think it's a great opportunity. I mean as I said, practice nurses are getting into the role of all sorts of different areas of health management. You know chronic disease and all those sorts of things, asthma clinics and all the rest. This is kind of just another arm, you know. It's kind of a more specific arm and it's more general in some ways but I think that it's a positive one." (Practice 1: GP A)*

One nurse even felt that the GPs would find the clinic a positive experience:

"I think those that want to be involved will enjoy it and will benefit from it both personally and professionally and they'll give a lot to it because that's the type of GPs we've got. They're not just in it for the dollar. So I suppose we're pretty lucky at this practice." (Practice 3: Practice Nurse B)

Negative impact

Two nurses anticipated that running the clinics may be quite stressful for them. They spoke of the frustration and difficulties involved in dealing with a group of people who do not always want to be helped and are often unwilling to change destructive behaviours:

"Just some of your mental health patients that have multiple issues and stuff like that you kind of have to do a lot thinking and they're quite draining and time consuming. Sometimes they drive you insane yourself and sometimes you worry about them but that's all just part of being a nurse…I guess I might be an alcoholic by the end of it (laughs). You never can tell." (Practice 1: Practice Nurse B)

Similarly, one of the GPs anticipated that dealing with the issues of young people could be quite stressful for the nurses:

"I actually think that it's extremely labour intensive, hard-work… so I anticipate if it went well and the kind of people that need help come, there is probably going to be a...it's stressful. And nurses have probably got better systems for managing than doctors, I don't know but I actually think they might need a bit of support that way." (Practice 1: GP B)

Another nurse expressed concern that practice staff may be confronted with negative behaviours:

"Depending on what type of clientele we get in. could be noisy, can be drug-affected and not everyone is open and not everyone should have to be open all negative things. I suppose I'm looking at the negative, bad things that can happen I suppose". (Practice 1: Practice Nurse A)

Similarly, one practice staff member felt that she might become frustrated with young people if they were to not show up for their appointments:

"*Yeah, just them not showing up for their appointments, it might anger me a little. I might have to end up seeing the nurse (laughs). Debriefing. I just need some more valium. I don't think I'd have*

a problem with them, they can be little smart asses sometimes but I can be just as smart back." (Practice 3: Practice staff B)

No Impact

Three GPs felt that the clinics would have no major impact on them or their practice:

"If we were swamped with adolescents needing help that could be a problem but I don't think that would happen (laughs). So I can't see…if there was major problems I probably wouldn't have thought about going into this in the first place." (Practice 2: GP A)

One nurse also felt that the clinic was unlikely to have any impact on the workload of the GPs. This was because the young people who attended the youth clinic were likely to already be patients of the practice:

"Not hugely I don't think, their workload already full to capacity. The patients that we would see are probably already patient of here anyway. I mean there are no other GPs in the town, they are all here so they're probably already patients." (Practice 1: Practice Nurse B)

Three nurses also felt that the clinics would not have any significant impact on practice staff:

"…as for their ability to deal with patients be they teenagers, old people, young people, no I don't see a great impact there. They're dealing with it at the moment." (Practice 3: Practice Nurse B)

This was reiterated by one practice staff member. This person felt that the adolescent health clinics would not have any significant impact on them because of their determination to make the clinics successful and their having put the necessary structures in place:

"No, I think because we're committed to it so it's already scheduled in as part of the work that's coming up. You know, that'll be fine and plus I believe in it so we'll just make it work. (laughs). It's amazing when you've got kids in that age group you just focus in that area a bit more. Yeah. well see most of our GPs have got kids in the age group…so that's why people are a little bit more tolerant and focused in that area because they can see the benefits." (Practice 1: Practice staff B)

Changes to practice systems

There were five main themes that emerged around changes to practice systems in order to successfully run the clinics:

- increased workload and flexibility,
- changes to referral systems,
- change in the knowledge, attitudes, and skills of all practice staff,
- need for support for the nurses, and
- need for guidelines.

Increased workload and need for flexibility

Four nurses expressed concerns that the adolescent health clinics may result in an increased workload for the GPs. The nurses felt that their scope of practice needed to be made clear to young people so that young people did not attend the clinic for medical complaints that would necessitate a referral to the GP. Nurses also felt that there may be an increase in the GP workload due to secondary issues identified during the clinics:

"I mean it may be that maybe a few extra teenagers filter through, often when people present for one thing you find a lot of secondary things that are floating around in the background. So it might be that some of those patients will have to head through to him." (Practice 2: Practice Nurse A)

Two practice staff expressed a concern that the youth health clinics might increase their workload through increased appointment bookings, and even through the handling of patient complaints:

"Maybe only complaints if you know the young person doesn't get what they want or they expect that it's something different to what it is maybe. But possibly in my role I don't think it would affect me too much but as I said maybe only any sort of complaints or even questions. I guess if anybody rang up with questions about the service then I'm guessing that the girls would just shoot them off through to me. So any queries and so forth you know. And you know I guess it would effect the girls and myself as well you know maybe booking patients in for appointments with the nurse". (Practice 3: Practice staff A)

Two nurses also felt that the clinics would impact on the practice staff in terms of their workload and may necessitate them working outside of their normal hours:

"…depending on how we run it, how we structure it, what times we structure it, whether we use the staff to be the front people, whether they're going to be on duty or not, that'll be an impact. If it goes off and runs and really takes off and it's really accepted, yes it's going to impact on the whole practice because then it it'll be inclined to meld outside the set times." (Practice 1: Practice Nurse A)

Two nurses also felt that they would need to be flexible while they ran the clinics. This manifested in flexibility in the hours of operation of the clinic and also in staff management:

"…you've got to be…flexible…and I suppose the beauty of a practice like this is that we're structured to do that anyway. So the structures are in place. Yeah." (Practice 3: Practice Nurse B)

Only one GP expressed a concern about their increased workload as a result of the clinics:

"If somebody needs to see a doctor they need to be seen by the doctor and if anybody needs prescriptions or referral or counselling they're probably going to end up needing to see the doctor. The nurse would only be a contact point." (Practice 3: GP A)

Clinic may impact on referral systems

One GP felt that the introduction of the clinic would involve changes to their normal practice:

"…I guess [the] normal way of patient to attend a clinic is that they've come to attend to the doctor. They don't go to the nurse and the nurse directs them to the doctor, it's the other way

around normally. This will be an issue if these kids actually attend to the nurse and she'll direct them to the doctor. That's okay but I guess it is a change in normal practice". (Practice 3: GP A)

Similarly, one nurse felt that the clinics would mean change to the way the GP normally operates:

"…just thinking oh well I could refer this young person to the nurse to talk a bit more about this, just keeping that in the front of their minds rather than just dealing with it in the way that they usually do. They might forget we're there." (Practice 3: Practice Nurse A)

Another GP expressed concern that the clinics would encourage a split in young people's service usage where they would utilize the youth clinic for some issues and the GP for others:

"It will be an issue if young people who in general attend surgeries elsewhere think that this is going to be something that they'll use some of the time to come to but they'll go to their doctor for other things because it will create a splitting of services. And continuity of service is a good thing I think." (Practice 3: GP A)

Change in knowledge, attitude, and skills of all staff

Three nurses also felt that they had a responsibility to be knowledgeable and have access to appropriate community resources so that they could direct young people to services as needed:

"I will need to gather up numbers and resources for who you would send people off to. I'm fully aware that having a clinic here for a couple of hours once a week or twice a week or something isn't going to help a young person trying to come off drugs or a young girl who needs to go and have an abortion or someone that's, you know, I will need to have resources. If anything, I am aware that there is a big hole there and I would need to gather that up." (Practice 2: Practice Nurse A)

Three nurses expressed concerns about the attitudes of their practice staff towards young people and felt that this may require improvement:

"I sort of realized that really perhaps we need to do some work on freeing up attitudes or making people aware." (Practice 2: Practice Nurse A)

One GP emphasised the importance of GPs up skilling their adolescent health knowledge now that the youth health clinics were running:

" …You need to reskill everyone. You need to remind them. So it needs to be that real process so that otherwise it kind of gets left behind a bit. You know, people forget or new people come on board and they're not really aware and so you need to make sure that it is kind of structured in there all the time. Yeah so, I mean that's important. And it's important to the GPs as far as their upskilling and maintaining themselves as far as adolescent health issues." (Practice 1: GP A)

The same GP felt that the nurses would have a responsibility to be knowledgeable, up to date and informed about adolescent health issues:

"*Well I suppose like anything it's actually having a really good interest in young people and where their heads are. So it's sort of all that basic stuff about developmentally where are they up to and how much can they take on board and what are they doing out there, you know, what are*

the things that are happening. You really need a good social basis for working with young people. You need to find out what their into because it changes so much. You know, you sort of have rungs of different things. So you need to be able to keep your finger on the pulse a little bit to find out what are the concerns out there, what are the things that they might be involved in or not. But then the other stuff of course is just about good preventative health kind of things too. About risk-taking and just preventative health stuff. So I think that they can get a lot of that, you know and you just need all of that contraceptive stuff up to speed, that sort of thing. Yeah. Because they all want information about that. (laughs). But yeah, that's what they really need. But as I said, you just need someone who is really interested. Because I mean they see through you straight away if you're not interested in them. So you do need that. I think that is really important" (Practice 1: GP A)

Supporting the nurses

One practice staff member felt that part of their role while the clinics were running would be to provide support and monitor the nurses:

"Just support for each other I suppose you know if they're having a crappy day. I think that's one of the main issues I suppose is the support side of things for people. Yeah, especially for the people working directly with the children or the adolescents. So I suppose that's one area that maybe I'd look at keeping tabs on a little bit. Just asking them how they're going. We've got a pretty open communication at this practice anyway so we always ask how things are going, what's doing, try and keep your finger on the pulse sort of scenario but yeah look for the problems before they happen. But I don't think there would be too much." (Practice 1: Practice staff B)

Another practice staff member felt that part of her role would be to seek out and provide resources for the nurses to give to young people attending the clinic:

"I think we need a lot of resources to be able to skill the nurses up and give them support. Now I know reading materials are good for some people and not for others but I think if we have good resources like that at hand that would be useful. I think we probably need a really good solid base of referral points. So that might be formally provided services or it might just be referral information. We might be able to provide kids with web-based stuff that would be useful so I think we need to get a whole lot of information like that and save a whole lot of favourites on the computer. Just have that stuff ready for the nurses to support them in what they have to do." (Practice 1: Practice Staff A)

This practice staff member also felt that the practice staff would play an important role in the promotion of the clinics:

"I think that we would probably need to have internal discussions at a practice-wide level about how we might promote the clinics and how we might deal with issues that arise from the clinics. So you know, like systems about how we book kids in for example or using GPs for example to promote the clinics. So if somebody does come in with tonsillitis you can always give them a brochure or information about a clinic that's nurse-led, that can cover these issues, confidential bladey-blah and leave it at that. So we can do that sort of promotion internally. I think we have got a lot of promotion to do externally." (Practice 1: Practice Staff A)

Need for guidelines

Four practice staff felt that they would need to have a good understanding of the clinics, how they were run and when they were run:

"We'll need to know exactly what's going on and how it's happening and everything because if we don't we can't explain it to the patients when they ring up and say someone has told me to book in for this, how does it work? …We need all the information we can get. We need them to tell us everything, what happens. Probably a good idea for a staff meeting regarding it just so we know what happens and what kind of things they're going to talk about through it." (Practice 3: Practice Staff B)

Two nurses felt that it was important for the GPs to be very clear on the clinical guidelines for the nurses running the clinic:

"I think GPs need to be made aware of exactly what nurses are going to do, what can nurses do within that role. And I'm not sure about that either so that's your job to say. Once we get all that information, because I do that all the time when I'm trying to put things together that we want to do we make sure our roles are clearly defined about what we're going to do and what they're going to do in it. Just so it will…that's how you sell it really, otherwise they're going to go, I don't know, what are those girls doing". (Practice 1: Practice Nurse B)

Two nurses also felt that the structure of the clinic would need to be outlined and well understood by the practice staff:

"I think the only thing would be they will also need to know what we're doing and if someone rings up how to really sort of screen that that is something that can go to the nurse or whether they really have a bit of problem and need to see the doctor and then be referred to the nurse. So they're going to have to have some maybe just asking them did you get the letter, is that why you're ringing? So that we know that they know what they can and can't get there. It won't be a problem if they're coming from the doctor and asking for a referral because they've already decided that that's something we can deal with. So yeah just a bit of education". (Practice 3: Practice Nurse A)

One practice staff member also felt it was important that nurses and GPs establish guidelines and structure around the clinics:

"I guess initially there would have to be I guess a criteria for the nurses and the doctors to work out what sort of patients that they're going to refer to the nurse. You know and I suppose I guess initially it's probably more important you know the discussion about who and what sort of patient goes there. And then when you've got your almost your pro forma and stuff set in place it shouldn't be that difficult. But I think certainly if the nurse had any issues that may have come up out of a consultation with the young person that maybe needs to be discussed with the doctor or they might need to talk about how they refer them back to the doctor you know. If a patient comes in and the nurse thinks that this particular patient needs to see the doctor they need to I guess work out whether the doctor comes in on that consultation or whether okay lets make you an appointment to come back and see the doctor. I guess it needs to be clearly defined and I would anticipate that that would all be in the initial set-up." (Practice 3: Practice Staff A)

Changes specifically between the nurses and GPs

Nurses, GPs, and practice staff were all asked about what needed to change in GP/Nurse interaction in order for the clinics to run successfully. The themes to emerge in this area were broadly centred on clarification about the roles and expectations of GPs and Nurses when the clinics were running.

Need to establish links with GPs

Three practice staff felt it would be important for the nurses to establish with the GPs who they could call on during the clinics, or for referral when the clinics were running:

"Not so much a change because I think that communication is pretty good anyway but I think there needs to be communication about this particular issue. So it would be to continue to communicate but to add on the sort of content of what is going on with these clinics. And we discussed at that meeting with you last week about the potential need for a nurse to be able to refer to a GP during the appointments so I think we need to nut out how GPs might need to be available. For example, write scripts for the activity that goes on in those clinics. Those sorts of things we need to find out." (Practice 1: Practice Staff A)

Two GPs felt that the nurses needed to make sure that they knew which GPs they could communicate with when the clinics were running, and inform the GP that their knowledge may be required:

"The nurses go okay who is around, who are we going to talk to. Yeah just making sure that's fairly clear in the beginning I think will be the most important thing. Yeah, just so that they know if it's on that day, I know that I have got this doctor, and this doctor, and this doctor who are quite happy for me to talk to and just so that it is all clear first."(Practice 1: GP A)

Two nurses also felt that it was of particular importance that they have the ability to immediately access a GP while the clinics are running if need be:

"I think that was our ideal way was to have whether it be the same doctor or between the three of them, have a different doctor each week. That if we felt that someone needed to see a doctor then and there, we could refer them right then and there. And going on one of the doctors experience saying that if you don't get them then and there, sometimes they might not come back". (Practice 1: Practice Nurse A)

No change in communication

Two GPs felt that the communication between themselves and the practice nurses was already very good and felt that no clarification would be necessary as a result of the clinics

"I think like anything as long as you have got your pathway set up so that they know that they can talk to one of us at any point in time if they're worried or whatever then that's not going to be an issue. I think that as long as that is set straight away. But as I said here that kind of works anyway so I don't see that as being a huge issue. Probably for some other practices that haven't got their systems set up quite as well as here it might be. But as I said I think there is a lot of interaction that occurs between the nurses and the GPs. And in the sense that it's not structured it's just like you know would you be able to come and see this for me, you know. I think that they're used to that so I don't see it as being a huge problem." (Practice 1: GP A)

One nurse also reported that she felt that there would be no change in interaction between herself and the GPs:

"I envisage that this is how it's going to be, we're going to have one GP on duty when we're here, it's pick up the phone, knock on the door or whatever. It's not going to be the whole hassle of referring, it's pretty well what it is at the moment. We just walk into each others office or whatever and say can you do this for me or can you see this, or whatever. The GPs do it to us, they'll walk into, we'll be in the middle of something and they'll just you know can you do this next? And that's how we work, yeah, so I don't see that changing particularly." (Practice 3: Practice Nurse B)

Scope of Practice for Nurses running the clinics

The themes to emerge in this category are separated into two areas:

- role of the nurse running the clinic, and
- changes to the nurses' current role.

