

# **Review of Sexual Health Services 2016 Consultation Report**

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The 2016 Budget Integrated Impact Assessment identified a need to develop and define our integrated sexual health system cooperatively, utilising the experience and expertise of providers, clients, residents and stakeholders.

### **The consultation phase of this review ran from 6 May to 3 June 2016, this included:**

- a consultation page on Let's Talk with questionnaires for practitioners(30), GPs (7), Pharmacies (2), service users and residents (58). The project team worked closely with colleagues in Education, Licensing and Communities to promote the consultation through schools, pubs and the Youth Council to promote the consultation with young people.
- 4 workshops for practitioners and professionals (53)
- Attendance at a staff meeting at Newcroft Centre the main provider of current services (55), Newcastle & Gateshead CCG Practice Manager Meetings (24) and the North of Tyne Local Pharmaceutical Committee (4).

Over 200 service users and professionals engaged with us as part of the review of sexual health services, this was conducted face to face and through surveys during May 2016. Set out below is the feedback received by Newcastle City Council from these consultation events.

**The feedback identified the following gaps in service, opportunities for improvement and elements of the service that are important to service users, and should be retained.**

1. Promotion of services, service availability should be promoted more widely through a variety of means.
  - Promotion of service for those aged 40+, the main provision of services via Newcroft is perceived as a service primarily for young people, and work needs to be done to make this more user friendly for older groups.
2. Technology, in particular the use of the web and social media should be considered for promoting services. An opportunity to consider the use of apps as used in other areas.
3. Access, the service should be more widely available at evenings and weekends.
4. Geographical coverage, service coverage is not equitable across the city, and should be reviewed.
5. Outreach services, should be more widely available.
6. Service provision, the consultation identified areas of good practice in current service provision that should be retained or expanded. This included knowledge and attitude of staff and the importance of a welcoming environment, improvements to service delivery included reducing waiting times.

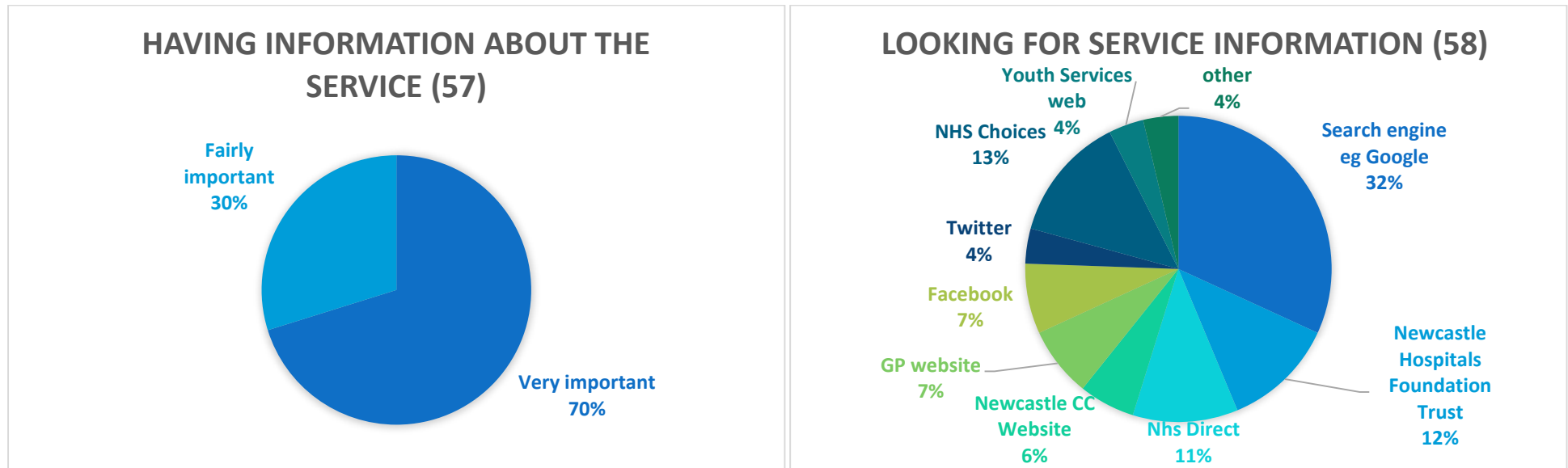
**Gaps identified solely by practitioners:**

7. Networking, an opportunity to introduce professional networking events to improve understanding of service provision across all providers including Primary Care.
8. Mapping of services, this is an opportunity to review and map service availability, and establish a database of all services including pharmacies and GPs for both professionals and service users to use.

