

RCPCH&Us – 10-Year Health Plan Workshop Insights

April 2025

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The Royal College of Paediatrics and Child Health (RCPCH) Children and Young People's Engagement team held a series of engagement workshops in April 2025 on the UK Government's NHS 10-Year Health Plan. (1). These workshops were delivered in response to the final call-out from Change NHS, a national engagement initiative developed to gather the experiences, ideas, and priorities for change from patients, members of the public, and people who work in health and care. (2).

These in-person and online workshops captured the perspectives of young people, parents/carers and healthcare professionals to finalise recommendations for the 10-Year Health Plan. Insights from these workshops are included below and were shared directly with the Department for Health and Social Care to support the development of the 10-Year Plan for Health.

About the Engagement

Aims

The engagement opportunities aimed **to achieve consensus** regarding selected areas of improvement for NHS service provision with children and young people (CYP), families, and professionals working in paediatric healthcare

Final recommendations were collated from CYP, families, and professionals working in paediatric healthcare with the aim of ensuring that the NHS 10-year plan integrates meaningful changes that benefit children and young people.

Activities

A total of three engagement opportunities were offered:

1. **In-person workshop**

The 1-day workshop brought together seven CYP from across England (age 14-20), two parents and carers, and two healthcare professionals working with CYP.

The discussion was participant-led with support from youth engagement facilitators and provided the opportunity for a 'deep dive' discussion into the key priorities for change established thus far through the Change NHS consultations. Topics were voted on by participants and prioritised for discussion based on the number of collective votes. We used a visual voting exercise from the RCPCH "[Recipes for Engagement](#)" booklet to support interactive and in-person voting.

2. **Play session**

The in-person stay and play session was held in Holborn (London, UK) and captured the views of four parents, one carer (nanny) and one healthcare professional working with CYP.

Semi-structured interviews were held with attendees. Topic guides for the

interviews were developed from the original Change NHS survey (e.g. access to healthcare, NHS app) (3) and included open questions to capture feedback, ideas and responses on the priorities identified.

3. Online workshop

The online workshop was held as part of an existing long-term condition project by RCPCH &Us and captured the views of four parent/carers and one young adult.

A group discussion was held with attendees. The topic guide for this workshop was developed from the original Change NHS survey (e.g. access to healthcare, NHS app) (3) and included open questions to capture feedback, ideas and responses on the priorities identified.

Topics Discussed

The original Change NHS survey was adapted to be more accessible for CYP. Questions from the original survey were categorised into five key topic areas for discussion. An additional two topic areas were also included based on additional priorities brought forward by CYP and their families during previous engagement activities (i.e. surveys, workshops) delivered by RCPH on the 10-Year Health Plan from October 2024 to February 2025 (4).

Topics are listed below, with % votes gathered during the in-person workshop included. Topics 1 and 2 were additional priorities brought forward by CYP and their families during previous engagement activities.

1. Improving mental health support for children and young people **(42%)**
2. Getting help – who and where should young people go when they have healthcare concerns? **(15%)**
3. Equitable and consistent access to healthcare services and support **(13%)**
4. Improving communication with children, young people and families accessing help through the NHS **(13%)**
5. Developing a better strategy for information sharing within the NHS **(9%)**
6. Providing better access to healthcare support within the community (e.g. education, nutrition, physical activity, etc.) **(5%)**
7. Using the NHS app **(4%)**