Role of nurse running the clinic

Nurse is initial contact point

One GP viewed the nurses as an initial contact point for the young people and believed nurses scope of practice was limited by their inability to prescribe or counsel:

"But the issue is any clinic that is a nursing clinic is limited by the fact that it's only a nursing clinic. If somebody needs to see a doctor they need to be seen by the doctor and if anybody needs prescriptions or referral or counseling they're probably going to end up needing to see the doctor. The nurse would only be a contact point." (Practice 3: GP A)

Assessment and diagnoses of mental disorders and development of treatment plan

One nurse felt that it would be appropriate for nurses running adolescent health clinics to engage in the assessment and diagnoses of mental disorders:

"You could give the patient an idea of what you feel is what's happening to them. Do you call it a part diagnosis or an opinionated diagnosis? And then if you thought it was going out of your scope or out of your boundaries then to refer on. It could be done by both [GP and nurse] of course but I think the nurse who felt capable of doing it could do it easily enough." (Practice 1: Practice Nurse A)

Facilitate resource connections

Two nurses felt that facilitating the connection of the young people with appropriate community resources was within their scope of practice:

"I find with my own practice if I start to engage in conversation with people there is a point where I start to think in my head this is starting to get beyond me, so what I tend to do then is summarize what we've gone through or try and wrap it up and then say to them okay I think that you really need to speak to a doctor or a psychologist, or blah blah blah, and I think that they could really help you from here on, and I can't really do anything for you. So I'm going to now go and share this information or part of this and try and organize that for you. And obviously

with sexual health, a lot of their problems or the things that they are going to do are going to require doctors to write scripts and stuff which we can't do, but we can certainly facilitate that for them. I think that's what it is, it's a facilitatory role really isn't it, on to the next person that can help them. And nurses do a lot of that channeling. So I think that's probably the role that we would play. I don't think we're going to fix anyone's problems there and then if they're complex." (Practice 1: Practice Nurse B)

Provision of counseling and support

Two nurses felt that part of their role would be to provide counseling and support to young people:

"But you know it's actually quite surprising how much information you can elicit from people over a short period of time. They obviously have a degree of trust so they do tell you things. And it usually doesn't take you very long to establish a repore and to get them to tell you things…people like to talk about themselves, that's life isn't it. They do, even teenagers like to talk about themselves, it's about the person they engage with to do that." (Practice 1: Practice Nurse B)

Provision of health advice

All five nurses felt that it would be appropriate for nurses in this role to provide health advice to adolescents:

"Look really with adequate training I think it would be feasible to have nurses giving contraception advice. I think you could give advice on body image, you know allow girls to talk about how they feel about weight or sexuality. I certainly feel that we could discuss all the basic chronic disease management, diabetes and asthma and anything that they might come up with, with that. I don't feel particularly confident myself in mental health but that's not to say without education..you know like I'm quite sure that I could do it with education it's just that I haven't done very much postgrad education in that area. But I'm quite confident about speaking to people about most things." (Practice 2: Practice Nurse A)

Changes to nurses' current role

Need to be self-aware and refer on where appropriate

Four nurses talked about the importance of knowing their own limitations in the provision of advice and knowing when to refer on:

"Well if you came up to say you had a mental health problem, if it's out of our expertise which unless we're mental health trained, and none of us are, I mean I've got a fair bit of experience in mental health but not as a trained mental health worker. Where is becomes the point where you just don't feel comfortable advising or not actually advising but listening and knowing what to do then you refer on. You know, you've got to know what you're talking about or don't about it, refer on." (Practice 1: Practice Nurse A)

Two nurses felt that running the adolescent health clinics would mean that they would need to become more self-aware:

"I come from the generation that looks for change but also comes from that you know get over it sort of era. So I suppose to me it's a little bit challenging as well but that doesn't mean that you know I can't do it, it just means that I suppose I have to check myself every now and then and what have you, but I'm aware of that so." (Practice 3: Practice Nurse B)

One nurse felt that this self-awareness extended to the recognition that, due to differences in personality, some young people may respond better to one nurse as opposed to another:

"Yeah and I think most nurses generally are people who are reasonably perceptive and had a little bit of insight. So if you're talking to someone and you know this is just not going anywhere with me perhaps I'm going to send this person to see X because she is a completely different kind of person than me so maybe this will be better. And we do that amongst ourselves with the patients that we have already. Very difficult patients get shared around a little bit to see who actually they will engage with because of the vast array of personalities so as long as you can kind of know, well I'm not really getting anywhere here...so you just need people who are a little bit astute and hopefully that's how it will work well." (Practice 1: Practice Nurse B)

Need to collaborate with other health professionals

Three GPs felt that it was important for nurses to link and network with other health professionals for support while running the clinic:

"You know, as far as mental health in young people goes, working with someone else is just about mandatory. Yeah, I just think that they are really hard work sometimes. So I think having someone else in the picture as well. You know, for me it's whether it's a school counselor, or a youth worker or a psychologist or whatever, having that other person to bounce things off or be part of that process is often very, very important. I think with the nurses it would be the same thing, you know. Mental health stuff, yep, being able to identify that there is something going on is really important, but perhaps then being able to work with someone else, one of the GPs around it would be the most useful thing." (Practice 1: GP A)

Similarly, one nurse felt that support from GPs would be an integral part of running the adolescent health clinics:

"They're an expert in their field as a medico. They can deal with areas that we can't deal with as a medical person. And I suppose we would use them for that area. If you've got a suicidal person on your hands you going to need a GP to deal with it. I mean yes you can get them through to a CAT team or you can refer them onto mental (inaudible) but the GP has the ability to prescribe that we don't. and probably a better knowledge, that's questionable, but yeah. they'll be part of the team." (Practice 3: Practice Nurse B)

Need for clinical supervision while performing this role

Two GPs felt that some sort of supervision or debriefing mechanism should be in place for the nurses running the clinics:

"Like everything I think it's about probably, within the clinic, being able to review the clinics themselves. So you know being able to get the GPs and nurses together and go, what are we looking at, where are the areas that you're uncomfortable, or do you think we need extra help here, or whatever, is probably part of that process of being very careful about monitoring where

people are up to. And that's sort of supervision in one sense. It's sort of about checking in and saying, okay we think we need more help here. Okay, where do we get that from?" (Practice 1: GP A)

One practice staff member also emphasised the importance of supervision for the nurses:

"A concern I have…are the nurses going to get good support? Are they going to get good supervision? So I would hope that those sorts of things would be in place." (Practice 1: Practice Staff A)

Phase 2: Setting up the Adolescent Health Clinics

Training

All nurses participating in PANACHE were required to undertake a training program in youth health. The program began with a 5 hour workshop held at the Department of General Practice, University of Melbourne. This workshop provided an overview of the key issues associated with youth health in the context of general practice as well giving the nurses an opportunity to participate in interactive sessions with young people to practise and refine their communication skills. The nurses were provided with reading materials prior to their attendance at this workshop and they were also given some readings to take away with them.

Following their participation in the workshop, the nurses were sent out four distance education learning modules. The modules were as follows:

Module 1: How to set up a nurse-led clinic in general practice

This topic introduced the features of a nurse-led clinic, outlined the principles of setting up a nurse-led clinic, identified barriers and enablers to setting up a nurse-led clinic, and encouraged nurses to reflect on how nurse-led clinics might impact on the general practice environment.

Module 2: Adolescent sexual health

This topic outlined the factors that influence adolescent sexual and reproductive health issues, described the common presentations of sexually transmissible infections (STI), provided an overview of the various types of contraceptive options available to young people, outlined factors that may put young people at risk of contracting a STI, and demonstrated how to competently take the sexual history of a young person.

Module 3: Communicating with young people

This topic outlined techniques for effective communication with young people including directive interviewing and effective questioning, described barriers to effective communication, demonstrated how to conduct health risk screening of a young person, encouraged nurses to self-reflect on their own discomforts at asking questions related to drug use, sexuality etc., described the principle of confidentiality and its exceptions, outlined techniques for providing feedback to

young people and the negotiation of management plans, discussed the role of nurses in the health promotion of young people, and outlined a collaborative approach to the health care management of young people, encouraging nurses to recognize when to refer onto other health professionals.

Module 4: Emotional health of young people

This topic outlined the nature and extent of emotional health issues for young people aged 14 to 24, discussed different approaches to helping young people to feel better emotionally, outlined techniques to assist in the identification of depression and other mood disorders in young people, described techniques for communicating effectively around sensitive issues, outlined how nurses should respond to specific issues such as depression, anxiety, domestic violence, and substance abuse, and provided nurses with a list of relevant community resources for assisting young people with emotional health issues.

Each module consisted of information on the topic, activities for the nurses to complete, and a collection of relevant readings on the topics.

Teleconferences

Prior to the adolescent health clinics beginning, three teleconferences with the nurses and researchers were held in order to discuss their progress with the educational materials and address any queries that they may have about the learning package and their participation in the project. In addition, the nurses were able to contact the researchers at any time in order to clarify any issues or concerns. Once the clinics had commenced, a further two teleconferences were held to discuss the progress of the clinic at each of the practices, to share ideas, and offer support and supervision to the nurses. Teleconferences sometimes included experienced youth health researchers and youth practitioners and representatives from practice nursing bodies (e.g. President of the Australian Practice Nursing Association) to offer advice and guidance to the nurses as the clinics progressed.

Resources Developed for the Adolescent Health Clinics

Resources were developed for use in the study. This included a colour PANACHE brochure and poster which outlined that the practices were involved in a research project evaluating nurse-led adolescent clinics (see Appendix F & G). The brochures and posters targeted young people, described the research project and explained that young people aged 14-24 who attended these clinics may be asked to participate in a short telephone interview. The posters and brochures also explained that young people may be asked if they would consent to their parents participating in a

short telephone interview. A colour brochure and poster were also developed for use in advertising the clinics to young people (see Appendix H & I). This brochure and poster outlined the availability of the clinic and the types of issues for which young people might typically attend these clinics (e.g., sexual health, relationship issues, emotional health issues etc.). These materials were posted out to the nurses as required throughout the duration of the clinic evaluation period.

Two of the practices conducted mail outs to all patients aged 14-24 on their records. A letter addressed to the young person was posted out outlining the service provided at the practice, along with a copy of the brochure. The researchers provided the nurses with a letter template which was modified to suit the preferences of each of the practices. Nurses were also provided with a list of resources (largely internet based) which they could access in order to download and print out health information for young people. The researchers also provided nurses with a selection of example brochures on issues pertinent to youth health such as contraception, sexual health and drug and alcohol issues, and order forms for those practices who wished to order more brochures from the suppliers.

Phase 3: Post-Clinic Evaluation

Practice Observations

Practice observations were conducted at two of the practices over a period of one day. Practice observations were not taken of Practice 3 as the post-clinic assessment for this practice was conducted via telephone. The Research Fellow visiting Practice 1 and 2 took field notes on changes to the practice environment (specifically the youth friendliness of the practice), changes in the interaction between reception staff and patients (particularly young people), and changes to the availability of health information in the form of posters and brochures specifically targeting young people.

	Practice 1	**Practice 2**
Changes to waiting room	• No visible changes to the main waiting room • Special youth waiting area has been created. Entrance to this waiting room is through a door at the side of the building. • No receptionist mans this waiting room – during clinic times the nurses sit at the reception desk to receive young people. • Approximately 5 chairs in a spacious, private, colourful and appealing waiting area.	• No visible changes to the waiting room. Appears exactly the same as it was prior to the adolescent health clinics.
Changes to information and resources	• No visible changes to the materials provided in the main waiting room. • In the youth-specific waiting room there are several large posters advertising the adolescent health clinics on the wall. There are also several posters on youth-specific issues on the wall e.g. drugs and alcohol, STIs. • A trolley of youth-health brochures sits in the youth waiting area. There are many colourful and appealing brochures on STIs, contraception, sexuality, sexual violence, drugs and alcohol etc. • The waiting room also has several piles of youth-friendly magazines such as dolly, Cleo, Cosmo, etc. • The posters and brochures advertising the adolescent health clinic are also in several of the consultation rooms.	• No visible changes to the material and resources at the practice. • No youth-friendly magazines, no youth-specific health brochures or posters. • A poster advertising the adolescent health clinic is on the front door of the practice and on the wall at the reception desk.

Receptionists	• Four receptionists at the front desk. • Once again the young reception staff appear warm and friendly, although they are extremely busy.	• One receptionist at the desk. Same receptionist as last time. She appears quiet, reserved and competent.

Post-Clinic Interviews

After the clinics had run for 16 weeks, the post-intervention interviews were conducted. The Research Fellow arranged a convenient date to go out to each of the practices and conduct face-to-face interviews with the nurses, GPs, and practice staff at two of the practices. Telephone interviews were conducted with the nurses, GPs, and practice staff of the other practice. Three separate interview schedules were created for the nurses, GPs, and practice staff. The content of these interviews included: changes to the nursing role within the practice, changes to the youth friendliness of the practice, why young people may or may not have been encouraged to attend the youth health clinic at the practice, how the nurses felt about running the youth health clinics, barriers and facilitators to the setting up and running of the youth health clinics, issues or problems encountered and how they were handled, whether GP's referred young people to the clinic, the impact of the clinics on the nurses, GPs, and practice staff, changes to referral pathways, clinical guidelines or communication that were implemented as part of the youth health clinics, the perceived reasons why young people did not utilize the service, and the perceived sustainability of nurse-led clinics in general practice (see Appendix J, K, & L for practice nurse, GP, and practice staff post-clinic interview schedules).

At Practice 1, 2 nurses 2 GPs, and 3 practice staff completed interviews. At practice 2, 1 nurse, 1 GP, and 1 receptionist completed the interviews. At practice 3, 2 nurses, 1 GP, and 2 practice staff completed interviews. All individuals interviewed in the post-intervention phase had previously been interviewed as part of the baseline assessments. Only those individuals who were directly involved in the youth health clinics in some way were invited to participate in the post-intervention interviews.

Findings of the analysis

There were main areas:

- overall impact of the clinic on the practice (positive, negative, and no impact), and
- anticipated changes to the practice in order to successfully run the clinics (increased workload and flexibility, changes to referral systems, need for better knowledge, attitude and skills, support, guidelines).

- Changes specifically between general practitioners and nurses
- Scope of practice for the nurses
- Barriers to setting up the clinic
- Barriers to young people accessing the clinic.

Overall impact of the clinics on the practice

There were three main themes that emerged around the impact of the clinics on the practices: positive impact, negative, and no impact. The contents of these categories are presented below.