**What current and potential service users told us:** (the number of respondents to each question is shown in brackets)

### 1. Promotion of services

It is important to have information available regarding contraception and sexual health services, and most would use the web to look for service information.



Make people more aware of services and whats on offer

More information online about opening times

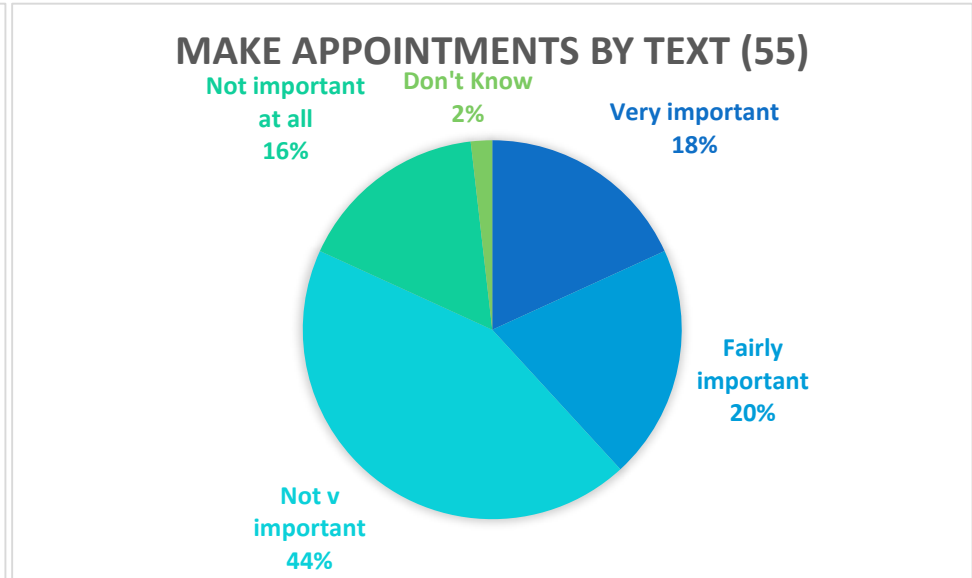
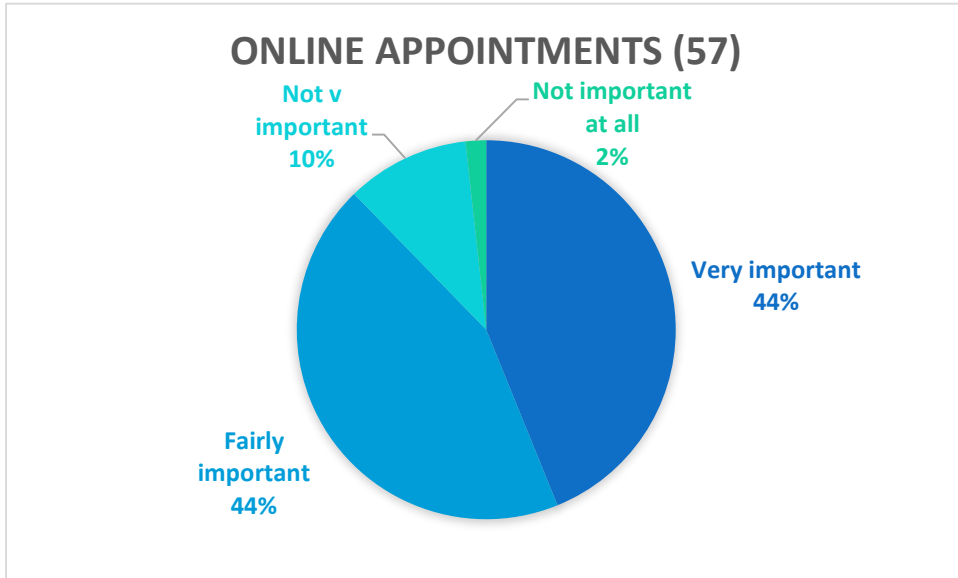
Would trust services own website the most