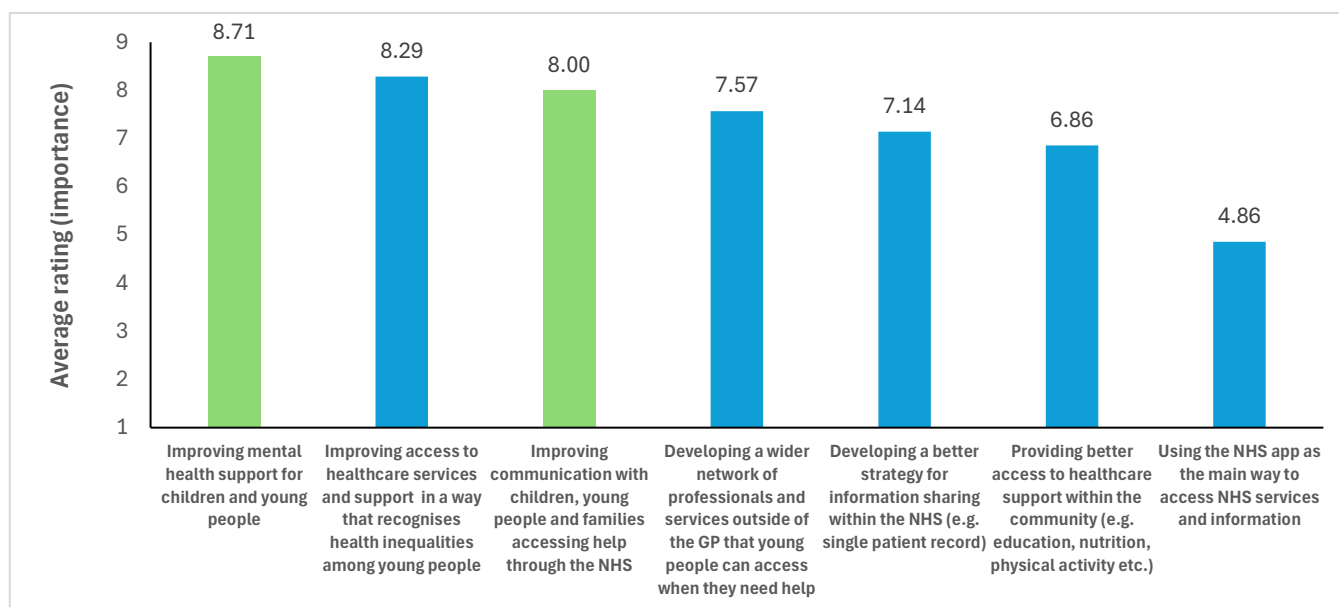
In the play session and online workshop, there were fewer opportunities to explore all these priorities in depth; the focus in these engagement activities was therefore on topics 5 – 7, which were the key priorities taken from the original Change NHS survey.

Findings – Importance

Participants from the in-person workshop were asked to rate how important they thought each topic area was for ensuring CYP receive the care they need from the

NHS. Importance was rated on a 9-point Likert Scale from Not Important (1) to Extremely Important (9).

Below are the average ratings for each topic. Those in green were additional priorities brought forward by CYP and their families during previous engagement activities on the NHS 10-year Plan.



activities to provide an insight into the overall key themes and priorities. Findings have been organised into the respective sections of the Change NHS survey (5).

Section 1: Empowering you to make choices throughout your life

Stakeholders discussed the challenges CYP face in accessing and experiencing care. They suggested that the following was important to support children and young people:

- **Offering access to healthcare and services in a way that recognises health inequalities among children and young people:** Stakeholders recognised the importance of accessing healthcare early and suggested that changes are needed to ensure that *all* children and young people can get the support they need (i.e. those with long term health conditions, those in different regions of the country).
- **Improved mental health support for children and young people, with multiple points of access and reduced waiting times:** Mental health support was of particular importance for stakeholders, with many suggesting improvements to the ways in which care is accessed and provided by Child and Adolescent Mental Health Services (CAMHS) to meet the needs of all children and young people, not just those in acute crisis.
- **Increased early intervention and prevention initiatives within the community (e.g. education, regular check-ins for physical and mental health):** Stakeholders highlighted the importance of early intervention and prevention initiatives within the community to support those children and

young people with lower levels of healthcare needs, enabling healthcare professionals within the NHS to provide dedicated support to those with long-term or complex health needs.

- **Greater autonomy, choice and opportunities to express their views on the healthcare provided to them:** At the centre of discussions about supporting the health of CYP was the importance of ensuring that children and young people's views and wishes are respected. This includes providing autonomy and choice at all points of their healthcare journey (primary, secondary, tertiary care), but also offering opportunities for children, young people and families to express their views and shape the services provided to them (e.g. changes to CAMHS service delivery).

The group also discussed the role that others in society can play in supporting CYP to stay healthy. When discussing who might have the biggest role in helping CYP manage their health and well-being, stakeholders said the following:

- **Voluntary organisations:** This includes charities, community youth organisations and youth workers who are trusted by children and young people and can provide a supportive network for children and young people managing their health and wellbeing.
- **Education organisations and professionals:** This includes schools, teachers, and school nurses, who stakeholders felt played an important role in a child or young person's health and wellbeing. However, there was a recognition that all children and young people don't receive education in the same way (e.g. home school, hospital school) and should not be excluded from receiving support as a result.
- **Families:** Stakeholders recognised the importance of the family in helping children and young people manage their health and wellbeing. They recognised the importance of communication with families about a child or young person's health so that they can provide appropriate support, and advocate on their behalf if needed.
- **Local government:** Stakeholders recognised the importance of local government in the management of CYP health and wellbeing. Differences in healthcare initiatives offered in different areas may widen existing health inequalities across England.
- Across the discussion, stakeholders wanted to highlight that these roles are not a substitute for effective, child and youth-focused healthcare provided by the NHS, but can provide a stronger network around existing support.