Positive impact

Three nurses spoke about feeling extremely supported by the GPs and practice staff throughout the process of setting up and running the adolescent health clinics:

"It was great to have good GP support someone that would listen to you I think if you didn't then it would be an awful thing to try to do you have really got to do it as a team. On one occasion when I really needed it, it was there and if they had have dismissed what I said and said, "Oh no it is not important." Then that would have put me in a very difficult situation." (Practice 3: Practice Nurse A)

Two nurses enjoyed working with another nurse while running the clinics. These nurses enjoyed operating as part of a team and sharing the experience:

"…personally well I enjoyed being involved in the Project and it was the other Nurse B who has been involved it was good to work with her on it and to debrief with her and it has increased my understanding of her knowledge too." (Practice 3: Practice Nurse A)

One nurse felt that running an adolescent health clinic had increased her profile in her local community:

"…I don't really like having my photo taken but that was fine but it was interesting to be it kind of gets you out there in the community and people recognise you as that Nurse that runs that Clinic. "Oh I know you I saw you in the paper you do that Clinic thing don't you?" And adolescents weren't talking to me but adults were talking to me you know parents and stuff so and that is great, that is the way to do it really isn't it?" (Practice 1: Practice Nurse B)

One GP spoke saw the adolescent health clinic as being positive for the practice because it increased practice dialogue around youth health issues:

"I think that there was a lot of really useful stuff for me and for our patients and for the clinic that came out of the project in general and partly about sort of having a team approach to improving access and care in our Clinics for young people. I think that it sort of prompted me as well to talk about you know adolescent health with adolescents and their parents and whoever else was willing to listen to me." (Practice 1: GP C)

One practice staff member also felt that the having the adolescent health clinic at their practice was positive in that it promoted youth health issues at the practice and in the community:

"I think it gives a message that this practice actually has a place for young people and surely at some level that must kind of give a bit of a message to some people. So at that level too I think it is really good and I think the other thing that the Project was fantastic for is it gives a message out there but it also gives a message in here to start putting Youth Issues on the agenda and to think more about it so it has kind of mixed things up a bit for us and in turn that must mix things up for the patient population as well." (Practice 1: Practice Staff A)

Another GP felt that working alongside the nurses while the adolescent clinics were running had a positive impact on his relationship with the nurses. He enjoyed supporting the nurses and spoke of a greater respect for the nurse's capabilities:

"I think it was probably positive in that we supported them and they were offering to do this off their own bat, which was a positive thing. Our Nurses are fairly pro-active and they keep showing that and we are positive in supporting them in their activities." (Practice 3: GP A)

One practice staff member felt that running the adolescent health clinic was a positive experience for the nurses at her practice:

"…certainly the Nurses I think got a lot out of it and so they will be able to handle things for the future and sort of like champions of who do I refer to or who can I ask questions too" (Practice 1: Practice Staff B)

One GP talked about how despite the fact the adolescent health clinic was not strongly utilised at his practice, he saw positive outcomes from one of the young people who used the service:

"xxxx has really basically adopted as the mother figure for this particular person she would be ringing her all the time. So that has been a real success story so if you measure its success in numbers we might not have had big numbers but if you are measuring success on that particular person's life it has made a huge difference. She has got a child that she is now learning how to bring up properly and she is you know and she is able to talk about sexual issues and things like that so how do you measure success? I think that particular person it was a great success." (Practice 2: GP A)

Negative Impact

Three practice staff members felt that the nurses found the experience of running the adolescent health clinics to be quite frustrating due to the lack of attendance:

"I think it would have been a bit of a blow out wouldn't it? Like you go through a process of training and then there is this tension about could somebody turn up? What will they turn up with? … I think they experienced a level of disappointment and frustration not to actually get a real client except for the other week … and that sort of tension between being prepared and then sort of like you are just sitting with it." (Practice 1: Practice staff A)

Two nurses spoke about their frustration and annoyance when they put aside the time for the clinics and young people did not utilize the service:

"Yeah it is just kind of annoying really because Tuesdays you know we dedicate that time on a Tuesday. So Tuesdays is a long day for both J and I we are here for 12 hours sometimes 13 or 14 hours on a Tuesday it is a fairly big day for us and it is just a long day waiting." (Practice 1: Practice Nurse B)

Two nurses felt that the GPs at their practice did not see any benefit associated with having an adolescent health clinic. This was largely seen to be due to GPs not perceiving a need for the service and low attendance:

"It wasn't so much disagreed with as just not taken up there was no comment made just the slight raising of the eyebrows you know I think it is because it is not perceived that it is really that big a need." (Practice 2: Practice Nurse A)

This was belief was supported by two GPs who strongly believed that there was no need for an adolescent health clinic in their communities:

"Presuming there is going to be a demand for something or trying to create a demand for something like McDonalds and Coca Cola create demand for things but we are not going to get out there and spend thousands of dollars on children's television advertising to make people go to the Doctors for something they don't want to do. We don't want to create a demand and if there is a demand we should reply to it. I don't think we should imagine there is a demand there and provide something that is not asked for… my issue would be the waste of resources to have senior qualified trained people there providing themselves when there is nobody coming to it." (Practice 3: GP A)

No impact

Two practice staff members felt that the adolescent health clinics had no impact on them. This was because they were not directly involved in setting it up, or were not rostered on to work at the designated clinic times:

"I had more of a back seat role in this one because the Nurses were running it basically and xxxx was doing the co-ordinating, which was fantastic so I was able to sit back and actually watch this one rather than do all the hands on stuff, which was really nice. To just see it evolving without being the person driving it, which was good, so no I think it all went fairly smoothly." (Practice 1: Practice Staff B)

One GP felt that having the adolescent health clinic at his practice had no impact on him. He spoke about being quite distanced and removed from the clinic:

"Well I didn't have much to do with it you know xxxx put aside certain time, certain sessions and that was fine and so I think there might have been 1 or 2 feedbacks. I think there was one particular person that kept coming back and so I got involved with a couple of medical matters but apart from that I wasn't involved. It wasn't disruptive at all." (Practice 2: GP A)

Changes to practice systems

Changes to knowledge, attitudes, and support of all practice staff

Four practice staff members felt that the all-of-practice training that took place as part of the project was positive for the practice. They felt that the both the training and having the adolescent health clinics at their practice raised awareness, increased their skills in communicating with young people, made them think about how they present the waiting room, and taught them more about youth health issues:

"Look I think it is great we are already doing a lot in it so it is just enhancing that and reinforcing that whole Clinic to the rest of the staff, the processes and keeping it on the burner basically all the time the Adolescent Health Issues so that is really good. I think from an education point of view for staff and doctors it just keeps them switched on and some of the issues that come with that just keeps them up to date with which has been good." (Practice 1: Practice Staff B)

Three nurses felt that their level knowledge and skill level had increased since running the adolescent health clinics. The nurses spoke about having a greater knowledge of the processes involved in setting up a nurse-led clinic. They also felt that they now possessed an increased knowledge of youth health issues, and had the skills to find solutions to these problems:

"I think I definitely have an increased awareness. I definitely learnt new skills, there is things I wouldn't have, there are things I wouldn't have thought to do previously that now I think to do. I am feeling more comfortable with the idea of screening adolescents which I probably, I probably just wouldn't have thought of it.
More than anything I just would have dealt with the issue and been happy to follow up things that came from it but I wouldn't necessarily have thought of probing for areas that I hadn't been asked about." (Practice 2: Practice Nurse A)

Two nurses felt that the practices had become more youth friendly as a result of the training and the adolescent health clinics. This was partly due to an increase in youth-specific resources (e.g. leaflets and posters on youth-orientated issues), changes to the practice environment, and an increased awareness of the types of issues that young people might attend general practice for and how they might present:

"The brochures, just the talk amongst Doctors, the awareness amongst Doctors about young people and what they expect from a Clinic. The Receptionist's role their roles haven't changed but they are more aware so that makes the patients more relaxed. I think in general it is a lot more a little bit more friendly approach or a little bit more open I suppose." (Practice 1: Practice Nurse A)

Two GPs also spoke about how they felt their practice had become more youth-friendly as a result of the clinics:

"Yeah I think there is things that have been put in place like there are more leaflets and pamphlets around after consultation with a couple of groups of young people we have tried to make sure we have got posters up that are relevant to them as well as the old people that is what they asked. We are talking more readily and more frequently about probably about people having their own Health Care Cards, Medicare cards and just sort of probably introducing it a bit more often into conversation. The Front Desk staff are kind of aware if someone young comes to the desk that they try and facilitate for them to be seen straight away so yeah I think there are changes that have taken place." (Practice 1: GP C)

However, another GP felt that no changes to the youth friendliness of his practice had been made as a result of the adolescent health clinic:

"…we have advertised the fact that we are available for that service so that is the only change and there is a notice on the door and if people read that but as far as changing putting youth friendly music in or putting big posters with ah I don't know what is the latest group. So we haven't done anything different to appeal to that particular market if that is what your question is?" (Practice 2: GP A)

Two practice staff members also felt that there had been no major changes to the youth friendliness of their practice since the adolescent health clinics began:

"No I don't think there has been any changes at all. Look I don't work on a Saturday morning so I don't know on a Saturday morning but through the week it is pretty much the same as what it has always been." (Practice 3: Practice Staff A)

One GP spoke about the adolescent health clinics and the associated training in youth health issues as being an empowering experience for all staff at the practice:

"Again it is only me sort of speaking on their behalf I guess. But I think it has been empowering and the have been enthusiastic and that you know all of us including them have had the opportunity for some up skilling and training in the way we deal with young people. It has been good for teamwork as well amongst our staff". (Practice 1: GP C)

Increased workload and flexibility

One GP felt that running the adolescent health clinic had increased the nurses' workload:

"…it took her a bit of time…She didn't complain about it so I presume there wasn't too much negative impact but yeah it was a fair bit of time she had to wait back her by herself and after we had all left. Especially early on we didn't know whether people were going to turn up and she had to hang around." (Practice 2: GP A)

One practice staff member who was responsible for facilitating the setting up of the clinic felt that their workload was increased as a result of the clinics at their practice. She spoke about how she had to make an effort to keep all of practice informed about the clinics:

"…we try and keep everybody in every position on the same page but you know like if we are at a Reception Meeting we will tell Receptionists about what is going on…We want GPs to know that if they see a young person that could be assisted by the Clinic to refer them through. So it is about trying to keep everybody in the loop and I think we do it well but you have got to make a fair bit of effort to do that because it is such a busy place and there are so many people." (Practice 1: Practice Staff A)

Changes to communication between practice staff

One practice staff member spoke about changes in communication between herself and the two nurses running the clinic:

"… I discovered that emailing doesn't usually get through so I would walk around to the Treatment Room and it just changed the way I communicate I guess. Like sometimes emails get through but other times and they have a hugely busy workload around there and I will just trot around. But also we use the Team Leader Meetings to discuss things so that is E and D and A and myself. So every Monday morning just going over stuff then so sometimes I would say … I

would know then that I would have E in a place where she wasn't being distracted and could think about things, yeah." (Practice 1: Practice Staff A)

Changes between the nurses and the GPs

Communication

As a result of running the adolescent clinics, changes to regular communication strategies had to be developed. Two practice staff members felt that the adolescent health clinics were regularly discussed between the nurses and GPs in meetings in order to keep all of practice informed about the clinics:

"I sat in on a couple of Clinic Meetings and I think it was discussed a little bit what was happening and how it was set up so everyone was kept informed." (Practice 1: Practice Staff C)

One nurse discussed how she developed a new strategy to communicate patient information to the GPs in her clinic:

"…how I sent the Emails I just put the patients name and say the patient called in please see my notes and will catch up with you later and I make sure that I am working at the same time as the GP is before the patient sees them so I can have a quick word with the GP. So we sort of make sure that communication is not too structured but it is structured enough that I know they have heard what has got to be said." (Practice 3: Practice Nurse B)

Another nurse spoke about how she and the GPs would have informal chats with the GPs about young people who had been referred to see the adolescent health clinic:

"…we would often just informally chat about different people and if they turned up and what their needs might be and what we could do together..." (Practice 1: Practice Nurse B)

GP-nurse referral process

All of the nurses expressed a belief that GP referrals to the adolescent health clinics were generally quite low and several spoke about many barriers to the success of this process.

Three nurses suspected that the GPs at their clinic felt that they were better able to address young people's needs and therefore did not feel the need to refer young people to the nurse. This was because the GP already had an established relationship with the young person, or because youth health was an interest area for them:

"Well a couple of times, a few times I saw it happen I just said, "We could have put that person through to the Youth Health Clinic." And generally the response would be, "Oh yeah, oh no it is all right because I have already spoken to them." So it was like almost recognition that there might be a separate service that we can offer. I think to really make it work I think you really need the GPs actively involved and actively referring and actively saying, "This is great I have got a nurse, you now like we are very lucky here because we have got a Nurse who can speak to you what about you come back on … or look she has got time now I will put you through to her." And I think probably that is another critical factor, if they are a little bit lukewarm or in this case going probably along with it because I was interested um, it probably doesn't help, although they are not deliberately being obstructionist it is just they are not actively encouraging either." (Practice 2: Practice Nurse A)

Despite this, two of the other nurses felt that even though they did not get a large amount of referrals from GPs, they were confident that they would have referred young people to the clinic if appropriate:

"I think they were referring them appropriately, one of the GPs had actually came to me and asked to refer someone. This is someone we don't expect to refer very often.
And that was a bit of a feather in our cap not what that we said so to him.
That was a good sign." (Practice 3: Practice Nurse B)

One GP said that he had not referred very often to the clinic because he did not typically see many young people in his practice:

"Well we don't have big numbers of young people approaching us for help. The biggest areas I would have would be Depression and I don't have that many people asking me particularly about sexual health matters… But yeah look if there is the occasional patient that needed sexual advice then A would be good or else I can discuss it with them as well but there is not big numbers." (Practice 2: GP A)

Another GP spoke about being more inclined to provide continuity for a young person by continuing to see them themselves rather than referring them to the clinic:

"Yep so I didn't ever book anyone in to it specifically because I would be more inclined if I was seeing them in a consultation personally I would be more inclined to get them to comeback and see me. That just sort of makes more logical sense already seeing someone…" (Practice 1: GP C)

One GP stated that he referred young people to the clinic in order to demonstrate his support of the nurses:

"Well largely because I wanted to support the Clinic to get it going as a concept." (Practice 3: GP A)

One practice staff felt that as her practice was already quite youth friendly with many of the GPs interested in youth health, the GPs might be more inclined to manage young people themselves rather than refer them to the adolescent health clinic:

"Now being that a lot of our GPs are youth focussed I wonder whether they would be as keen to refer or opportunistically I have already got you in my room I am going to start this …A lot of our GPs have always said if I have got the opportunity I am going to grab it there and then because that opportunity may never come again. So if I have got a kid I might be thinking we are going down a crisis road at some point, I am going to take it and run with it now they may not have referred." (Practice 1: Practice Staff B)

Another practice staff member felt that despite GPs good intentions to refer young people to see the nurses at the adolescent health clinic, their heavy workload meant that referral was not a priority for them:

"It was plugged very strongly and one of the GPs himself said, "Look we are not getting people along to this Clinic we need to …" and he actually suggested we put a copy of the poster in each room and brochures so he has got them on his desk and most GPs have got them on their desks there so but at the same time we know that GPs are practising under quite a lot of pressure they have got so many people in the Waiting Room. They have been incredibly busy… [and] I think those sorts of extras get lost of people's agenda's." (Practice 1: Practice Staff A)

Scope of practice for nurses running the clinics

Role of the nurse

One nurse felt that setting up and running the adolescent health clinic helped the GPs develop a greater understanding of practice nurse capabilities:

"I think they probably do have a better understanding of our knowledge base and what we are able to provide more than just the usual washer-upper-ra, cleaner-upper-ra, dog's body." (Practice 3: Practice Nurse A)

Changes to nurse's usual role

Two nurses felt there had been no major changes to their usual roles at their practices:

"I don't think there has really been a significant change but the Doctors are aware that we are available to do kids health and we have had some referrals and some enquiries." (Practice 3: Practice Nurse A)

One nurse described how having taken part in additional training in the adolescent health area resulted in GPs coming to her for advice on youth health issues:

"I suppose because … and I have had a bit more education now, some of the younger doctors will ask for advice." (Practice 1: Practice Nurse A)

Barriers to setting up the clinic

Two nurses spoke about how they felt that at least one of the GPs at their respective practices were resistant to the adolescent health clinics running. This was perceived to be because of conservative attitudes towards adolescents held by the GPs, and territorial issues:

"I think I can say this now because [GP B] has actually left the practice. I don't know where she has gone to work but she has gone to work actually with adolescents in an Adolescent Health kind of situation so she was a very she worked really hard to get this practice more adolescent friendly 3 year ago so she really could be credited with having done all that work already. Having done that work for everyone else and getting the Youth Clinic started in Z and being very aware of it so