More advertisement on social network

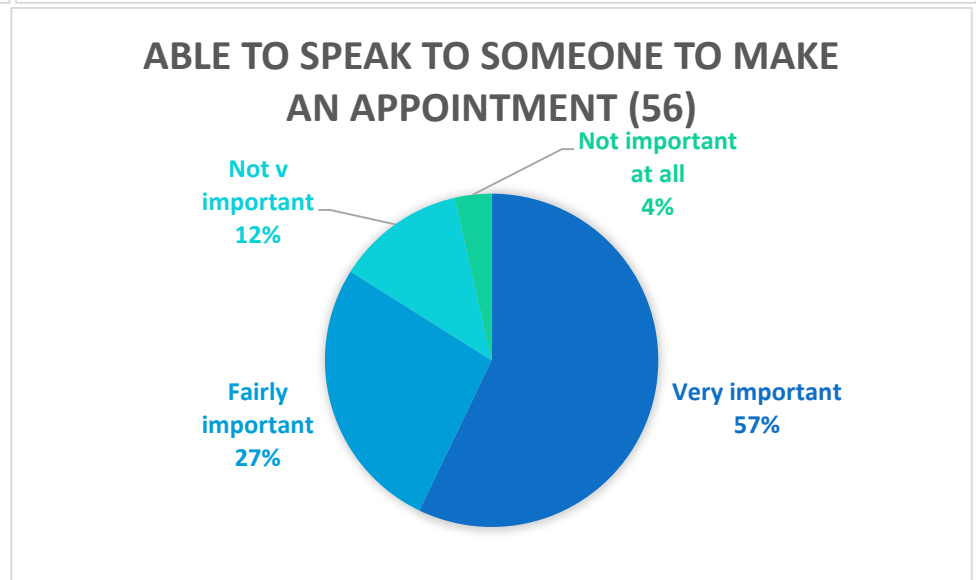
SHINE website that I found through the staff attending my college.

## 2. Use of technology to access services - making appointments

The ability to make online appointments is more important than being able to make appointments by text.



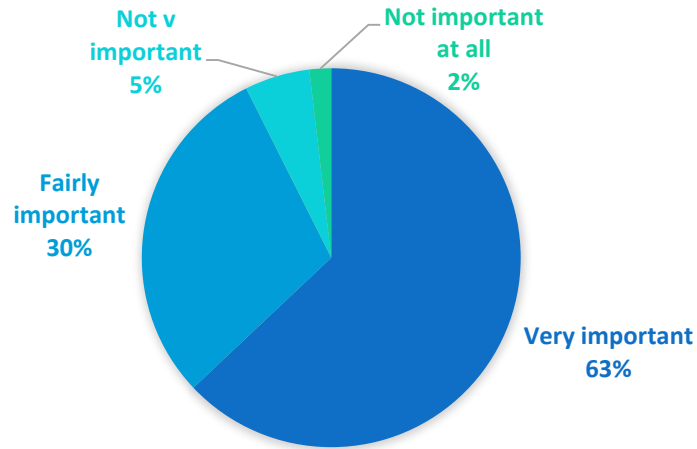
Although it is still important to be able to speak to a person.



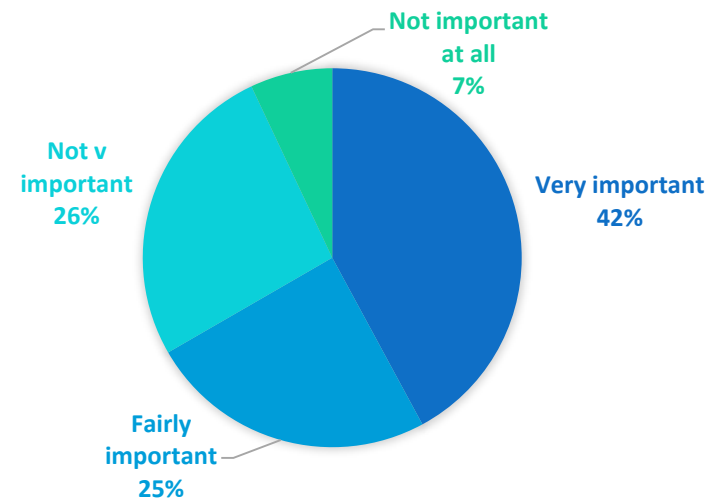
### 3. Accessing services - times

Having more choice of appointments is important, and evening appointments are more important than weekend appointments.