Palliative care was not discussed by stakeholders during the workshop.

Section 2: Delivering care where it's needed.

Stakeholders discussed challenges in accessing care when needed, including getting help through the GP or long wait times for referrals and hospital appointments. CYP spoke about other professionals whom they would be happy to speak to first instead of a GP, who included:

- **Youth workers** who can signpost and offer trusted guidance and support to CYP when they are first seeking help for their health and wellbeing
- **Community mental health teams** who can provide earlier support to CYP struggling with their mental health and well-being, who are unable to access CAMHS
- **Community diagnostic centres** were discussed as an alternative pathway to get tests more readily for certain health conditions
- **School nurses** were highlighted as important professionals that CYP would be happy to speak to – however, stakeholders felt it was important to recognise that not all schools have this role in place, which may widen existing health inequalities
- **Clinical Nurse Specialists** were suggested by some stakeholders as of particular importance to those with long-term or complex health conditions
- **Pharmacists** were discussed, but with a recognition that children under the age of 16, or those CYP with multiple or long-term health conditions, were often looped back to the GP and could not receive support in this way. Other options are needed for these groups.
- **Other suggestions included:** the nursery, family centres, calling 111, the council, clubs, stay and play sessions

CYP explained that the setting was important to ensure that they felt comfortable and confident to speak to healthcare professionals. When discussing settings, young people said:

- **Community centres and youth organisations** are places where many young people feel most comfortable, and where they would feel happy reaching out to a trusted youth worker for advice in seeking support
- **Services should be colocated** with other centres/services so that CYP feel confident knowing there is always someone they know and trust there
- **Digital** settings are one option available to CYP, but these are often not accessible to everyone and cannot provide the same level of care as in-person appointments, for all conditions.
- Clinical services, including CAMHS, should be open and **available outside of school hours**, to reduce the cumulative disadvantage faced by children and young people with multiple or long-term health conditions

Notably, CYP raised the following concerns about speaking to other healthcare professionals instead of a GP:

- CYP raised concerns about receiving **immediate mental health support** – the A&E ward environment and professional management of acute mental health episodes can cause more distress
- CYP wanted to ensure that there was a specific pathway in place for those **with long-term or multiple health conditions** to ensure they continue to receive care and access to healthcare professionals when needed.

- There were concerns about **regional differences** in the level of care that could be provided outside of the GP, which might worsen health inequalities
- Many were concerned that an increase in the quantity of support available outside of the GP might **decrease the quality** of support received.
- CYP wanted to ensure that care provided outside of the GP was **accessible** for all young people, including children in care and those CYP who do not speak English as a first language.
- Some CYP were concerned about maintaining **privacy and anonymity** if support were to move to a community venue.
- Some were **distrustful of other health services or professionals**, feeling that GPs were the people with whom they had built up a relationship, which couldn't be replicated if you were using a variety of services as a first point of contact.
- There were concerns raised about what would happen for community members **who can't read or write**, or have issues with the internet, in finding out which services to use and how to access them

Overall, the group felt that CYP could feel confident using services in new settings and with new healthcare professionals if the following were in place:

- It is essential to provide **flexibility and choice** so that young people can choose the most suitable setting and professional for them. For example, schools are not comfortable places for all CYP.
- There should be **regional consistency** in the services available, and level of care provided across England so that all CYP have access to the same options
- **Confidentiality** should be retained so that young people feel confident to share their concerns with healthcare professionals outside of the GP setting.
- **Communication** with young people should be transparent, accessible and **age and stage-appropriate**

Section 3: Supporting staff to care for patients.

CYP spoke about the different staff that they interact with as part of their experiences accessing care through the NHS. They discussed the possibility of healthcare professionals taking a broader approach with access to more information about their health, and said the following:

- Overall, CYP appreciated the suggestion of providing a more holistic approach to healthcare, but felt it was important to reflect on the impact of information sharing for CYP
- There were concerns about **how health data** would be shared with other professionals. Many felt that work was needed to ensure this process ran smoothly, and no information was omitted or lost.
- Stakeholders all felt that CYP should have a **choice** in the information that is shared about them with other professionals, particularly information about mental health conditions

- Stakeholders also felt it was important to ensure a level of **confidentiality** for CYP, so all information is not automatically shared with parents. There was discussion about the need for healthcare professionals to be more **transparent** with CYP about what information will be shared and with whom.