I think she kind of might have we tried really hard to keep her involved in it all to make sure she didn't kind of feel someone else was taking over but I think she did. …I feel she did think we were stepping into her playground and that we shouldn't be doing that….And I think that she would never have referred anyone to us because she had it all under control." (Practice 1: Practice Nurse B)

One nurse felt that there was resistance from other youth health providers when she tried to promote the clinic in her community:

"I am not sure that from the local School Nurse that there was, I felt that maybe he thought we were doing his job that maybe he wondered why we are doing it when he was already doing it. He politely sort of said he would keep us in mind and I said I could come and talk to him about it and he said he thought he had a picture of what was going on so he obviously wasn't that keen so and once again when I called at the Community House even I don't know whether it was resistance or just as in, "Oh yes another thing going on out there that I don't have time to assimilate."
(Practice 2: Practice Nurse A)

One nurse felt that there were barriers to improving the youth friendliness of her practice, specifically towards placing youth friendly information in the waiting room:

"Yep we try to it is actually quite hard in the main Waiting Room because you have really got to think about the whole entire practice population from small children to old people. You know what they are reading and what they are going to take offence at and what they are not because the elderly population are very good at coming up and telling you that they find things offensive."
(Practice 1: Practice Nurse B)

Barriers to young people accessing the clinics

The availability of other youth health resources

Four nurses felt that the fact that young people could potentially access nurses, doctors, and counsellors at their high schools for their emotional and sexual health needs was a barrier to attendance at their clinics. They believed that accessing a school-based health service would be easier and preferable for young people:

"I think it takes a lot of motivation to come here because at school to go and see the Doctors that visits the school it is easy isn't it? You know you have got a spare with nothing to do so you have got a few issue so you will just wander up the hallway and drop in and have a chat with them and drop in and that is fine.But here you have actually got to say to you parents I am going to the Doctor whereas in the school situation you know your parents don't know what you are doing between the time of 9 and 3 and you don't have to explain yourself to anyone because no one knows." (Practice 1: Practice Nurse B)

Three practice staff members also felt that these services may already be provided for young people in the school setting:

"I think it is a great idea and I think it is a bit hard because I know that there are Nurses and Counsellors and stuff within the School setting so I don't know whether it is you know almost a double up you know because if the kids they need it they can access it within the school environment." (Practice 3: Practice Staff A)

Two practice staff members also felt that young people already had a good rapport with the GPs at their clinic and would be more likely to continue seeing the GPs rather than attending a newly established clinic:

"… because we are youth focused and have a lot of youth focussed GPs they tend to counsel themselves and they tend to. So if they were already patients here they would have that rapport with the GP and they may already be using our Services just not that Service through the GP." (Practice 1: Practice Staff B)

This view was supported by a GP who felt that the reason young people did not attend the clinic was because they already felt comfortable accessing GPs at their practice:

"It might actually be a positive thing in that maybe some of our younger patients feel confident to come and see Doctors that they have met previously that they know and they have got that confidence to access the service already so they are happy to continue doing that." (Practice 1: GP C)

A practice staff member felt that young people already had access to health information via the internet and telephone counselling services and doubted whether there was a need for adolescent health clinics:

"These days the kids have got access to the Internet and so forth and they can pretty much find anything that they want on the Internet…And also there is the Counselling Lines and all that sort of stuff that they can ring so there is phone support as well which they can do whenever they want you know in the privacy of their own home and nobody has to know about it." (Practice 3: Practice Staff A)

Practice-specific issues

Two nurses felt that the time at which the adolescent health clinics were held was an issue:
"I was told there is a lot of sport on Saturday so it possibly clashed plus the times of the Clinics is a little bit early even for us to get up for 8.30 on a Saturday morning." (Practice 3: Practice Nurse A)

Two nurses felt that it was necessary to be available for young people in a time of crisis. It was for this reason that these nurses felt that running the clinics in specific time blocks may not be the best approach, and perhaps being available at any time to book in and see and adolescent would be the preferred approach:

"I think it is very much a case of you have to be there at the moment, so if a girl drops her bundle because she thinks she might be pregnant then she wants something to happen right then and you know we did have an issue where a young woman came here and was pregnant and didn't want to be and I really was in a situation where I couldn't see her and made a booking for the next week and she didn't turn up she obviously went somewhere else…" (Practice 2: Practice Nurse A)

Two nurses felt that the clinics could not be easily accessed by public transport and felt that this may have been a deterrent for young people attending the clinic:

"I think transport is a real issue around here…so I think for a lot of the kids if you have got something you want to see a Nurse or Doctor about and you don't want mum or dad to know then not turning up coming off the school bus which would alert your parents to the fact that you hadn't done the routine so it sort of makes it very hard for them and buses only run once an hour and I think to an adolescent the thought of waiting for a bus for an hour can be overwhelming." (Practice 2: Practice Nurse A)

One nurse felt that living in a small community might make young people apprehensive about confidentiality and their anonymity:

"You know and very nervous of mentioning names because you know at one point she went to tell me about some sort of sex play that went on at parties and she stopped herself I saw her because she suddenly thought, "She might know their mum." And so even though you say that there is complete confidentiality in the younger adolescent age group there is always I suppose there is a degree of, "Oh yes but..." (Practice 2: Practice Nurse A)

One GP felt that transport and the isolation of the practice may have been a contributor to the clinics low attendance:

"As I was saying before it might be more useful to have a bigger Clinic in the metro area if people are socialising and they are in that area, we are a bit isolated here so perhaps that might be a disadvantage." (Practice 2: GP A)

One nurse felt that the fact that there was not a local high school in their town was barrier:

"I think that we put at enormous amount of effort into local advertising and things like that. I think perhaps because there is not a High School in this actual town, perhaps that is a problem. Because certainly both of the Doctors who work in the peripheral towns don't have any problems getting kids to come to them." (Practice 1: Practice Nurse B)

Young people factors

Two nurses felt that young people may not recognize that they have a problem or they may not perceive their health behaviours to be risky:

"I think that young people probably see themselves as not requiring you know if they don't see their risky behaviours as being risky if they see that as normal why do you want to go and tell someone you are doing it? The people we saw were in no way preventative." (Practice 3: Practice Nurse A)

One GP also felt that adolescents may not recognize that they have a problem that required assistance:

"I think just generally people don't want to also, children don't want to recognise a problem if they have got it, they tend to say, "Oh forget about it." Or put things off or don't address the

issue. Adolescents live for the day that don't think about how is it going to affect me in the future so they can just shrug things off more than confront things so." (Practice 2: GP A)

One practice staff member felt that young people would be more inclined to talk to their friends about sensitive issues such as emotional and sexual health problems than go and see a nurse:

"And I think also like particularly given the nature of the issues that the Clinic was basically running for…I think that would probably be the key thing is just that people wouldn't know and even if they do know somebody it is hard enough to talk about that stuff. I mean research has shown that usually kids talk to their peers about those sorts of issues." (Practice 3: Practice Staff A)

General Practice

Two practice staff members shared the belief that general practice was not the right context for an adolescent health clinic:

"I think in theory it is a great idea to have it however it wasn't used, there were very few patients did come in to use it and I just don't know that it is perhaps the right setting for something like that…I think the best place for something like this is within the school environment where you are going to capture the kids they are there." (Practice 3: Practice Staff A)

One GP also felt that young people simply did not have a need for a service like this in general practice but felt that such clinics may work better in a school context:

"…see there is a theory that young people are going to find something set up specifically for them to be more useful than Family Practitioners. There is no evidence from this Project that that this is true… I think the concept of having a relationship with a Family Practitioner is perhaps as close as you are going to get to attracting young people to come to a GP unless you actually put a Youth Clinic into schools or somewhere else like at the school." (Practice 3: GP A)

Another GP felt that the general practice environment may be intimidating for young people:

"… I think the biggest disadvantage is people see a General Practice as perhaps a little bit intimidating. It takes courage to make an appointment to come down and see somebody and particularly if you don't know them that well..." (Practice 2: GP A)

Time factors

Three practice staff members strongly felt that adolescent health clinics would need to run over a longer period of time in order to build up a patient base:

"…it is a matter of time. If we could have kept it running I am sure eventually because it is word of mouth it would only take a couple of patients to come to the Clinic and go from there…I mean we did get one patient but it is just a matter of a few patients coming in and letting people know and it goes from there." (Practice 1: Practice Staff C)

Similarly, one of the nurses felt that the duration of the adolescent health clinics was too short to attract young people to the service, and believed that it would have benefited from being run over a longer period of time:

"I think it would be interesting to just keep promoting it on a smaller level for a long period of time and revisiting in a year and say what happened you know? Because you never know it might really start to get some momentum at some stage." (Practice 1: Practice Nurse B)

This view was also shared by one of the GPs:

"Particularly with that group I think it takes time I think. Yeah it sort of I imagine I mean with the [another youth clinic] which F has established …because I relieved her a couple of times in the early days and they were really slow Clinics to start with and sometimes no one would come and sometimes one or two but now that is more established and more known amongst the young people in our community and the kids that are school up at Z so I think it is a thing that needs patience and time." (Practice 1: GP C)

Clinic Promotion

Two GPs felt that the adolescent health clinics suffered from a lack of promotion in the local community:

"…more advertising I suppose would have helped them to attend.
By the same token we were only trying to advertise to people who were already patients of our practice we didn't want to steal people from other practices and appear to advertise to increase the size of our practice." (Practice 3: GP A)

One practice staff member also felt that the adolescent health clinic should have been promoted in the community:

"But I think the idea was that they only wanted patients of the Clinic here. I think we would have had more interest if we had have it around everywhere but the problem with that would have been is that um if we had outside patients um that don't go to see their regular GP it would probably be harder to … it is probably better to see their own Doctor with their own problems and that is why we sort of kept it within the Clinic." (Practice 3: Practice Staff C)

Evaluation of the Users of the Adolescent Health Clinics

This component of the project set out to document the types of individuals who accessed the youth health clinics. The youth health clinics ran over a period of 16 weeks and during this time the nurses were required to fill in a weekly log sheet documenting the details of young people they had seen. The log sheet required the nurses to record the gender, age, young person's main reason for the visit, and the length of consultation. In addition, they were asked to report whether any tests were ordered, whether the young person was seen by the GP, whether the young person was followed up by the nurse, whether the young person was referred externally, and whether the young person consented to be interviewed as part of the project.

If, after having explained the project to the young person and provided them with a plain language statement, brochure, and consent form, the young person signed the consent form, the nurse was required to note the young person's first name and telephone number so that they could be contacted by researchers. Nurses were required to complete the log sheets on a weekly basis and post them to the researchers along with any signed consent forms. The Research Fellow then contacted those young people who had consented, and arranged a convenient time to conduct a telephone interview. If the young person also indicated on their consent form that they were happy for their parent to be contacted and interviewed then the Research Fellow contacted the young person's parents and verbally provided them with some information about the project. If the parent expressed interest in participating in the telephone interview, a plain language statement and consent form was posted out to them. After the signed consent form had been received, the Research Fellow contacted the parent by telephone to arrange a suitable time to conduct the telephone interview.

Two interviews were created and administered over the telephone to young people and parent's of young people.

Young Person Interview

The young people's survey consisted of questions in the following areas: general demographic information, levels of psychological distress, sexual health including contraceptive use, partner

violence, and drug and alcohol use. Young people were also asked about the practice where they attended the adolescent health clinic, the costs associated with their most recent visit to the youth health clinic, how they felt about their most recent consultation with the nurse at the youth health clinic, their reasons for attending the youth health clinic, the types of issues they discussed with the nurse, whether they would be inclined to attend the clinic again for other problems, and the value they place on the service. The young person's telephone survey took approximately 20 minutes to complete. (See Appendix M).

Overall, only one young person attended the adolescent health clinic at Practice 1, two young people attended at Practice 2, and six young people attended at Practice 3. Of these, three young people (2 females, 1 male) at Practice 3 and 1 female from Practice 2 participated in telephone interviews.

Parent Interviews

The parent interview asked parents of young people about their involvement in their child's visit to the youth health clinic. For example, did they go to the clinic with their child and did they attend the consultation with their child. The interview schedule also consisted of seven open-ended questions in the following areas: how they view their role in the managing the health of their child, how they feel about their child managing their own health independently, their feelings about their child attending a nurse-led youth health clinic, perceived barriers and facilitators to young people using a service like this, and whether they have any suggestions for overcoming these barriers (see Appendix N). The parent interviews were to be tape-recorded and responses to the open-ended questions were to be transcribed for analysis.

Due to the lack of data gathered from parents of young people (only one parent participated in the telephone survey), it was decided not to include an analysis of this interview in the report.

Analysis of Young People who utilised the Adolescent Health Clinics

	Young person 1	**Young person 2**	**Young person 3**	**Young person 4**
Practice attended	Practice 2	Practice 3	Practice 3	Practice 3
Gender	Female	Female	Male	Female
Age	24	24	15	16
Living situation	Lives alone with daughter	Lives with parents	Lives with parents and siblings	Lives alone in a hostel

Study/work status	Part-time/casual work	Part-time higher education & part-time/casual work	Attending secondary school	Attending secondary school
Government allowance	No	Yes	No	No
Health Care Card	Yes	Yes	No	No
Country of birth	Australia	Australia	Australia	Australia
Aboriginal/Torres Strait Islander	No	No	No	None
Had sexual intercourse?	Yes	Yes	No	Yes
Experienced partner violence in the last year?	Yes	No	No	Yes
Used alcohol in the last year?	Yes	Yes	No	Yes
Used drugs in the last year?	No	No	No	No
Reason(s) for attending the clinic	Depression	Female health concerns (contraception) and feeling depressed/stressed.	Experiencing anxiety related to his physical health.	Issues related to grief and bereavement.
Number of times attended the clinic	11	2	1	2
Were expectations met during the consultation?	Yes, completely	Yes, completely	Yes, completely	Yes, completely
Would you see attend the clinic again if you had some very private concerns?	Definitely	Definitely	Definitely	Probably not
…if you needed help with a difficult problem?	Definitely	Probably	Definitely	Probably not
…if you had a problem related to sex?	Definitely	Probably	Probably	Probably not
…if you had a problem related to alcohol?	Definitely	Probably	Probably	Probably not

…if you felt low or depressed?	Definitely	Probably	Definitely	Probably not
…if you were thinking of ending your life?	Definitely	Probably	Definitely	Probably not
…if you had a problem in your relationship?	Definitely	Not sure	Probably	Probably not
Comments on consultation with nurse	None	Found it to be helpful. Felt that the nurse gave her more time than a GP. Felt more comfortable talking with a female.	Felt that the consultation with the nurse really eased his mind.	She did not feel that the nurse was particularly caring. She felt that the nurse did not ask her enough questions and did not feel that the nurse listened to her concerns. She also felt uncomfortable when the nurse was performing a physical examination.

Additional Young Person and Parent Interviews

Due to the small numbers of young people who actually attended the youth health clinics at each of the practices, it was decided that recruitment advertisements would be created asking interested young people aged 14-24 years and parents of young people in this age group to participate in telephone interviews. A $30 gift voucher was offered as an incentive to participating individuals. The aim was to recruit 10 parents and 10 young people from each of the regions where the three practices were based. Some minor changes were made to the interview schedules used with the young people who attended the clinics and their parents (see Appendix O for young person telephone interview – non-clinic), with all references to the nurse-led youth health clinics being presented as hypothetical scenarios. At the conclusion of the recruitment period, 6 young people and only 2 parents had been interviewed. Due to the small amount of data collected from parents of young people, it was decided not to present this data in this report.

Young person interviews

Six young people were interviewed about their opinions on health services for young people. The interviews were analysed and organized into themes. These themes are presented below.