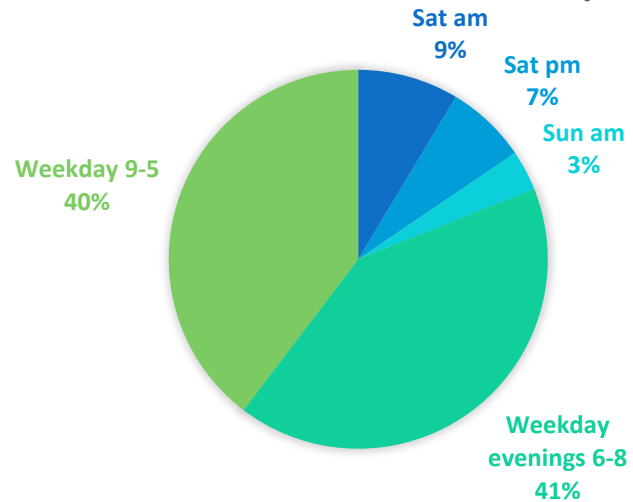
#### EVENING APPOINTMENTS (54)



#### WEEKEND APPOINTMENTS (57)



#### PREFERRED OPENING TIMES (58)



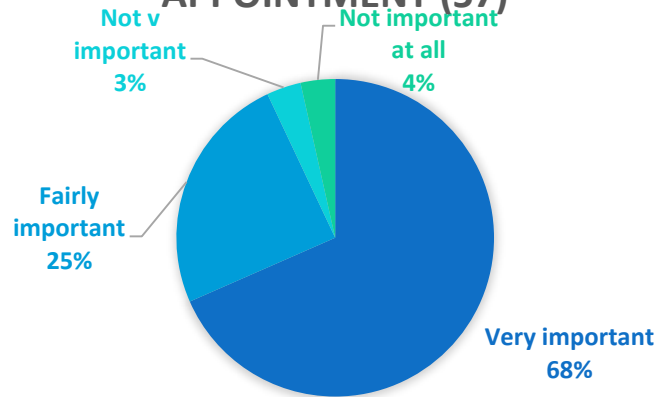
Would prefer services 9-8 mon- fri

Longer opening hours- it is hard to get appointments and drop-ins fill up very quickly.

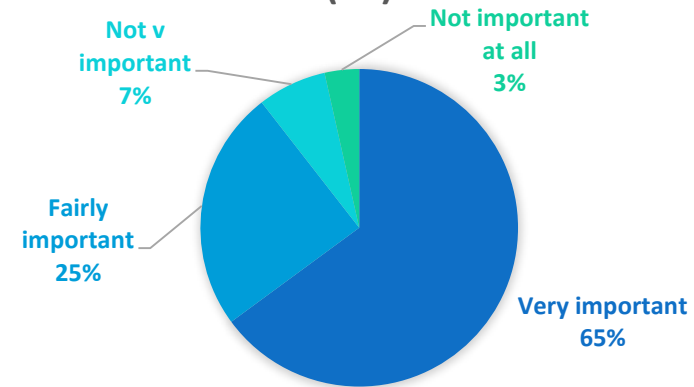
## Accessing services - options

Being able to choose how to access services through drop-ins and same day appointments is important

### BEING ABLE TO DROP IN WITHOUT AN APPOINTMENT (57)

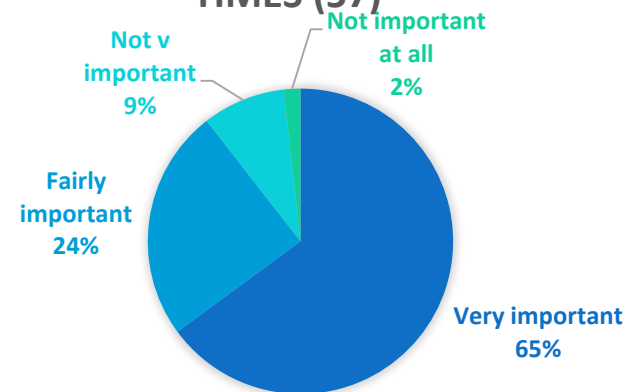


### ACCESS TO SAME DAY APPOINTMENTS (58)



Knowing how long you are likely to wait is also important.