CYP said that having dedicated staff in place to support them in using the NHS and accessing the right services and information would be useful. They raised the following things to consider:

- Specific guidance is needed about accessing **CAMHS and other mental health support** services (i.e. services available, information sharing/confidentiality) so that CYP can make an informed choice
- There should be dedicated staff available for those CYP who **need more support in navigating where to seek help** (i.e. children in care, those for whom English is not their first language).
- Such staff should also recognise **CYP's right to choose**, and ensure that their views and wishes are respected (instead of only their parent/carer, or other healthcare professional)
- Ensure that any support and information is **age and stage-appropriate**

Finally, some stakeholders did discuss whether this could also support GPs to be more confident in areas where they are not specialists, especially if navigators were able to support you being seen by specialists quicker, who can share information with GPs to support specific needs.

Section 4: Improving health for everyone, especially those with the greatest need

CYP recognised that those in greatest need often have the poorest access to care – and that often it can be a ‘postcode lottery’ for children and young people’s experiences of care, access and health outcomes. CYP discussed:

- **Important differences across regions** of England in terms of the types of support available (i.e. school nurses, community support) and the accessibility of that support (i.e. travel times, waiting times for appointments) that can widen health inequalities.
- **Mental health support was discussed** as an important area that was impacted by region – for many CYP there is no access to mental health services when needed.
- Following a discussion about **providing more support in the community**, CYP highlighted that communities look different in different regions. For example, whilst a community centre may be a more accessible option in the city, in rural areas it might be equally as difficult to reach as a hospital or GP surgery.
- **Digital support** was discussed in this context, but again recognising that this is not an accessible form of healthcare for all CYP (i.e. those without access to the internet, poorer digital literacy)
- Stakeholders also discussed **differences between schools across England** and regional inconsistencies in the support provided for CYP health (i.e.

education about physical and mental health, mental health awareness and support, school nurse availability).

- Stakeholders all felt that these differences should be recognised, and reasonable **adjustments should be made** to ensure that *all* young people across England have access to the same level of care and support when needed

They had the following suggestions to ensure that **all** children and young people are included and provided with equitable access to care:

- The government should provide **additional resources to regions that need it**, to ensure that every child and young person can access the same level of care (e.g. school nurses in every school)
- There will be **unique barriers within different regions** (i.e. city vs rural), that will require different solutions and resources to ensure that the same level of care can be provided.
- Increase **the availability of appointments outside of school hours** to reduce the cumulative disadvantage faced by children and young people with multiple or long-term health conditions
- Provide the same amount of **flexibility and choice across regions** so that young people have autonomy over the care provided to them, and their views and wishes are respected.
- Children, young people and families should be allowed to **express their views** and shape the services provided to them based on their unique experiences within their local area.

Section 5: Using technology to improve your care and experience

For children and young people, technology was not a priority for improving their care and experience. Of the people we spoke to, some were using the NHS app regularly to keep track of or book appointments, find out test results, and view health records for themselves or family members. Others, however, were not using the NHS app, or were referencing hospital/condition-specific apps as preferred due to the relevance of these tools for their situation, and the additional details and information that is available for their current needs (e.g. pregnancy, condition-specific, hospital-specific).

When discussing technology more broadly, stakeholders did suggest the following be improved:

- **Accessibility:** Often, digital healthcare is available during the same hours as a GP (9 am - 5 pm) or other in-person healthcare service. They therefore do not improve accessibility for CYP, as these online services still require access during school hours.
- **Waiting times:** There are still long waiting times for accessing digital support (e.g. digital CAMHS)
- **Using digital support as an alternative to in-person:** Again, stakeholders wanted to highlight that digital technology should not replace in-person support in all cases. Though it can be useful, it can provide barriers for some

CYP and change the level of care received. Feeling connected, listened to, and that someone has time to spend to find out about your worries or concerns is incredibly important, and this should still be made available face to face

They also had the following concerns about using the NHS app and moving towards using more technology for their health, and a single patient record:

- **Confidentiality** should be retained so that young people feel confident to share their concerns with healthcare professionals outside of the GP
- Content in the NHS app should be clear, accessible and **age and stage-appropriate**
- **Find solutions for the widening health inequalities** that might emerge for those CYP without access to technology, or who may not be able to navigate the information or the process without support and might feel excluded
- Consider **information sharing**, ensuring that CYP have a choice in the information that is shared, and with whom. Healthcare professionals should also be transparent with CYP and share all information with them directly (as well as their parents) in an age and stage-appropriate manner.
- Stakeholders felt that **technology should be more joined up** as there are several different hospital or condition-specific apps which would be useful to link with the NHS app, to remove duplication of information.