	YP1	**YP2**	**YP3**	**YP4**	**YP5**	**YP6**
Gender	Female	Female	Female	Female	Male	Female
Age	18	20	18	18	20	18
Recruiting practice	Practice 1	Practice 3	Practice 1	Practice 1	Practice 3	Practice 2

Analysis of Young Person Interviews

Desire for the service

All young people said that an adolescent nurse-led clinic was a service they would like to have available at their local general practice. Young people liked the idea of having someone who they could talk to about their problems:

"there is a nurse that has come to our school before who like she does specifically younger people and she is actually, I found her a lot better to actually talk to than the Doctor…less judgemental and more, she was just really relaxed and really open about everything…" (YP4)

"Yeah I think they are a really good idea…as long as they are purely like help and not like lecturing you on what you should do and shouldn't do… I think the idea of it is a really good idea because a lot of people don't want to like ask their parents and stuff because they assume it is obviously going to be about sex or something like that " (YP3)

"well because sometimes you need to talk to somebody about things and at school they don't really have those facilities and I don't know just like medical problems that you feel you can't go to your normal doctor with , your parents or…" (YP1)

Another young person felt that the health information that the nurse could provide would be of benefit:

"…it would probably benefit kids and…if they know about it they would go there more I reckon for health and stuff" (YP2)

Facilitators to attending an adolescent health clinic

Young people spoke about a number of factors that they believed would encourage young people to access adolescent health clinics in general practice. The clinics either being free or bulk-billed by Medicare was seen as an important facilitator to attendance:

"I suppose like as long as there is Medicare like you can access it without the whole money thing." (YP4)

"Probably if it could be just bulk-billed with you Medicare like that would probably make it more accessible." (YP3)

"well first of all I have only just started working so I am on a crap wage so I can't really afford to go to the doctor so it was nice to know it is free." (YP6)

"I suppose also like going to see a doctor it costs a lot of money…so it benefits in that way and then you are not trying to rush" (YP2)

Running the clinics at times that were considered accessible to young people was also seen as important by two young people:

"Oh just making them known I suppose and making them within hours when you can access them. Because otherwise there is no point if you can't get there" (YP4)

Confidentiality and comfort with the nurse were also seen as facilitators to young people attending the clinics:

"And as long as like the young people feel comfortable with whoever, the nurse running the practice…" (YP4)

"If there was confidentiality so that you could know that you could talk to them about anything and say your parents or any other people couldn't find out about it". (YP1)

One young person felt that the nurse running a clinic session within schools would help to promote the general practice and would make health care access more accessible a larger number of young people:

"…the best thing to do I reckon would be if they could have the nurse or something come to the school sort of like one afternoon or two hours a week and you could just put your name on a piece of paper in a box and just go" (YP3)

Another young person felt that having a private entrance to the clinic within the general practice would be attractive to young people:

"…like the one in xxx…like the one good thing about it is like it has got, you go around the back and stuff so no one knows that you are going there" (YP4)

Barriers to attending an adolescent health clinic

Young people raised a number of factors that they believed may discourage young people from attending adolescent health clinics. Young people felt if the nurse was not compassionate and understanding then they would be unlikely to use the service:

"Just like if it was going to be like a lecture kind of thing…yeah if it was judgemental and like if you couldn't keep it confidential from your parents". (YP3)

"probably the person who was running it…they would have to be the type of person that you would feel would understand and wouldn't judge and you could just talk openly with". (YP1)

Two young people were concerned about other people seeing them attending the clinic and questioning them, and one young person was concerned about knowing the nurse who was running the clinic:

"The only thing that I think young people worry about with Doctors and stuff is people knowing that they are going there. So you know if you see someone in the waiting room…" (YP4)
"…if I knew someone who was running it that probably would discourage me…" (YP5)

One young person felt that waiting rooms could be quite intimidating for young people and suggested that improvements could be made to encourage young people to attend:

"They could make it [waiting room] a tiny bit more youth friendly like the room that I was in was pretty stark and yeah that is the thing about doctor's surgeries, I think they are a little bit intimidating" (YP6)

This young person also felt that lack of literature in the waiting room could discourage young people from feeling comfortable and suggested that some brochures on youth-health issues could be placed in the waiting room:

"yeah certainly because some people maybe that is what they are going there for …and they are a little bit embarrassed and …they see the brochure they will know a bit more about it before they go in". (YP6)

Feelings about seeing a nurse rather than a doctor for their emotional and sexual health needs

All young people said they would be just as happy to see a nurse as a doctor for their emotional and sexual health needs.

"…I think nurses are just as good as doctors for that kind of thing. I mean they can always refer you to a Doctor if you need one…" (YP4)

"I think that would be fine. I think nurses are just as good as doctors at that kind of thing". (YP3)

Some young people even expressed a preference for seeing a nurse rather than a doctor:

"[nurses] are a lot easier to talk to…than the doctors I have talked to down here…" (YP5)

"…I see nurses as more like understanding and willing to listen whereas doctors are straight to, what is wrong? What can be cured and that kind of thing". (YP1)

"…I do notice with doctors they try and drag it out…it's just like some doctor's take ages to get to your point and …like they make the session drag" (YP2)

Preference for clinic times

Most young people felt that having the clinic at a set time each week was probably preferable to making an appointment at any time during the week. Some liked the stability of knowing the clinic would be available a t a certain time each week:

“I suppose a set time each week makes it easier for the practice and like as long as…users know what time it is open then it wouldn’t matter because otherwise if you can make an appointment whenever you want then you may as well just go and see a GP”. (YP4)

“set times is good because that way you know it is going to happen...that way I can plan everything else around that”(YP5)

Other young people wanted the flexibility of being able to make an appointment time that fits with their schedule:

“I think an appointment any time. Because not everyone is going to be available in that time frame because everyone has got different lives”.(YP2)

“It would probably be better if you could make and appointment at anytime during the week because then you could do it at lunchtime or study periods…but that is probably not very realistic because it would make it too hard to do…”(YP3)

Promotion of the clinics

All young people thought that promoting the clinics within secondary schools was the best option to make the clinics availability known to young people in the community.

“Probably just at school. We have morning assembly and stuff and we have like a news day where they tell everyone about everything that is happening in the school and stuff, like you could do it in that or even like in Health class or something” (YP3)

“well through the schools would be nice. I am not at school anymore but that is normally I think where the majority of youth can get their information. I know there is a lot of youth services around where I live that normally provide brochures …well I would say in the mail or email or things like that …” (YP6)

“I would say lots of advertising probably schools, school is a good one…anywhere you can advertise and get it out there, radio, lots of kids listen to the radio” (YP2)

Cost of consultation

All young people said that they would be willing to spend a small amount of money for a consultation at a nurse-led adolescent health clinic.

For example, one young person valued confidentiality of the service:

"The whole confidentiality thing I suppose and I don't know, I suppose it would be cheaper than going to a Doctor…and depending on what you are going for like if it is sexual health then you don't need to see a GP or whatever, they are just as good so yeah I would go there and pay a bit" (YP4)

Another appreciated the longer consultation time:

"Like a longer consultation than what you usually get at the doctor and like it is private and like you pay for the doctors so you should still pay for that kind of thing I guess". (YP3)

Another young person felt that if they got what they wanted out of the session then it was only fair that they should pay some money for it:

"well if I can get what I wanted out of the session like say if I wanted to go and talk to somebody because I was feeling depressed and they helped me and they helped me figure out some things and outlets, I probably would be willing to pay for that". (YP1)
"Just because I don't think that they should do the job for free and they have been trained and you know it takes a lot of time and training to know what they know so I wouldn't expect anyone if they are trained in something to do their services for free". (YP2)

Costings Associated with Setting up and Running the Adolescent Health Clinics

A further aim of the project was to conduct an economic evaluation of the costs of setting up and running the youth health clinics. This involved seeking the opinions of those young people and their parents who used the service, to ascertain whether the benefits exceeded the value of the costs.

Aim

The initial aim of the costing study was to estimate the cost of setting up and operating nurse led adolescent health clinics. Given that during the study period young people failed to utilise the dedicated clinics, the study focused solely on estimating the costs of setting up the clinics.

Methods

The study was predominantly undertaken from the health service perspective and all costs are reported in 2006/07 Australian dollars. A micro-costing approach was used to estimate the costs at each practice. The main areas of health service resource use were identified by PANACHE researchers (KH and DN) prior to the commencement of the study. The main areas of resource use included:

Training and education for practice nurses

PANACHE researchers developed a distance learning package to train practice nurses on how to set up and operate nurse led adolescent health clinics. It consisted of four modules which the nurses worked through independently on a fortnightly basis. The nurses also attended an adolescent health workshop held in the Department of General Practice at the University of Melbourne[1]. The workshop provided an overview of the key issues associated with adolescent health in the context of general practice as well as an opportunity to participate in interactive sessions with young people to practice and refine their communication skills.

Additional resources required to set up adolescent health clinics

This consisted of resources provided by PANACHE researchers to assist the nurses in setting up the clinics such as regular teleconferences to discuss key issues regarding the clinics and administrative support. In addition to this the nurses also undertook a series of activities and obtained specific resources that they thought would encourage young people to attend their clinic.

[1] Note that nurses at the Practice 1 attended two separate training sessions held at their practice however as the data required to cost these sessions was incomplete, the cost of attending the one day workshop at Melbourne University was used to estimate these costs.

This ranged from providing suitable reading materials for young people in the waiting room, gathering resources such as brochures and posters containing information on youth health services in the area, obtaining a mobile phone to enable adolescents to SMS or call to make appointments, providing brochures to advertise the clinics via mailouts, to conducting school visits in the area to promote the clinic.

An EXCEL spreadsheet was developed to prospectively collect resource use data from each practice. Practice nurses participated in two telephone interviews with a PANACHE researcher (DN) to record resource use data directly onto the spreadsheet. The first interview was undertaken after the practice nurses completed the training and prior to the commencement of the clinics. All nurses completed a second interview after the 16 weeks in which the clinics were held. PANACHE researcher (DN) was responsible for recording the time taken by herself and other project staff to develop and administer the intervention.

The unit costs were estimated for all resources using standardised methods.[24] The cost of practice staff time was derived from an ABS pre-tax hourly rate[25] and adjusted to remove the effect of inflation using appropriate indices.[26 27] A 17% levy for on-costs such as superannuation (9%) was added to the hourly rate for practice nurses, reception staff, clinical care co-ordinators and practice managers. On-costs for general practitioners (GPs) were adjusted to reflect that more than three quarters of GPs are partners, associates or sole practitioners[25] and therefore responsible for their own superannuation.

The cost of PANACHE researcher's time was calculated on the basis salary data obtained from the University of Melbourne for the 2006/07 financial year. To derive an hourly rate it was assumed that full time staff worked 240 days per year for 8 hours a day. The cost of consumables such as printing, stationery, postage were estimated using market prices provided by University of Melbourne financial records.

The nurses in the PANACHE study attended an adolescent health workshop designed to train general practice staff (including GPs, practice nurses and administrative staff) participating in the Prevention, Access and Risk Taking in Young People Study (PARTY) at the University of Melbourne. As data collection for the PARTY study is currently ongoing the costs of attending this training are preliminary and currently exclude resources use required to develop the training session.

One practice undertook two focus groups with young people to identify enablers and barriers perceived or experienced by young people in relation to attending the practice[2]. This practice also arranged a meeting with local youth health and welfare service providers to enhance the level of knowledge about services for young people in the area[3]. The value of young people's time was estimated to be 43% of the pre-tax wage rate[28] to reflect the value of leisure time.[29] The pre-tax wage rate[28] adjusted to include 17% on-costs was used as a proxy to value of youth service provider's time.

Costs were generated by multiplying resource use by the unit costs. Fixed costs associated with developing the educational materials, pamphlets, posters, additional PANACHE staff time and teleconferences required to set up the clinics were allocated equally across the clinics. These were then combined with variable costs to calculate a 'cost per practice'.

Results

Three practices were recruited to the study. One practice nurse at the Practice 2 agreed to participate in the study while Practices 1 and 3 had two nurses who joined the study. The total cost of setting up the clinics ranged from $5,912 at Practice 2 to $8,557 at Practice 1. (see Appendix P for costings tables for practices 1, 2, and 3)

A detailed summary of the resource use and unit costs required to train practice nurses and set up the clinics are reported in Tables 1-3. The costs of training practice nurses ranged across practices from $2,964 to $4,329. The variation in cost largely reflects that there was only one nurse to train a one practice compared to two nurses at the other practices. Despite this there was also substantial variation in the time taken by practice nurses to complete the learning modules. The two practice nurses at Practice 3 took a total of 48 hours to read through the materials compared to the two nurses at Practice 1 who spend a total of 14 hours to complete the task. This difference may reflect the amount of experience and, or familiarity the practice nurses had with adolescents and their health issues prior to the commencement of the study.

The practice nurses were encouraged to identify resources that they considered necessary to enable the clinics to be set up at their practices. Practice 2 had a mobile phone available for making appointments and contacting young people while the Practice 1 purchased youth health

[2] Note that as this activity was undertaken as part of both the PANACHE and PARTY studies it was assumed that 50% of the costs of running each session were attributable to each project. Data on the resources required to organise each session were collected separately for each study and therefore were 100% attributable.
[3] Again this activity was part of both the PANACHE and PARTY studies. 50% of all costs associated with the activity were attributed to each project.

brochures and magazines and a trolley to display the reading materials (costs were $148 and $576 for each practice).

There were a range of activities undertaken to promote and advertise the clinic to young people in the local area. The PANACHE research staff developed brochures and posters detailing key issues regarding adolescent health and to advertise the clinic. The costs of developing and producing these materials were similar across clinics. Practice 2 and 3 printed additional brochures and letters to send to young people on their mailing list to inform them about the clinic. The practice nurse at the Practice 2 also visited two schools in the area to promote the clinic. PANACHE researchers also spent a considerable amount of additional time over the study period assisting practice staff with the more complex issues associated with setting up the clinics. Given the number of additional activities undertaken at Practice 1 further assistance was provided from the PANACHE researcher (DN) ($1,561 compared to $892 at the other practices) as well as additional clinic staff time and consumables ($1,227) were required to support these activities.

The costing study indicates that nurse led adolescent health clinics can be established in general practices for less than $8,600 per clinic. These resources ensure that practice nurses receive specialised training in adolescent health issues and are also provided with the support and encouragement required to establish clinics tailored to the needs of the young people attending their practice.

Discussion

This project forms part of a broader movement in Australia exploring the potential to use the services of nurses more effectively in primary care.[32] Innovative ways of practice nurses working is new to Australia, although has been existence in the UK for many years.[30] There is modest international evidence that nurses in primary care settings can provide effective care and achieve positive health outcomes for patients similar to that provided by doctors. Nurses are effective in care management, achieving good patient compliance, a more diverse range of roles including chronic disease management, illness prevention and health promotion.[31] Australian nursing has the potential to contribute to the emerging health reform landscape in primary care. Goals for health reform include increased service access, strengthened prevention and early intervention, better management of chronic diseases, integrated service delivery and multidisciplinary team-based care. There is increasing interest in strengthening the role of primary health and prevention to enhance population health outcomes.[31]
Nevertheless, many barriers exist to the further development of practice nursing including funding, indemnity and regulation issues, culture of general practice and a lack of training opportunities for the existing work force.[31]

This project aimed to provide evidence on the acceptability of practice nurse led clinics to general practitioners, practice staff, young people and their parents as well as practical information (economic and organisational) about setting up and running these clinics.