### HAVING INFORMATION ON WAITING TIMES (57)

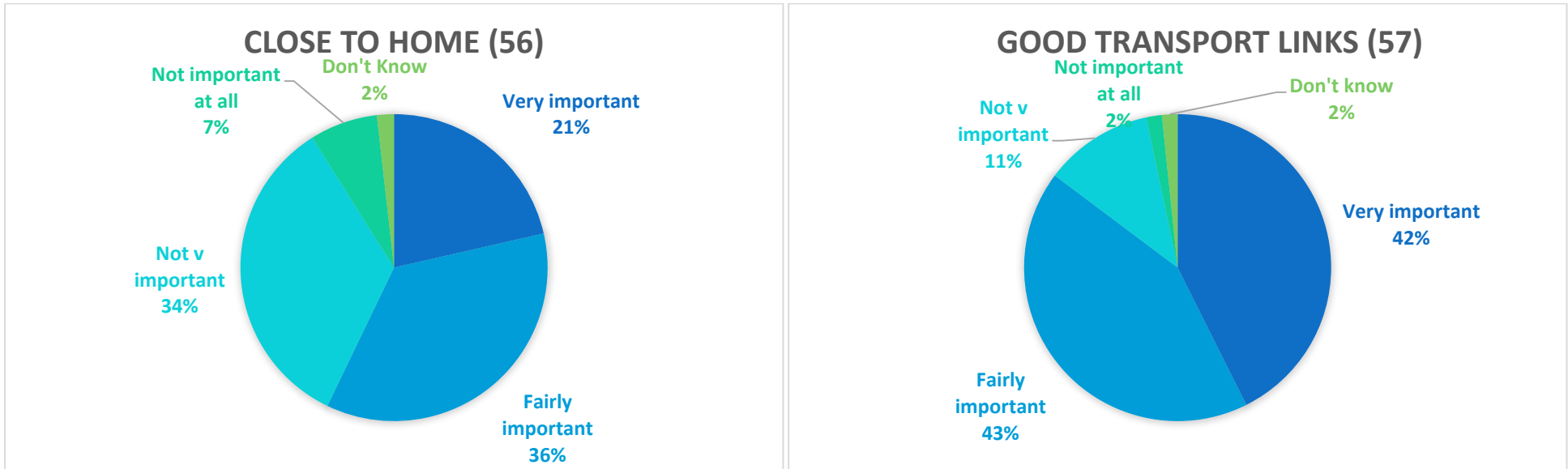


Access to appointments and less waiting.

Extended opening times would be great. And realistic waiting times. Even with an appointment I'm usually seen 45 minutes late

#### 4. Geographical coverage

Choice of locations is important, although good transport links are more important than being close to home.



Unfortunately, more young people are sexually intimate, so there is a need for community access for younger individuals.

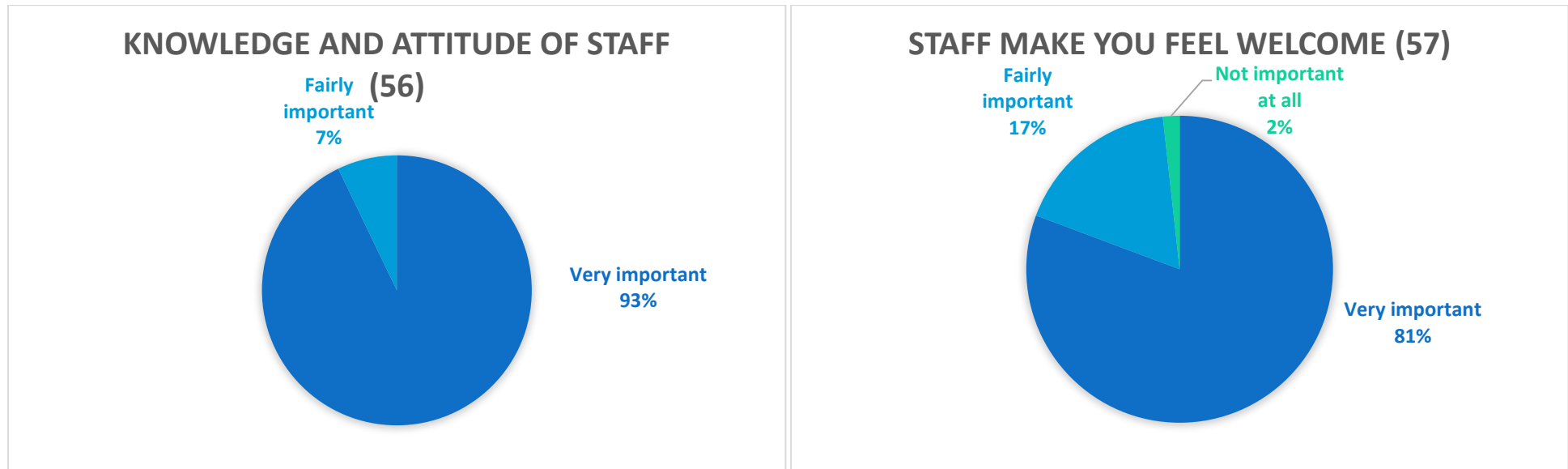
More outreach services available across the city.

