**Newcastle Sexual Health Services Consultation 2019**

Newcastle City Council is undertaking a review of sexual health services in Newcastle. This includes services relating to:

* Contraception
* Sexually-transmitted infections (STIs)
* HIV awareness and prevention
* Sexuality and promoting sexual health, and
* How we provide advice about sexual health

These services are currently provided by a range of organisations within Newcastle, including: GPs, community services, acute hospitals, pharmacies, and voluntary organisations. These contracts are now due to be renewed, so we are taking the opportunity to review how the whole service is delivered.

The first part of this is understanding how well the current services meet the needs of people who use them, who may use them in future, and the general public. We are also holding workshops with organisations who currently provide services, to get their views.

We want to hear your views, as they are important and can influence the future of sexual health services in Newcastle. Please complete the form below and get your answers back to us before 1July 2019. The results will be published on Let's talk Newcastle Online ([www.letstalknewcastle.co.uk](http://www.letstalknewcastle.co.uk)), and shared with organisations who provide services and support people who use them.

After this, the next stage will be to define a new model for delivering services, and we will be using your feedback to help us to do that. We will then consult on this new service model later this year.

**The survey is confidential, and we will keep your answers private. No one will be identified from their answers or in any reports about what people told us. Thank you for giving us your views.**

**If you need this information in another format, such as large print, or you have questions about this, please contact us at:** **letstalk@newcastle.gov.uk**

1. **Have you ever used any of the following sexual health services in Newcastle?**

|  |  |  |  |
| --- | --- | --- | --- |
| Blue Sky Trust | 🗖 | GP practice (a doctor)  | 🗖 |
| C-Card Outlet | 🗖 | Hospital | 🗖 |
| Children North East Young People’s service (formerly known as WEYES) | 🗖 | Map and Gap | 🗖 |
| Chlamydia and gonorrhoea online testing  | 🗖 | MESMAC / SHINE  | 🗖 |
| College, school or university  | 🗖 | New Croft Centre  | 🗖 |
| Community pharmacy | 🗖 | Streetwise  | 🗖 |
| DIY STI testing | 🗖 | Walk- in centre | 🗖 |
| Sexual health services for people with learning disabilities | 🗖 |
| I have never used these services | 🗖 | Other - please tell us about this below: | 🗖 |
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**If you replied ‘I have never used these services’, please go to question 4.**

1. **On the occasions that you have used the above Sexual Health services in Newcastle, were your visit(s) more likely to be…**

|  |  |
| --- | --- |
| **Planned** (in other words, you made an appointment) | 🗖 |
| **Unplanned** (in other words, you needed advice as quickly as possible) | 🗖 |

1. **When you visited sexual health services in Newcastle what services did you receive? (Please tick all that apply.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Advice on sexually-transmitted infections (STIs) | 🗖 | C-card | 🗖 |
| Cervical screening (over-25s) | 🗖 | Chlamydia and gonorrhoea screening  | 🗖 |
| Condoms | 🗖 | Contraception (such as implants, the pill, IUCD / the coil) | 🗖 |
| Counselling for sexual health | 🗖 | Emergency contraception (the morning-after pill) | 🗖 |
| HIV information, advice and testing | 🗖 | Learning disability sexual health nurse | 🗖 |
| Long-term HIV treatment and care | 🗖 | Mobile outreach | 🗖 |
| PEP (post-exposure prophylaxis) | 🗖 | Pregnancy options and advice | 🗖 |
| Pregnancy testing | 🗖 | PREP (Pre-exposure prophylaxis) | 🗖 |
| Relationships advice | 🗖 | Sexual health screening (a check-up | 🗖 |
| Other - please tell us about this: | 🗖 |  |  |
|  |  |  |  |
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1. **What would be your preferred opening time(s) for sexual health services in Newcastle? (Please tick all that apply.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekdays, 9am - 5pm | 🗖 |  | Saturday afternoon | 🗖 |
| Weekday evenings, 6pm - 8pm | 🗖 |   | Sunday morning | 🗖 |
| Saturday morning | 🗖 |  |  |  |

1. **How important are each of the following to you when thinking about using a sexual health service?**

| **Being able to…** | **Very important** | **Fairly important** | **Not very important** | **Not important at all** | **Don't know** |
| --- | --- | --- | --- | --- | --- |
| ...make appointments at weekends | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...make an appointment online | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...make an appointment by text message | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...speak to someone (face to face or telephone) to make an appointment | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...walk in without an appointment (drop in) | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...book appointments in the evenings  | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...remain anonymous | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...take a friend  | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| ...get same day appointments | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |

1. **Which of the following features do you feel are most important for a modern sexual health service?**

|  | **Very important** | **Fairly important** | **Not very important** | **Not important at all** | **Don't know** |
| --- | --- | --- | --- | --- | --- |
| Being close to home | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Being far from home | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Confidentiality | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Having a range of services in one venue | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Having good transport links | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Having information about the service | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Having information about waiting times | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Having information to allow for bookings to be made online and / or through mobile  | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Refreshments and magazines being available in the waiting rooms | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| The buildings being comfortable  | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| The staff having a good attitude and knowledge  | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| The staff making you feel welcome  | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
| Other (please tell us about this below) | 🗖 | 🗖 | 🗖 | 🗖 | 🗖 |
|  |
|  |

1. **Is there anything stopping you from using sexual health services in Newcastle?**

| Yes | 🗖 |  | No | 🗖 |
| --- | --- | --- | --- | --- |

If you replied ‘No’, please go to question 9.

1. **What is stopping you from using sexual health services in Newcastle? (Please tick all that apply.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I don’t think that they would be inclusive of my identity | 🗖 |  | I've had a bad experience in the past | 🗖 |
| I don't know what they provide | 🗖 |   | The opening hours are not convenient | 🗖 |
| I don't know where to find them | 🗖 |  | They are too close to home | 🗖 |
| I would be embarrassed to attend | 🗖 |  | They are too far from home | 🗖 |
| I'm worried about confidentiality | 🗖 |  | Other (please tell us about this below) | 🗖 |
|  |
|  |

1. **How would you find information about contraception and sexual health? (Please tick all that apply.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facebook | 🗖 |  | NHS Choices | 🗖 |
| GP website | 🗖 |   | NHS Direct | 🗖 |
| LGBT community / networking websites | 🗖 |  | Search engine (such as Google) | 🗖 |
| Newcastle City Council website | 🗖 |  | Twitter | 🗖 |
| Newcastle upon Tyne NHS Foundation Trust website | 🗖 |  | Youth projects websites | 🗖 |
| None of the above | 🗖 |  | Other (please tell us about this below) | 🗖 |
|   |
|  |

1. **If you had to attend a walk-in clinic and were referred to the sexually transmitted infection (STI) home testing service by staff, which of these options would you be willing to use? (Please tick all that apply.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete a DIY testing kit at the clinic | 🗖 |  | Self-complete an order for a home testing kit before leaving the clinic | 🗖 |
| Take the website details and use my own device (smartphone or tablet) to order the home testing kit after leaving the clinic | 🗖 |

1. **Do you think there are ways in which sexual health services in Newcastle might be improved? If so, please tell us about them here.**

|  |
| --- |
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**To ensure that we are meeting the needs of all residents, it is important that we ask you a few questions about yourself. We will only use these questions to find out more about which groups of people have taken part in our survey. These questions are voluntary, and you cannot be identified from your answers.**

1. **Are you…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male  | 🗖 |  | Female | 🗖 |
| Prefer not to say | 🗖 |   | Prefer to self-describe(please use the space below) | 🗖 |
|  |
|  |

1. **How old are you?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0-15 | 🗖 |  | 16-24 | 🗖 |  | 25-34 | 🗖 |
| 35-44 | 🗖 |   | 45-59 | 🗖 |   | 60-79 | 🗖 |
| 75 or over | 🗖 |  | Prefer not to say | 🗖 |  |  |  |

1. **Please write the first part of your postcode here (for example, NE1, NE11):**

|  |
| --- |
|  |

1. **What is your ethnic group?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White or White British  | 🗖 |  | Black or Black British  | 🗖 |
| Asian or Asian British | 🗖 |   | Mixed ethnicity  | 🗖 |
| Chinese | 🗖 |  | Prefer not to say | 🗖 |
| Other (please describe) | 🗖 |  |  |

1. **Do you consider yourself to have a long-term health problem or disability?**

| Yes, limited a lot | 🗖 |  | Yes, limited a little | 🗖 |  | No | 🗖 |
| --- | --- | --- | --- | --- | --- | --- | --- |

1. **What is your sexual orientation?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bisexual  | 🗖 |  | Gay man  | 🗖 |
| Gay women / lesbian | 🗖 |   | Heterosexual (straight) | 🗖 |
| Prefer to self-describe (please use the space below) | 🗖 |  | Prefer not to say | 🗖 |
|  |
|  |