This project builds on a currently underway APHCRI Stream 3 project (called PARTY) which assesses the effectiveness and acceptability of a 3-part intervention to address the problem of youth health risk behaviours presenting in general practice. Both intervention and control groups have received current best practice training in engaging young people, interviewing them about health risk, and making a practice youth friendly. One of the PANACHE practices is also a PARTY practice. The intervention group receives an additional two elements: 1) use of a health risk screening tool, and 2) General Practitioner (GP) and Practice Nurse (PN) risk-response training with motivational interviewing (MI), referral or integration with current mental health and complex care Medicare incentives. The components of the PARTY research program are: 1) a stratified cluster randomised trial of the intervention, 2) a health economic evaluation of the proposed intervention, and 3) a feasibility study for the role of the PN in preventive youth health. (APHCRI funded). This last study involved training practice nurses in adolescent health using a distance education package in 2006. The project also built on other practice nurse research by the authors (funded by beyond blue) which looked at utilising the practice nurses in the mental health care of adolescents. Practice nurses in this study reported carrying a range of diverse tasks in their

work. Their contact with young people was indirect and occurred when they were giving immunisations taking a Pap test etc. Nevertheless they felt that they could have a wider role in the care of young people, particularly in health promotion. They also felt that they could act in a linkage role with other services and organisations but recognised that current remuneration arrangements were a barrier to them taking on such a role.

Below we outline the key outcomes from the project.

Key Outcomes

- Champion practice nurses were able to be recruited and general practitioners were open to the idea
- Practice nurses engaged with the educational material, evaluated the training highly and were enthusiastic about extending their roles.
- The costing study indicates that nurse led adolescent health clinics can be established in general practices for less than $8,600 per clinic (includes training and support to establish clinic).
- There were some concerns beforehand about the impact of increased workload and need for communication change across all staff and interdisciplinary issues arose around collaboration, referrals, supervision and guidelines.
- Despite multiple strategies (advertising, visiting schools, liaising with local services, seeking referrals from GPs) young people were not attracted to attend the clinics and many of the practice nurses felt that the short time frame (4 months) was insufficient to allow ‘word of mouth’ referrals.
- Majority of practice staff felt that the clinics had a positive impact rather than a negative impact (lack of attendance frustrating) and that there were some positive flow on effects to other areas for the practice nurses and their extended knowledge base.
- There was minimal impact on the practice environment, although in one practice a special youth waiting room had been created.
- Some staff felt that there were changes or enhancement to knowledge, attitudes, communication and support of all practice staff.
- Barriers to the clinics reported were mainly barriers to attracting young people more generally to primary care and suggestion was made that schools may be a better site for these clinics.
- The practice nurses felt that one barrier to the success of the clinics was the lack of referrals from general practitioners.
- Young people who attended the clinic (4) had significant emotional health issues that had not been dealt with by other health professionals.

- Young people interviewed (6) felt that the clinics were a good idea and that they would be just as happy to see a nurse as a doctor for their emotional and sexual health needs.
- Clinics either being free or bulk-billed by Medicare was seen as an important facilitator to attendance but young people were willing to spend a small amount of money for a consultation at a nurse-led adolescent health clinic.
- Young people thought that promoting the clinics within secondary schools was the best option to make the clinics availability known to young people in the community.
- Overall, the adolescent health clinics were not feasible in the short time frame of the project.
- Further research needs to explore other types of nurse led clinics, training needs of practice nurses, overcoming cultural and system barriers to advanced roles for practice nurses.

Limitations of the Study

It is important to highlight a number of points when considering the results of the study. Firstly, as this is a pilot study it involved setting up a small number of nurse led clinics. Although there was some variation in the nature of practices (eg in terms of the number of nurses at each clinic and the location of the clinics), it is difficult to predict the degree to which the findings would apply and the costs vary if a full study was undertaken involving a larger number of general practices that are representative of all practices in Victoria. It should also be noted that if a full study was undertaken involving more practices over a longer study period, it would be possible to annuitise costs fixed costs (i.e. those which occur at a single point in time) over the useful life of the resources such as the costs associated with developing the educational materials which would reduce the setup costs per practice.[24] Finally, this study reports the feasibility and costs of setting up adolescent health clinics. If a full study was undertaken it would be essential to explore what other types of clinics would work in primary care, the change in costs associated with running the clinics and the associated benefits to assess the efficiency of such an intervention. We have demonstrated that the adolescent health clinics can be set up in primary care. However youth health clinics would not be viable in the current environment because of the length of time required for them to be successful. The broader research questions still need to be answered.

- Is Australian primary care ready for nurse led clinics? Is a cultural shift required?
- What type of clinics (other than chronic disease specific clinics) would be effective in the current system?
- How can the barriers of remuneration and regulation be overcome for practice nurses to have an independent role?

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List of Appendices

Appendix A: Practice Nurse Survey

Appendix B: Practice Survey

Appendix C: Baseline Interview Schedule for Practice Nurses

PANACHE Practice Nurse Pre-Intervention Interview Schedule

Preamble

As we begin the PANACHE project we would like to ask you some questions about the practice environment, your work relationships, and your feelings about providing an adolescent health clinic service. Just to clarify, when I refer to young people throughout this interview, I am talking about people aged 14 to 24 years.

Everything we discuss is confidential and your name will not be linked to any of your comments. I will be recording the session but if, at any time, you want me to stop recording please tell me. You are free to withdraw from the session at any time.

Work Environment

How are you recognised within the general practice team?

How are you recognised as a professional that contributes to the health outcomes of patients?

- How is the nursing role described to the patient population?
- How is the nursing role seen by GPs in your clinic?
- Do you attend all practice meetings and are you encouraged to contribute?
- Are you encouraged to access professional development?

Who generally instigates change within the practice?

How do staff members raise important issues with management? (i.e., open door policy, staff suggestion box, staff meetings, informal discussion).

Youth Healthcare Services

Do you believe that your practice is youth friendly?

- Thinking specifically about this practice, what kind of things might encourage young people to attend this practice?

- What do you think are the main things that would discourage young people from attending this practice?

- How frequently do young people attend the practice?

- Do any of the GPs at this clinic have a special interest in youth health?

What do you see as the scope of practice for nurses working with young people in the general practice environment?

What role do you currently have in the care of young people at this practice?

Can you tell me about any previous experience you have had working with young people?

Perceived Competency

How do you feel about running the adolescent health clinic?

-How *confident* do you feel about running the adolescent health clinic?

-How *knowledgeable* are you about adolescent health issues? Do you think your knowledge of adolescent health issues is strong enough to enable you to effectively run the adolescent health clinic?

-How *comfortable* do you feel about running the adolescent health clinic?

Barriers and Facilitators

What sorts of things might facilitate the running of the clinic?

What might be barriers to running the clinic?

What other issues or problems might you encounter?

Can you think of possible solutions to the barriers and problems you have mentioned?

Impact of Clinics

How do you think running the adolescent health clinics will impact on you both personally and professionally?

Do you see the adolescent health clinics impacting on the GPs at this clinic in any way?

What is your perception of the level of change that will need to occur between yourself and the GP in order to run the adolescent health clinic?

- referral pathways?

-clinical guidelines?

-communication?

Do you see the adolescent health clinics impacting on practice staff (receptionists, practice manager) at this clinic in any way?

How do you think young people will respond to the clinics?

Is there anything else you would like to add?

Appendix D: Baseline Interview Schedule for GPs

PANACHE GP Pre intervention Interview Schedule

Preamble

As we begin the PANACHE project we would like to hear your opinions on the way the adolescent health clinics could be run by the practice nurses at this practice.

Everything we discuss is confidential and your name will not be linked to any of your comments. I will be recording the session but if, at any time, you want me to stop recording please tell me. You are free to withdraw from the session at any time.

Work Environment

How do you think the practice nurse(s) is recognised within the general practice team?

- How is the nursing role described to the patient population?
- How is the nursing role seen by you?
- Is the practice nurse encouraged to access professional development?
- Does the practice nurse attend and contribute to practice meetings?

Who generally instigates change within the practice?

How do staff members raise important issues with management? (i.e., open door policy, staff suggestion box, staff meetings, informal discussion).

Youth Healthcare Services

Do you believe that your practice is youth friendly?

- Thinking specifically about this practice, what kind of things might encourage young people to attend this practice?

- What do you think are the main things that would discourage young people from attending this practice?

- How frequently do young people attend the practice?

- Do you or any of the GPs at this clinic have a special interest in youth health?

What do you think about the idea of an adolescent practice nurse clinic in your practice?

Barriers and Facilitators

What sorts of things are likely to facilitate the running of the clinic?

What sorts of things are likely to be barriers to running the clinic?

What issues or problems might *you* specifically encounter in *your* role as a GP?
Can you think of possible solutions to the barriers and problems you have mentioned?

Impact of Clinics

How do you think running an adolescent health clinic will impact on the practice nurse?

How do you think having an adolescent health clinic at your practice will impact on *your* role as a GP?

What is your perception of the level of change that will need to occur between yourself and the practice nurse in order for the adolescent clinic to be successful?

- referral pathways?
- clinical guidelines?
- communication?

How do you think the young people will respond to the clinic?

Is there anything else you would like to add?

Appendix E: Baseline Interview Schedule for Practice Staff

PANACHE Practice Staff Pre intervention Interview Schedule

Preamble

As we begin the PANACHE project we would like to hear your opinions on the way the adolescent health clinics could be run by the practice nurses at this practice.

Everything we discuss is confidential and your name will not be linked to any of your comments. I will be recording the session but if, at any time, you want me to stop recording please tell me. You are free to withdraw from the session at any time.

Work Environment

How do you think the practice nurse(s) is recognised within the general practice team?

- How is the nursing role described to the patient population?
- Does the practice nurse attend and contribute to practice meetings?
- How is the nursing role seen by the GPs in your clinic?

Who generally instigates change within the practice?

How do staff members raise important issues with management? (i.e., open door policy, staff suggestion box, staff meetings, informal discussion).

Youth Healthcare Services

Do you believe that your practice is youth friendly?

- Thinking specifically about this practice, what kind of things might encourage young people to attend this practice?

- What do you think are the main things that would discourage young people from attending this practice?

- How frequently do young people attend the practice?

- Do any of the GPs at this clinic have a special interest in youth health?

What do you think about the idea of an adolescent practice nurse clinic in your practice?

Barriers and Facilitators

What sorts of things are likely to facilitate the running of the clinic?

What sorts of things are likely to be barriers to running the clinic?

What issues or problems might *you* specifically encounter in *your* role?

Can you think of possible solutions to the barriers and problems you have mentioned?

Impact of Clinics

What changes, if any, do you think will be required in the area of communication between yourself and the practice nurse?

What changes, if any, do you think will be required in the area of communication between the practice nurse and the GP?

How do you think young people will respond to the clinics?

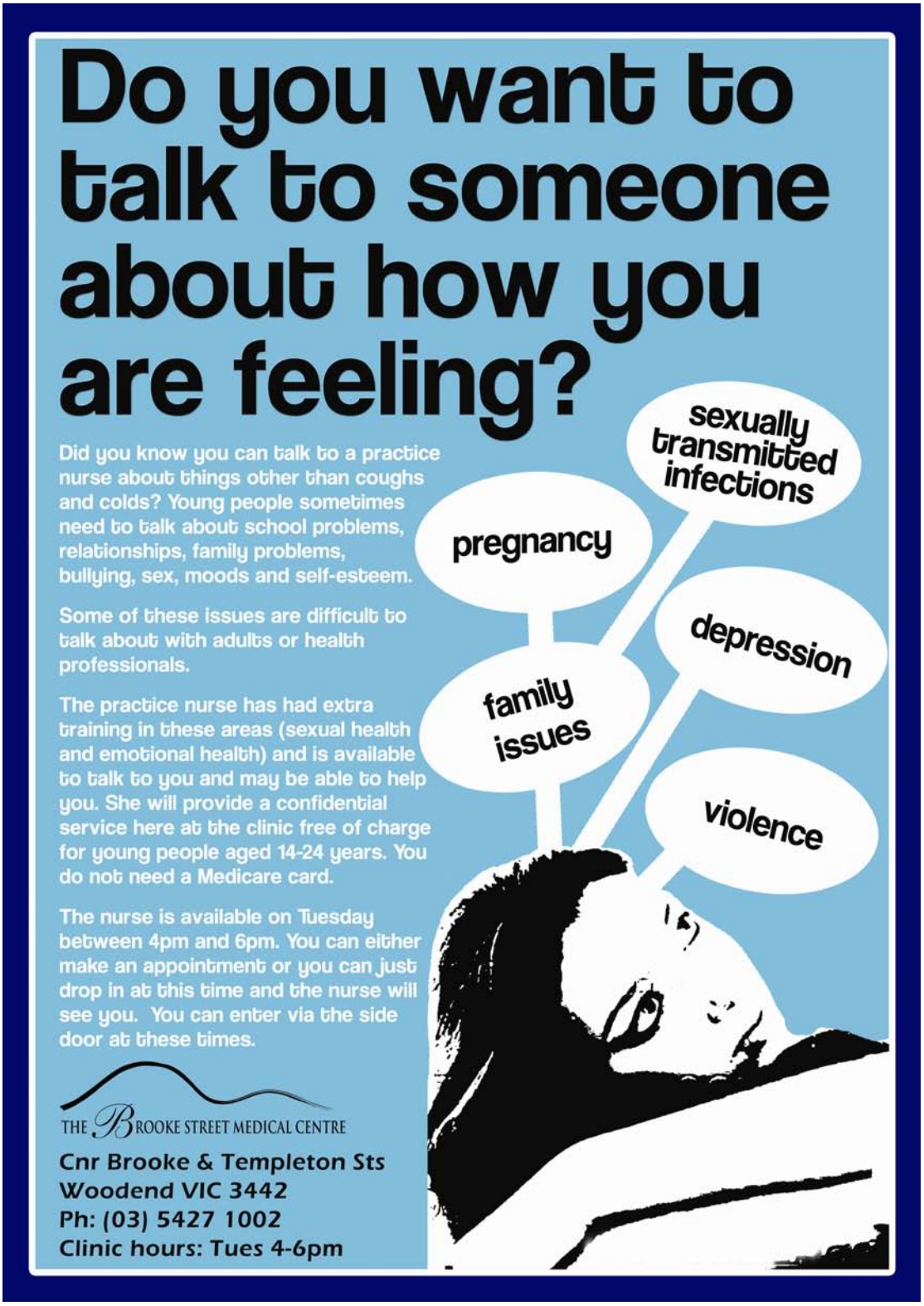
Is there anything else you would like to add?

Appendix F: Example PANACHE Research Brochure

Appendix G: Example PANACHE Research Poster

Appendix H: Example Adolescent Health Clinic Brochure

Appendix I: Example Adolescent Health Clinic Poster



Appendix J: Post-Clinic Interview Schedule for Practice Nurses

PANACHE Practice Nurse Post Clinic Interview Schedule

Preamble

As we draw to a close with the PANACHE project we would like to evaluate the processes which have been implemented. We are interested in hearing your opinions on the why the adolescent health clinic has not been successful at your practice.

Everything we discuss is confidential and your name will not be linked to any of your comments. I will be recording the session, but if at any time you want me to stop recording please tell me. You are free to withdraw from the session at any time.

Work environment

How has your role within the organization changed since beginning the adolescent health clinic?

Youth healthcare services

Have there been any changes to the youth friendliness of the practice since the adolescent health clinic began?

What do you think could have been the main things that encouraged young people to attend the adolescent health clinic?

What do you think were the main things that discouraged people from attending the adolescent health clinic?

Perceived competency

How did you feel about running the adolescent health clinic?

- How confident did you feel about running the adolescent health clinic?
- How knowledgeable did you feel about adolescent health issues while running the clinic?
- How comfortable did you feel about running the adolescent health clinic?

Barriers and facilitators

What sorts of things facilitated the setting up and running of the adolescent health clinic?

Did the GPs refer any young people to the clinic?
-If yes, why?
-If no, why not?

What were barriers to the setting up and running of the adolescent health clinic?

What other issues or problems did you encounter?

How did you tackle these issues or problems?

Impact of clinics

How do you think setting up and running the adolescent health clinic impacted on you both personally and professionally?

Do you think the adolescent health clinic impacted on the GPs at the practice in any way?

Do you think the adolescent health clinic impacted on your relationship with the GPs?

What other changes occurred between yourself and the GPs in order to run the adolescent health clinic?

- referral pathways?
- clinical guidelines?
- communication?

Do you think the adolescent health clinic impacted on the practice staff in any way?