Choice of venues, city centre doesn't suit all people. Choice and variety needed but essential is expertise from qualified nursing staff



## 5. Service Provision -Staff

The attitude and knowledge of staff are important



My experiences have always been extremely positive!

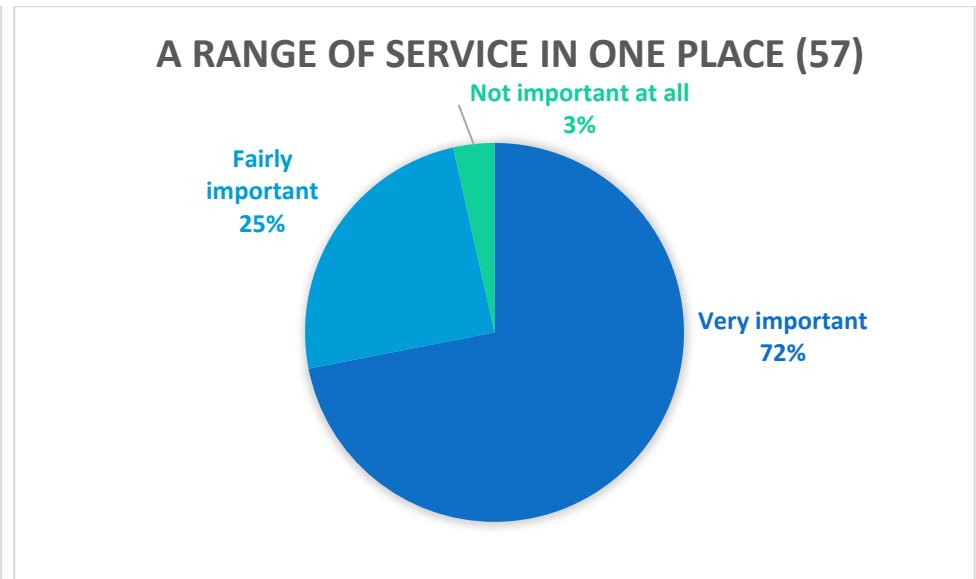
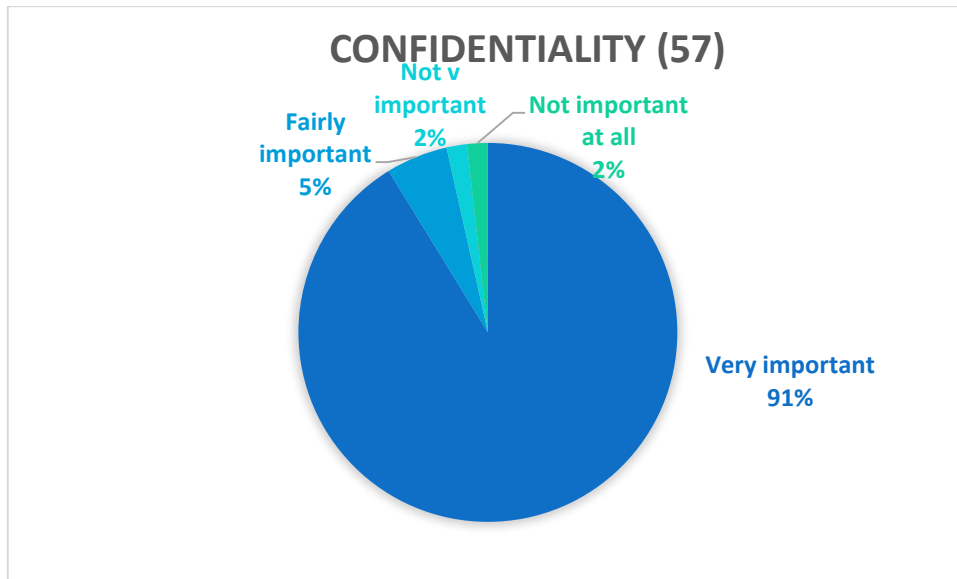
Welcoming and friendly attitude from staff to all people using the service, regardless of their age, ability, ethnicity or how they look/ dress. Also need to be welcoming and inclusive for trans people and not force them to choose a gender when being addressed or when filling in forms.