Contact information

Further detail can be shared from the comments and insights gathered during the session by contacting the Children and Young People's Engagement team at RCPCH via and_us@rcpch.ac.uk

References

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Appendices

Appendix A: Topic Guide

Completion of a round required panel members to rate each item in the questionnaire using a 9-point Likert scale to indicate both their agreement with the importance of the item and its implementation feasibility (where applicable) separately.

1. Improving communication with children, young people and families accessing help through the NHS

- What do you think is most **important** for healthcare professionals to remember when communicating with children and young people about their health?
- What **concerns** do you have about communication with healthcare professionals in the NHS?
- How can **healthcare professionals improve** their communication with children and young people, and ensure they are listened to and heard at all stages of their healthcare journey?

2. Improving mental health support for children and young people

- What can the **NHS do better** to support children and young people with their mental health?
- Is there anything that can be offered to children and young people **outside of an NHS setting**, to help support them with their mental health?
- What **concerns** do you have about children and young people seeking support for their mental health through the NHS?

3. Using the NHS app

- What are your **thoughts** about children and young people being asked to use the NHS app as the main way to access NHS services and information?
- What **challenges** can you think of, if any, with making the NHS app the main way children and young people access NHS services and information?
- Do you think children and young people **would use the NHS app** if it became the main way to access NHS services and information?

4. Providing better access to healthcare support within the community (e.g. education, nutrition, physical activity etc.)

- Beyond the NHS, **who do you think** should have the biggest role in helping children and young people manage their health and wellbeing?

- Examples include local government (e.g. councils), voluntary organisations (e.g. charities), family and friends, public figures (e.g. influencers), schools, gyms, youth clubs
- What are some of the **benefits** of providing education and support for children and young people outside of an NHS service or clinical setting?
- What are some of the **challenges** of providing education and support for children and young people outside of an NHS service or clinical setting?

5. Developing a better strategy for information sharing within the NHS

- A common challenge people face is having to book lots of separate appointments for different health conditions or concerns. **How would you feel** about all healthcare staff having more information about your overall health and health risks to give you broader advice instead of focusing on one specific health issue?
- What **concerns** might you have, if any, about healthcare staff taking a broader approach to your health and not just the specific health issue or concern you have?
- The **single patient record** is being proposed as a way of bringing together all information about a person's health in one place, that all the people who care for you can access. What are your **thoughts** about implementing this for children and young people?
- What should be **prioritised** when rolling out the single patient record for children and young people?

6. Equitable and consistent access to healthcare services and support

- What do you think is **most important** to consider so that all children and young people can access appropriate healthcare support through the NHS?
- One suggestion to improve health for everyone is to target resources to people and areas that have the greatest need (e.g., greater outreach, prioritising spending to areas of need). What are your **thoughts** on targeting more resources toward prevention and people and areas who are more in need than others?
- People with complex needs could be prioritised for appointments to get the right healthcare as early as possible (e.g., longer GP appointments). What are your **thoughts** on prioritising support for children and young people with more complex needs?

7. Getting help – who and where should young people go when they have healthcare concerns?

- One suggestion to address problems in accessing support is to see other healthcare professionals instead of going to your GP first. **What other**

healthcare professionals would you be comfortable seeing, if it meant you were seen sooner?

- Examples include a pharmacist to discuss a prescription to treat a common condition, a nurse to discuss a minor illness, a relevant specialist (consultant, dietitian), a mental health practitioner to discuss mental health, a physiotherapist to discuss an injury
- What **concerns** would you have about speaking to a different healthcare professional instead of a GP?
- **Which setting** would you be happy to speak to a healthcare professional in, outside of a GP surgery or hospital?
 - Examples include a community centre, mobile screening clinic, faith-building, your home, schools, pharmacies, digital appointment
- What might help children and young people **to feel more confident** using services in new settings with new healthcare professionals?
- What do you think about having **dedicated staff** to help children and young people use the NHS and access the right services and information?