Why do you think young people did not utilize the adolescent health clinic at this practice?

How sustainable do you think other nurse-led health clinics would be at this practice?
-what sorts of things would enhance sustainability?

Is there anything else that you would like to add?

Appendix K: Post-Clinic Interview Schedule for GPs

PANACHE GP Post Clinic Interview Schedule

Preamble

As we draw to a close with the PANACHE project we would like to evaluate the processes which have been implemented. We are interested in hearing your opinions on the why the nurse-led adolescent health clinic has not been successful at your practice.

Everything we discuss is confidential and your name will not be linked to any of your comments. I will be recording the session, but if at any time you want me to stop recording please tell me. You are free to withdraw from the session at any time.

Youth healthcare services

What did you think about an adolescent health clinic in your practice?

Have there been any changes to the youth friendliness of the practice since the adolescent health clinic began?

What do you think could have been the main things that encouraged young people to attend the adolescent health clinic?

What do you think could have been the main things that discouraged people from attending the adolescent health clinic?

Barriers and facilitators

What sorts of things facilitated the setting up and running of the adolescent health clinic?

Did you refer young people to the adolescent health clinic?
- -If yes, why?
- -If no, why not?

What were barriers to the setting up and running of the adolescent health clinic?

What issues or problems did *you* specifically encounter in *your* role as a GP?

How did you tackle these issues or problems?

Impact of clinics

How do you think setting up the adolescent health clinic impacted on the practice nurse?

How do you think setting up the adolescent health clinic impacted on your relationship with the nurse?

How do you think the adolescent health clinic impacted on your role as a GP?

What other changes occurred between yourself and the practice nurse in order to run the adolescent health clinic?

- referral pathways?
- clinical guidelines?
- communication?

Why do you think young people did not utilize the adolescent health clinic at this practice?

How sustainable do you think nurse-led health clinics in other areas would be at this practice?

-What sorts of things would enhance sustainability?

Is there anything else that you would like to add?

Appendix L: Post-Clinic Interview Schedule for Practice Staff

PANACHE Practice Staff Post Clinic Interview Schedule

Preamble

As we draw to a close with the PANACHE project we would like to evaluate the processes which have been implemented. We are interested in hearing your opinions on the why the nurse-led adolescent health clinic was not successful at your practice.

Everything we discuss is confidential and your name will not be linked to any of your comments. I will be recording the session, but if at any time you want me to stop recording please tell me. You are free to withdraw from the session at any time.

Youth healthcare services

What did you think about having an adolescent health clinic at your practice?

Have there been any changes to the youth friendliness of the practice since the adolescent health clinic began?

What do you think could have been the main things that encouraged young people to attend the adolescent health clinic?

What do you think were the main things that discouraged people from attending the adolescent health clinic?

Barriers and facilitators

What sorts of things facilitated the setting up and running of the adolescent health clinic?

What were barriers to the setting up and running of the adolescent health clinic?

What issues or problems did *you* specifically encounter in *your* role?
- youth health
- practice systems

How did you tackle these issues or problems?

Impact of clinics

How do you think running the adolescent health clinic impacted on the practice nurse?

What changes, if any, do you think occurred in the area of communication between yourself and the practice nurse while the adolescent clinics were running?

What changes, if any, do you think occurred in the area of communication between the practice nurse and the GP while the adolescent clinics were running?

Why do you think young people did not utilize the adolescent health clinic at this practice?

How sustainable do you think other nurse-led health clinics would be at this practice?

- What sorts of things would enhance sustainability?

Is there anything else that you would like to add?

Young Person Survey

PANACHE

Practice Nurse Adolescent Clinics for Health Evaluation Project

THE UNIVERSITY OF MELBOURNE

"Thank you very much for agreeing to answer some questions about your health and your visit to the youth health clinic. Everything you tell me will be entirely confidential and your name will not be linked to your responses. The interview should take about 20 minutes. If you wish to stop the interview at any stage or do not wish to answer a particular question, please say so and we can move on."

A Demographics

"I would like to begin by asking you some general questions about your health and lifestyle".

A1. Gender:

Female ☐1 Male ☐2

A2. How old are you? _____

A3. Were you born in Australia?

Yes ☐1 → Go to A7

No ☐2

A4. What country were you born in? _____

A5. What language do you speak at home?

English only ☐1 → Go to A7

Another language ☐2

A6. Which other language? _____

A7. Are you of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal ☐1

Yes, Torres Strait Islander ☐2

Neither ☐3

A8. Who do you usually live with? (Tick all that apply)

Mother/Stepmother	☐
Father/Stepfather	☐
Brothers/Sisters	☐
Partner – Married/de facto	☐
Your children/stepchildren	☐
Other family	☐
Friend(s)	☐
Unrelated flatmate or co-tenant	☐
Alone	☐
Other/Who?_____	☐

A9. Are you currently studying?

Attending secondary school	Studying in higher education full-time	Studying in higher education part-time	Not a student at all
☐1	☐2	☐3	☐4

A10. Are you currently working?

Not in paid work	Full-time work	Part-time or casual work	Unemployed/ Looking for work
☐1	☐2	☐3	☐4

↓

Go to Section B

A11. Do you receive any youth allowance from the government? Yes ☐1 No ☐2

A12. Do you have a health care card? Yes ☐1 No ☐2

B Health Behaviours

"In this next section I would like to ask you about your emotional health."

B1. Psychological Distress (K10)

In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
B1.1 About how often did you feel tired out for no good reason?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.2 About how often did you feel nervous?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.3 About how often did you feel so nervous that nothing could calm you down?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.4 About how often did you feel hopeless?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.5 About how often did you feel restless or fidgety?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.6 About how often did you feel so restless you could not sit still?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.7 About how often did you feel depressed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.8 About how often did you feel that everything was an effort?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.9 About how often did you feel so sad that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.10 About how often did you feel worthless?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

"I would now like to ask you about sexual issues. If there are any questions you don't feel comfortable answering, please tell me and we can skip them"

B2. Sexual Health

2.1 Have you ever had _____ sex?	Yes	No
B2.1a.Vaginal?	☐ 1	☐ 2
B2.1b.Oral ?	☐ 1	☐ 2
B2.1c. Anal?	☐ 1	☐ 2

↓

If answers no to <u>all</u>, go to 3.10

	No one	1 person	2 people	3 people	4 people	5 people	6 or more people
B2.2 How many people have you had sex with in the last 12 months?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

	Yes	No
B2.3 Have you ever been diagnosed with a sexually transmitted infection?	☐ 1	☐ 2

B2.4 If yes, what sexually transmitted infections have you been diagnosed with? _____

	Yes	No
B2.5 **(For females only**) Have you ever had an abortion/termination?	☐ 1	☐ 2
B2.6 **(For females only**) Have you ever taken the morning-after pill?	☐ 1	☐ 2

2.7 Thinking about the last time that you had sex, in order to prevent pregnancy did you or your partner use:
(Tick all that apply)

Condoms ☐

Contraceptive pill ☐

Other forms of contraception ☐

What?_____

Didn't use contraception to prevent pregnancy ☐

Why? _____

2.8 Thinking again about the last time that you had sex, in order to prevent sexually transmitted infections, did you or your partner use:
(Tick all that apply)

Condoms ☐

Dental dams ☐

Other form of contraception ☐

What? _____

Did not use contraception to prevent sexually transmitted infections ☐

Why? _____

"I would now like to ask you about your intimate relationships. By intimate relationship I mean being with a husband/wife, partner, or boyfriend/girlfriend for longer than a month."

3.10. Have you ever been in an adult intimate relationship?

Yes ☐1

No ☐2 → Proceed to B5

B3. Partner Violence

	Yes	No
B4.1 Within the last year, have you been humiliated or emotionally abused in any other way by your partner, or ex-partner?	☐ 1	☐ 2
B4.2 Within the last year, have you been afraid of your partner, or ex-partner?	☐ 1	☐ 2
B4.3 Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner, or ex-partner?	☐ 1	☐ 2
B4.4 **(For females only)** Within the last year, have you been raped or forced to have any kind of sexual activity by your partner, or ex-partner?	☐ 1	☐ 2

"I would like to now ask you some questions about your drug and alcohol use"

B4. Drug and Alcohol Use

	Yes	No
B5.1 Have you used alcohol in the last year?	☐ 1	☐ 2
B5.2 Have you used drugs in the last year?	☐ 1	☐ 2

↓

If no to drug use, go to Section C

In the last year, have you used the following substances?

B5.3 Cannabis (e.g., marijuana, pot, hashish, weed, grass, dope etc)	☐
B5.4 Cocaine (e.g. coke, snow, crack, Colombian, freebase etc)	☐
B5.5 Glue/solvents	☐
B5.6 Hallucinogens (e.g., ecstasy, GBH, LSD, PCP, mescaline, MDMA, blotter etc)	☐
B5.7 Heroin (e.g. smack)	☐
B5.8 Amphetamines/speed (e.g. uppers, crystal meth, ice)	☐

B5.9 Other (e.g. barbiturates, sedatives, hypnotics, tranquillisers, Ritalin, Duromine etc). ☐

What? _____

C The Practice

"I would like to now ask you about the practice where you attended the youth clinic"

C1. Is this your usual practice? Yes ☐1 No ☐2 Don't have a usual practice ☐3

C2. How did you find out about the youth clinic?

Advertising in the practice (brochures, posters)	☐1
Advertising at your school (brochures, posters)	☐2
Received a letter in the mail	☐3
Nurse came to school and spoke about the service	☐4
Was referred by GP	☐5
Word of mouth from peers	☐6
Other community source	☐7

What? _____

C3. How do you rate the hours the youth clinic is available at this practice? (*State the times the clinic is available at the practice they attended*).

Very poor	Poor	Fair	Good	Very Good	Excellent
☐1	☐2	☐3	☐4	☐5	☐6

C4. In your opinion, what do you think are the ideal times for the youth health clinic to be available for young people? (Tick all that apply)

Early mornings	Lunchtime	Early afternoon	Late afternoon	Evenings	Weekends
☐1	☐2	☐3	☐4	☐5	☐6

C5. Did the waiting room have magazines and pamphlets that appealed to you?

Yes	No	Didn't notice
☐ 1	☐ 2	☐ 3

C6. On a scale of 1 to 10, where 1 is "not at all important" and 10 is "extremely important", how important is the waiting room to how comfortable you feel visiting the youth health clinic?

Not at all important									Extremely important
1	2	3	4	5	6	7	8	9	10

C7. How do you rate the way you were treated by the receptionists at the practice?

Very poor	Poor	Fair	Good	Very Good	Excellent
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Section D Costings

"Thinking now about the last consultation you had at the youth health clinic…"

D1. Did anyone go with you to the youth health clinic? E.g. mother, friend or partner?

Yes ☐ 1 No ☐ 2 ↓

Proceed to D3

D2. If ***YES,*** who was this?_____

D3. If ***YES,*** did you travel to the clinic together? Yes ☐1 No ☐2

	Adolescent	**Companion**
D4. How long did it take to travel **to** the youth health clinic?	Hrs ___ Mins___	Hrs ___ Mins ___
D5. How did you get **to** the clinic?	1. Car ☐ → Go to D6 2. Public transport ☐ → Go to D7 3. Taxi ☐ → Go to D7 4. Walked/cycled ☐ → Go to D8 5. Other _____	1. Car ☐ → Go to D6 2. Public transport ☐ → Go to D7 3. Taxi ☐ → Go to D7 4. Walked/cycled ☐ → Go to D8 5. Other _____
D6. About how far is was it from your house (or work/school) to the clinic? (one way) ↓ Now go to D8	____ km Don't know ↓ Specify from _____ to _____	____ km Don't know ↓ Specify from _____to _____
D7. If you went to the clinic by public transport or taxi, how much was the fare (one way)?	$ ____	$ ____

(Interviewer: If adolescent and companion travelled together please ensure you do not double count expenses, if the respondent doesn't know the distance to the clinic then offer to let them tell you where they went from and to (so we can calculate the distance on a map), if they came by public transport note if they had a daily travel pass (rather than a one-way fare)

D8. How long did you spend at the youth health clinic? Please include waiting time and the time spent during the consultation

_____Hr(s) _____Mins

D9. What would have **you** been doing as your **main activity** had you not been attending the youth health clinic?

Paid work ☐1
School/College/University/Studying ☐2
Leisure/sport ☐3
Taking care of children/dependants ☐4
Other _____ ☐5

D10. **(If they attended the clinic with a companion)** What would your companion have been doing as their **main activity** had they not been attending the youth health clinic with you?

Paid work ☐1
School/College/University/Studying ☐2
Leisure/sport ☐3
Taking care of children/dependants ☐4
Other _____ ☐5

D11. Did you have to pay anything else as a result of your visit to the youth health clinic? E.g. non-prescription medications or prescription medications *(Please provide details – including costs)*

_____
_____
_____
_____
_____

E The Consultation

"I would now like to ask you some general questions about your most recent consultation with the practice nurse at the youth clinic"

E1. Was this the first time you had seen this nurse? Yes ☐1 No ☐2

E2. Does this nurse see other members of your family? Yes ☐1 No ☐2 Don't know ☐3

E3. Did the nurse make an appointment, or suggest you make an appointment with a GP at the practice during your consultation?

Yes ☐1 No ☐2

“Thinking now about your reasons for attending the youth clinic”

E4. What problems led you to see the nurse at the youth clinic?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

E5. Apart from the problems for which you came to the clinic, did the nurse discuss other issues related to your health?

Yes	No
☐ 1	☐ 2

If yes, please specify:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

E6. Were your expectations met during the consultation?

Yes, completely	Mostly	Not sure	Slightly	Not at all
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

E7. If you think now about your **emotional** health when you saw the nurse at the youth health clinic, how do you rate the severity of your **emotional** health problems on a scale of 1 to 10 where 1 is “no problem/s” and 10 is “extremely severe problem/s”?

No problem(s)									Extremely severe problem(s)
1	2	3	4	5	6	7	8	9	10

E8. If you think now about your **physical** health when you saw the nurse at the youth health clinic, how do you rate the severity of your **physical** health problems on a scale of 1 to 10 where 1 is “no problem/s” and 10 is “extremely severe problem/s”?

No problem(s)									Extremely severe problem(s)
1	2	3	4	5	6	7	8	9	10

E9. *“Still thinking about your last consultation with the nurse at the youth health clinic, how satisfied were you with…”*

		Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	N/A
E9.1	how thoroughly the nurse asked about your symptoms and how you were feeling?	☐1	☐2	☐3	☐4	☐5	☐6
E9.2	how well the nurse listened to what you had to say?	☐1	☐2	☐3	☐4	☐5	☐6
E9.3	how well the nurse put you at ease during your physical examination?	☐1	☐2	☐3	☐4	☐5	☐6
E9.4	how much the nurse involved you in decisions about your care?	☐1	☐2	☐3	☐4	☐5	☐6
E9.5	how well the nurse explained your problems or any treatment that you needed?	☐1	☐2	☐3	☐4	☐5	☐6
E9.6	the amount of time your nurse spent with you?	☐1	☐2	☐3	☐4	☐5	☐6

	the nurse's patience with your questions or worries?	☐1	☐2	☐3	☐4	☐5	☐6
E9.7	the nurse's concern for you?	☐1	☐2	☐3	☐4	☐5	☐6
E9.8	the way your problems were handled by the nurse?	☐1	☐2	☐3	☐4	☐5	☐6

E10. Would you want to see this nurse at the youth health clinic again if you had the following problems?