Keep the awesome staff at Weyes aka Lucy and Kate

Staff are aware of different sexualities and sexual practises that may cause different risks and concerns

**Service Provision: The most important features of a modern sexual health service:**

Confidentiality and a range of service in the same place are the most important factors.

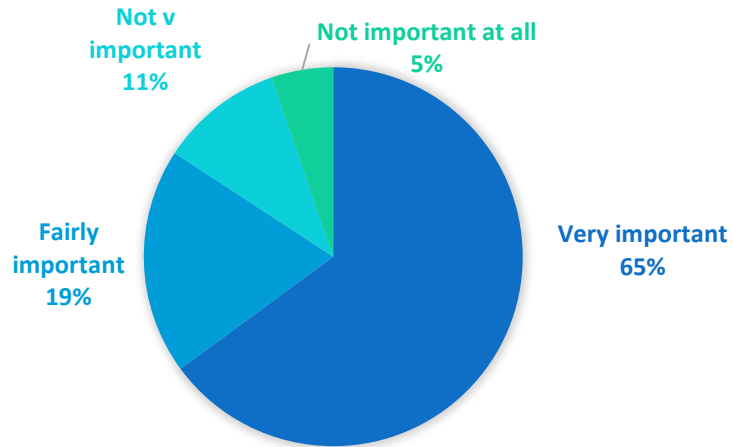


The service is very good why try to change it, it's private and very confidential

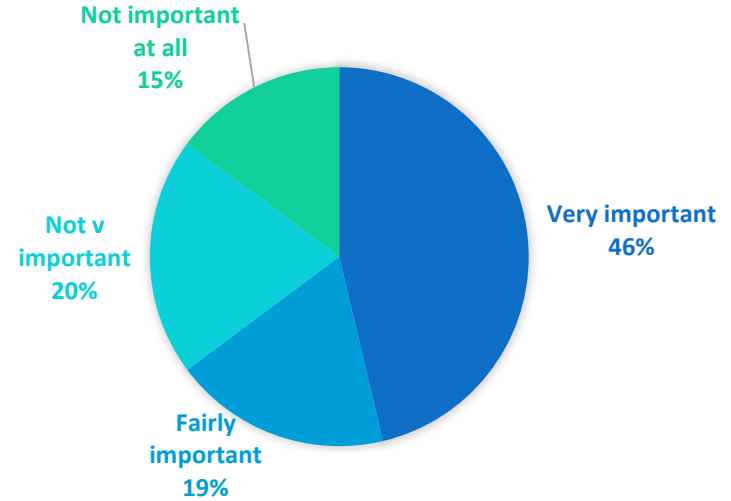
Offer other support, for example in SHINE I received pre consultation and post consultation that I think are very important.

Being able to remain anonymous and being able to take a friend, are more important than the surroundings.

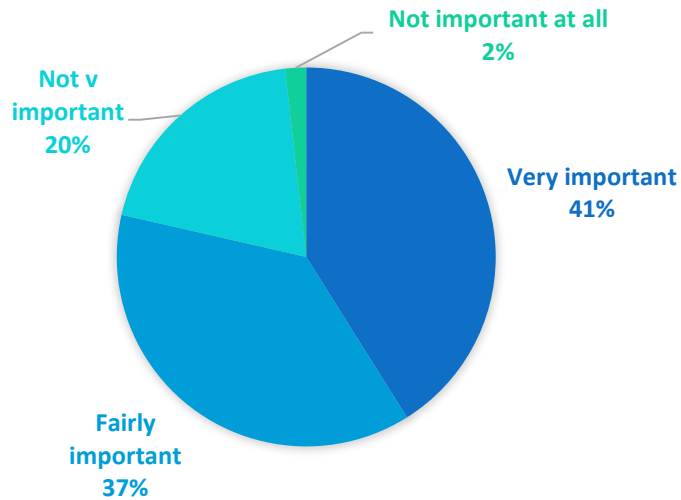
**ABLE TO REMAIN ANONYMOUS (57)**



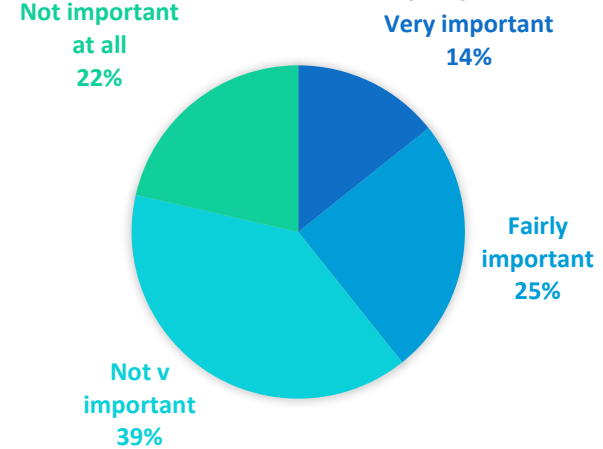
**BEING ABLE TO TAKE A FRIEND (54)**



**COMFORTABLE SURROUNDINGS (56)**



**REFRESHMENTS AND MAGAZINES IN WAITING AREA (56)**



**The reasons given for not accessing sexual health services**



**I would be embarrassed to attend**



**The opening hours are not convenient**



**I don't know where to find them**

## The areas where we could improve sexual health services

Drop leaflets about the service with a confidential number to call in the post

Being able to have proof of your result in writing

Awareness training for staff so they have a better attitude and manner when talking to people. It currently seems like they would prefer to scare you from taking a risk rather than appreciating the many reasons people may do that.

More advertisement on social network

Offering services (e.g. chlamydia testing by post for all ages not just under 25s).

Better services for people with learning disabilities and autism

Parking at Newcroft

Widely advertise and promote

Extend opening times and venues

## Overview of respondents to consultation

Questionnaire	Number	Female	16-24	25-34	35-44	45-59	60+	Male	16-24	25-34	35-44	45-59	60+	Prefer not to say
*Current and potential service users	58	44	10	16	6	9	2	13	2	4	3	2	2	1
Practitioners	30													
GPs	7													
Pharmacies	2													
Survey total	97													
Service user workshop	12	4						8						
Workshops and meetings	130													
Face to face total	142													
<b>Overall total</b>	<b>239</b>													

\* Of the 58 respondents 74% (43) had used sexual health services in Newcastle, 21% (12) had not, and 5% (3) chose not to say.

Of the 74% who had used the service, 60% (26) planned the visit and made an appointment while for 40% (17) it was unplanned as they needed advice as quickly as possible.

The respondents told us they were:

74% (43) White British, 7% (4) White other, 5% (3) Black or Black British, 3.4% (2) White Irish, 3.4% (2) mixed heritage 1.7% (1) other and 7% (4) chose not to say.

67% (39) heterosexual, 12% (7) gay or lesbian, 10% (6) bisexual, and 10% (6) chose not to say.

**Throughout this consultation it was acknowledged that the current service is good and valued by service users and professionals. The provision of services through a range of providers including the VCS provides choice as well as valuable targeted support to vulnerable groups.**

## Survey feedback from Practitioners

### Challenges

- Keeping up to date
- Attending training
- Meeting demand
- Limited services available at community drop ins
- Meeting the needs of hard to reach groups
- Funding uncertainty

### Gaps

- Access – weekends
- Not delivering full screening at drop ins
- HIV awareness in schools
- Clear understanding of service provision
- Opportunities for people living with HIV to network

## Survey feedback from GPs & Pharmacies

### Challenges

- Administration
- Training, costs, backfilling staff
- Maintaining skills
- Cost of services
- Limited resources, trained staff availability and appointments

### Gaps

- Interaction between primary care and other providers
- Promotion of services
- Pharmacists not giving out condoms
- Clear pathways from primary care to specialist services

For further information contact Catherine Blenkinsop,  
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