		Definitely	Probably	Not sure	Probably not	Definitely not
E10.1	If you had some very private concerns?	☐1	☐2	☐3	☐4	☐5
E10.2	If you needed help with a difficult problem?	☐1	☐2	☐3	☐4	☐5
E10.3	If you had a problem related to sex?	☐1	☐2	☐3	☐4	☐5
E10.4	If you had a problem related to alcohol?	☐1	☐2	☐3	☐4	☐5
E10.5	If you felt low or depressed?	☐1	☐2	☐3	☐4	☐5
E10.6	If you were thinking of ending your life?	☐1	☐2	☐3	☐4	☐5
E10.7	If you had a problem in your relationship?	☐1	☐2	☐3	☐4	☐5

E12. Is there anything else you would like to say about the consultation you had with the nurse at the youth health clinic?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

F Health Economics

"I would now like to ask you a few questions about how important you feel the youth clinic is for you."

F1. Generally when visiting the doctor, do you pay for this yourself using your **own** money?

Yes	☐ 1
No, my parents would normally pay	☐ 2
No, neither myself or parents pay anything (because my doctor bulk bills)	☐ 3
Other _____	☐ 4

F2. After your fixed expenses (like rent, food, travel to work or school) approximately how much money do you have available each week?

Amount $_____

Don't know ☐

Refuse to answer ☐

Other _____

F3. Currently there is no Medicare rebate available for consultations at youth health clinics and as you were involved with the study, your consultation was provided free of charge. However one way of finding out the **value or importance** of a health service like a youth health clinic, is to ask what people would be **willing to pay for it**, if they had to pay for the service.

In this question we are **not** trying to find out **how much** you think youth health clinics cost, we just want to get an idea of how **valuable or important** you think the clinics are. I'd like you to think about the value of the consultation you had at the clinic.

For you, was the consultation something that you would be willing to pay some amount of your own money for?

Yes ☐ 1 No ☐ 2

If unsure about this question, the following prompts can be used:
-Some people value the fact that the clinics are run by nurses specifically trained to work with young people
-Some people value that the consultations are longer and held at more convenient times than regular appointments
- Other people don't get any value out of the consultation

F4. Can you tell me why you **would/would not** pay?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

→ If answered "**no**" to paying for consultation then proceed to conclusion of interview

Interviewer: The following prompts can be used to help guide respondents who WOULDN'T be prepared to pay anything

- *I cannot see the value of the clinic/ don't think it was useful*
- *I can't afford it – even though I thought it was useful or valuable to me*
- *I would prefer to see a doctor/GP rather than a nurse*
- *I believe this clinic should be provided by Medicare*
- *I think someone else should pay*
- *I object to the idea of paying for health care – even though I thought it was useful / valuable to me*

F5. Now I want to find out how strongly you value the consultation, by asking how much you would be willing to pay **out of your own pocket** to attend the youth health clinic. In this question and I am trying to get an idea of how worthwhile you feel one of these consultations is to **you**.

Again, remembering that this is money out of your own pocket, would you pay…….

Amount	Willing to pay?
$5	*Yes/ No*
$10	Yes/ No
$15	Yes/ No
$20	Yes/ No
$25	Yes/ No
$30	Yes/ No
$35	Yes/ No
$40	Yes/ No

$45	Yes/ No
$50	*Yes/ No*

Interviewer: Stop at first "No" and go to Question F7.

*ONLY if respondent **prepared to pay $50** go to Question F6*

F6. Given that you were willing to pay $50 for a consultation at the youth health clinic; can you please tell me the **absolute most** that you would be willing to pay?

$_____

F7. Could you please tell me how you decided what amounts you were and weren't prepared to pay to attend the youth health clinic?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Interview Conclusion

“Thank you for answering these questions about your consultation at the youth health clinic. We have now reached the conclusion of the interview. We understand that sometimes answering questions about yourself can raise issues that you had not thought about. During your consultation with the nurse you would have been given a resource card which has a number of useful contacts/resources should you want to follow up on any issue. If you did not receive one or you have misplaced it, I am happy to send you out another one.””

Requested: Yes/No

Details:

Name: _____

Address:
_____
_____

Phone number: _____

“Do you have any questions before we finish?”

“Thank you once again. Goodbye.”

Appendix N: Parent Interview Schedule

Parent Interview

PANACHE

Practice Nurse Adolescent Clinics for Health Evaluation Project

THE UNIVERSITY OF MELBOURNE

"Thank you for agreeing to this interview today. I would like to ask you some general questions about how you view nurse-led clinics for

young people. Everything you say will be confidential and your name will not be linked to your responses. Please let me know if you wish to stop the interview at any stage or do not wish to answer a particular question."

A. Qualitative questions

1. How do you view your current role in managing the health of your child?

2. How do you feel about your child managing their own health independently?

3. How comfortable did you feel about your child attending a nurse-led youth health clinic?

4. How do you feel about your child's emotional and sexual health needs being addressed by the practice nurse?

- how confident do you feel that your child received accurate medical advice and treatment from the nurse?
- how knowledgeable do you perceive the nurse to be in adolescent sexual and mental health issues?
- How skilled do you perceive the nurse to be in these areas?
- How do you feel about these issues being addressed by a practice nurse as opposed to a GP?

5. What do you see as some of the facilitators to adolescents utilising a service like the nurse-led youth health clinic?

6. What do you see as some of the barriers to adolescents utilising a service like the nurse-led youth health clinic?

7. What do you think might overcome some of the barriers you have mentioned?

"Now I would like to ask you specifically about your child's most recent visit to the youth health clinic."

B. Youth Health Clinic

1. Was it your son or daughter who attended the youth health clinic?

Son ☐1 Daughter ☐2

2. How old is your son/daughter? _____ years

3. What is your parental relationship to your son/daughter?

Parent	☐1
Step-parent	☐2
Foster parent	☐3
Guardian	☐4

	Yes	No	Don't know
4. Is the practice where your child attended the youth health clinic, your usual practice?	☐1	☐2	
5. Did you go to the youth health clinic with your son/daughter?	☐1	☐2	
		Go to Section C	
6. Did you go into the consultation with your son/daughter?	☐1	☐2	
7. Did the nurse suggest that she spend some time talking with your son/daughter on their own?	☐1	☐2	
8. Did the nurse invite you back at the end of the consultation?	☐1	☐2	
9. Did you feel that the nurse provided helpful medical advice and treatment?	☐1	☐2	☐3

"Now I would like to obtain some demographic information from you"

C. Demographic Information

1. Gender — Male ☐1 Female ☐2

2. What age group are you in? — 30-40 ☐1 41-50 ☐2 51-60 ☐3 61+ ☐4

3. What is the highest level of education you have completed?

Left school before completing Year 10	☐1
Completed Year 10 or equivalent	☐2
Completed Year 12 or equivalent	☐3
Certificate/Diploma	☐4
Bachelor degree or higher	☐5

4. In a usual week, which of the following best describes you?
(Please tick all that apply)

In full-time paid work	☐
In part-time, or casual, paid work	☐
Unemployed – looking for work	☐
Unemployed – not looking for work	☐
In full-time education	☐
In part-time education	☐
Other category *(Please specify)*_____	☐

"Thank you for answering these questions for me today. We have now reached the conclusion of the interview. Do you have any questions? Thank you for your time."

Young Person Survey

PANACHE

Practice Nurse Adolescent Clinics for Health Evaluation Project

“Thank you very much for agreeing to answer some questions about your health and share some of your views on healthcare services for young people. Everything you tell me will be entirely confidential and your name will not be linked to your responses. The interview should take about 15-20 minutes. If you wish to stop the interview at any stage or do not wish to answer a particular question, please say so and we can move on.”

A Nurse-led Youth Health Clinics

"I would now like to ask you some general questions about nurse-led youth health clinics in general practice. Imagine that your local general practice had a dedicated time each week in which young people aged 14 to 24 years of age could come to the practice and have a long consultation (approximately 30 minutes) with a nurse who was trained in youth emotional and sexual health issues”.

Do you think this is a service you would like to have available?

What would encourage you to attend such a service?

What would stop you from attending such a service?

How would you feel about seeing a nurse rather than a doctor for your emotional and sexual health issues?

Would you prefer the clinic to run at a set time each week or would you prefer being able to make an appointment at any time during the week?

How would you like to hear about such a service?

Would you be willing to pay some amount of your own money for this consultation?

Yes ☐ 1 No ☐ 2

Why/Why not?

B Health Behaviours

"In this next section I would like to ask you about your emotional health."

B1. Psychological Distress (K10)

In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
B1.1 About how often did you feel tired out for no good reason?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.2 About how often did you feel nervous?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.3 About how often did you feel so nervous that nothing could calm you down?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.4 About how often did you feel hopeless?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.5 About how often did you feel restless or fidgety?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.6 About how often did you feel so restless you could not sit still?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.7 About how often did you feel depressed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B1.8 About how often did you feel that everything was an effort?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

B1.9 About how often did you feel so sad that nothing could cheer you up? ☐1 ☐2 ☐3 ☐4 ☐5

B1.10 About how often did you feel worthless? ☐1 ☐2 ☐3 ☐4 ☐5

"I would now like to ask you about your intimate relationships. By intimate relationship I mean being with a partner, or boyfriend/girlfriend for longer than a month."

B2. Have you ever been in an adult intimate relationship?

Yes ☐1 No ☐2 → Proceed to B4

	Yes	**No**
B3.2 Within the last year, have you been afraid of your partner, or ex-partner?	☐1	☐2

"I would like to now ask you some questions about your drug and alcohol use"

B4. Drug and Alcohol Use

	Yes	No
B4.1 Have you used alcohol in the last year?	☐1	☐2
B4.2 Have you used drugs in the last year?	☐1	☐2

C Demographics

"I would like to begin by asking you some general questions about your health and lifestyle".

C1. Gender:

Female ☐1 Male ☐2

C2. How old are you? _____

C3. Were you born in Australia?

Yes ☐1 → Go to C7

No ☐2

C4. What country were you born in? _____

C5. What language do you speak at home?

English only ☐1 → Go to C7

Another language ☐2

C6. Which other language? _____

C7. Are you of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal ☐1

Yes, Torres Strait Islander ☐2

Neither ☐3

C8. Who do you usually live with? (Tick all that apply)

Mother/Stepmother	☐
Father/Stepfather	☐
Brothers/Sisters	☐
Partner – Married/de facto	☐
Your children/stepchildren	☐
Other family	☐
Friend(s)	☐
Unrelated flatmate or co-tenant	☐
Alone	☐
Other/Who?_____	☐

C9. Are you currently studying?

Attending secondary school	Studying in higher education full-time	Studying in higher education part-time	Not a student at all
☐1	☐2	☐3	☐4

C10. Are you currently working?

Not in paid work	Full-time work	Part-time or casual work	Unemployed/ Looking for work
☐1	☐2	☐3	☐4

↓

C11. Do you receive any youth allowance from the government? Yes ☐1 No ☐2

C12. Do you have a health care card? Yes ☐1 No ☐2

Interview Conclusion

“Thank you for answering these questions today. We have now reached the conclusion of the interview. We understand that sometimes answering questions about yourself can raise issues that you had not thought about. We can send you out a resource card which has a number of useful contacts/resources should you want to follow up on any issue. Would you like a resource card to be sent out to you?”

Requested: Yes/No

Details:

Name: _____

Address:
_____
_____
_____

Phone number: _____

“Do you have any questions before we finish?”

“Thank you once again. Goodbye.”

Appendix P: Practice 1, 2 & 3 Costing data

Table 1: The cost of setting up a nurse led clinic at Practice 2

Resources	**Time***	**Hourly rate**	**Cost***
Training practice nurses			
A. Distance learning educational programme			
- Development costs PANACHE staff time (DN)	35hrs	$41.80	$1,449
- Development costs PANACHE staff time (KH)	5hrs	$82.40	$439
- Practice nurse time required to read materials	19hrs	$26.29	$486
- Consumables			$18
B. Workshop in adolescent health			$571
Total costs of training practice nurses			**$2,964**
Additional resources required to set up the clinic			
A. Teleconferences			$295
B. Other resources required by the practice eg mobile phone and posters			$148
C. Clinic advertising			
- Development of materials by PANACHE staff (DN)	4hrs	$41.80	$167
- Development of materials by a graphic designer	6hrs	$28.77	$182
- Modifying materials PANACHE staff (DN)	15min	$41.80	$10
- Consumables			$34
D. Mail out			
- Practice nurse time	1hr	$26.29	$26
- Practice manager time	4hrs	$27.32	$109
- Consumables			$104
E. School visits			
- Practice nurse time	3hrs	$26.29	$87
- Travel costs			$14
F. Additional time required to set up the clinics			
- PANACHE staff time (DN)	21hrs	$41.80	$892
- PANACHE staff time (KH)	11hrs	$82.40	$879
G. Other activities			$0
Total cost of additional resources			**$2,948**
Total cost of training and additional resources			**$5,912**

*Estimates of time are rounded to the nearest hour or dollar

Table 2. The cost of setting up a nurse led clinic at Practice 3

Resources	**Time***	**Hourly rate**	**Cost***
Training practice nurses			
A. Distance learning educational programme			
- Development costs PANACHE staff time (DN)	35hrs	$41.80	$1,449
- Development costs PANACHE staff time (KH)	5hrs	$82.40	$439
- Practice nurse time required to read materials	48hrs	$26.29	$1,262
- Consumables			$36
B. Workshop in adolescent health			$1,143
Total costs of training practice nurses			**$4,329**
Additional resources required to set up the clinic			
A. Teleconferences			$295
B. Other resources required by the practice eg reading materials for the waiting room			$75
C. Clinic advertising			
- Development of materials by PANACHE staff (DN)	4hrs	$41.80	$167
- Development of materials by a graphic designer	6hrs	$28.77	$182
- Modifying materials PANACHE staff (DN)	15min	$41.80	$10
- Consumables			$34
D. Mail out			
- Practice nurse time	7hrs	$26.29	$184
- Admin staff time	4hrs	$21.26	$85
- Volunteer time	4hrs	$11.23	$45
- Consumables			$859
E. School visits			$0
F. Additional time required to set up the clinics			
- PANACHE staff time (DN)	21hrs	$41.80	$892
- PANACHE staff time (KH)	11hrs	$82.40	$879
- Practice nurse time	3hrs	$26.29	$83
- GP time	1hr	$81.70	$82
- Practice manager time	20min	$27.32	$9
G. Other activities			$0
Total cost of additional resources			**$3,881**
Total cost of training and additional resources			**$8,210**

*Estimates of time are rounded to the nearest hour or dollar

Appendix – Tables Economics component

Table 3. The cost of setting up a nurse led clinic at Practice 1

Resources	**Time***	**Hourly rate**	**Cost***
Training practice nurses			
A. Distance learning educational programme			
- Development costs PANACHE staff time (DN)	35hrs	$41.80	$1,449
- Development costs PANACHE staff time (KH)	5hrs	$82.40	$439
- Practice nurse time required to read materials	14hrs	$26.29	$368
- Consumables			$36
B. Workshop in adolescent health			$1,143
Total costs of training practice nurses			**$3,435**
Additional resources required to set up the clinic			
A. Teleconferences			$295
B. Other resources required by the practice eg. reading materials for the waiting room and posters			$576
C. Clinic advertising			
- Development of materials by PANACHE staff (DN)	4hrs	$41.80	$167
- Development of materials by a graphic designer	6hrs	$28.77	$182
- Modifying materials PANACHE staff (DN)	1hr	$41.80	$42
- Consumables			$34
- Production of additional advertising materials			$159
D. Mail out			$0
E. School visits**			$0
F. Additional time required to set up the clinics			
- PANACHE staff time (DN)	37hrs	$41.80	$1,561
- PANACHE staff time (KH)	11hrs	$82.40	$879
G. Other activities eg focus groups, meeting youth health workers and writing an article in school newsletter and local paper			
- Practice nurse	15hrs	$26.29	$384
- Practice manager	14hrs	$27.32	$369
- Service providers	8hrs	$28.78	$230
- Young people	8hrs	$10.58	$83
- Consumables			$161
Total cost of additional resources			**$5,122**
Total cost of training and additional resources			**$8,557**

*Estimates of time are rounded to the nearest hour or dollar **The clinic was promoted at 2 school visits arranged for other purposes. The marginal costs were minimal and were therefore excluded.