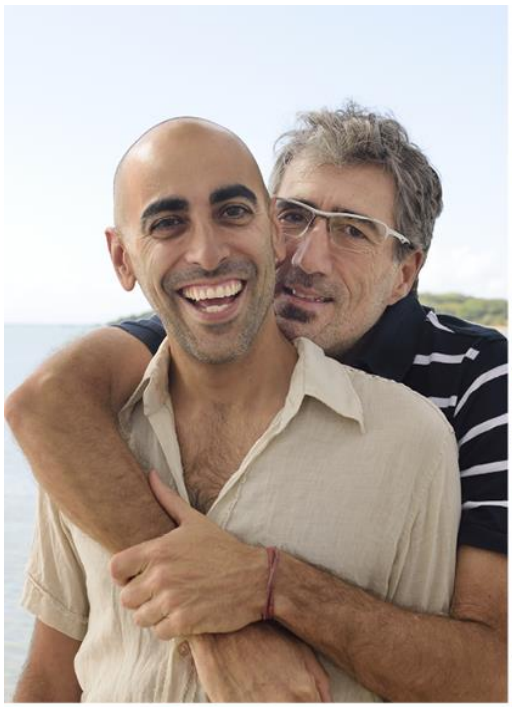


Sexual Health Matters

A report on the consultation to improve sexual health in Bristol, South Gloucestershire and North Somerset



Bristol City Council

North Somerset Council

South Gloucestershire Council

NHS

Contents

1 Introduction

A new procurement of sexual health services across Bristol, North Somerset and South Gloucestershire is due to begin in April 2016 with any new provider arrangements starting in April 2017. It is planned that the procurement will cover a wide range of sexual health services commissioned by both local authorities and clinical commissioning groups in these areas. More detail on the scope of the procurement can be found in Appendix A.

Commissioners recognised that an essential step in the design of the new service was a period of public consultation on a set of draft plans. This took place from 1 November 2015 to 31 January 2016. The aim was to better understand the needs and preferences of a wide range of current and potential service users as well as those interested in protecting and improving sexual health and wellbeing across our whole population. This included seeking the views of people who are at higher risk of poor sexual health outcomes so that the new service can effectively tackle health inequalities.

The feedback received through the consultation will be used to shape the final service specification and other tender documents that bidders will be asked to respond to. It will influence the assessment questions asked of potential providers around the quality and suitability of the services they propose. Commissioners will be looking for a clear link between the needs and views of local residents and the plans put forward by potential providers.

About this report

A wide range of feedback was received during the consultation period. In particular, views were expressed through three key methods:

1) An online and printed survey
2) A series of focus group discussions targeting groups at higher risk of poor sexual health outcomes

3) A number of public events, discussion forums and a survey facilitated by local stakeholders

The first section of this report – the Executive Summary – combines the key themes that emerged from all of these consultation methods to give an overview of key issues, challenges and recommendations for change.

A more detailed review of each of the consultation methods is available in sections three to five of the report. A series of other supporting documentation can be found in the appendices, such as detail on the scope of the procurement. The consultation website www.sexualhealthconsultation.co.uk will remain live until the contract has been awarded. The draft service specification, sexual health needs assessments for each local area and full consultation report will be available on the website.

2 Executive Summary

2.1 Overview

This section of the report brings together the findings from all consultation activity on the planned Bristol, North Somerset and South Gloucestershire sexual health procurement. It organises that feedback into key themes that must guide the detail of the tender documentation and the way in which potential bidders are assessed for the suitability and quality of the services that they propose.

It is recognised that this process of identifying key themes will inevitably simplify what is a very complex area of health and wellbeing. A wide variety of views were expressed taking in the needs and preferences of many people with different perspectives on what is needed to protect and improve sexual health and wellbeing. However, it is also the case that many of the issues that people spoke about reinforced each other and set down some fundamental principles of what services should look like and how they should respond to people's needs.

This summary is intended to highlight those key themes for a wide range of audiences and allow debate about how best to respond to them. However, it is important that both commissioners and potential providers of services should also read through the detail of all consultation activity to be clear on what a successful sexual health system should look like.

2.2 Key themes

(A) Understanding the population and prioritising prevention

Meeting the complexity of needs and preferences within the population

A clear theme that emerged from the consultation is the importance of seeing the wide range of population needs for sexual health services and support. Any service

or mix of services must be based on a good understanding of how people want to engage with a service and their preferences for how it should be delivered if they are to experience good outcomes. Potential providers should draw on the published evidence, local sexual health needs assessments and views expressed in the consultation to ensure they have sensitivity to the needs of different groups.

Issues mentioned by respondents included:

- ensuring services are provided in an open, non-judgemental and empathetic way
- providing information and advice in culturally sensitive ways
- working with/through organisations that have reach and credibility with the groups whose needs are being addressed
- delivering services through staff and resources that are representative of the population groups that they serve.

The draft service specification for the new sexual health service already identifies a number of key population groups at risk of poor outcomes and feedback from these groups has emphasised the need to look at their issues in detail with no assumptions about how needs can be met or adopting a one size fits all approach.

Education and prevention – schools, relationships and a sex positive approach

Respondents frequently emphasised the benefits of preventing problems before they start and creating the right environments for young people to develop confidence and knowledge to be able to manage their own sexual health effectively. This includes helping young people to learn about sex and relationships in school and providing support services that are relevant to the issues that they face. Building the right partnerships with schools and young people's services is considered essential to make this happen.

There were many mentions of concern about how young people and indeed others form their beliefs and confidence about different types of relationships. Building self-

esteem, learning respect for others and having the skills to manage risk and consent well were all mentioned as areas where consistent improvements are needed. As well as educating people, especially young people, about risk, a number of respondents mentioned the need to emphasize that relationships and sex should be healthy and enjoyable. However, there were also some who expressed concern about service access or advice without parental input.

(B) Good and fair access to services

People need a range of access points

In what could be seen as an echo of the points made about the complexity of different population needs, it is clear that access needs to be provided through a variety of routes. The benefits of specialist services, particularly for those who are vulnerable or who have complex needs, were recognised by many participants. They are seen as a valued resource and one that should be easy to access when in need. Having specialist support in central locations is seen as helpful for transport access and important for some population groups, for example, sex workers or homeless people.

Many people spoke about wanting choice to access services either by home or work location, particularly if opening times are limited to work hours. For some, services easily access by public transport are seen as important whilst others, for example, young people and those living in deprived areas are looking for services within easy walking distance.

Local services in GPs and pharmacies are mentioned as important as are the links between these local access points and more specialist services. Some are more comfortable accessing services through GPs than others, based on a preference for specialist staff or worries about anonymity. However, good training for local clinicians and reception staff was identified as a means of increasing confidence in the benefits of using these services.

Other community access points, in particular services for young people, were also identified as providing an essential function. Again, these services need to be provided by suitably trained staff who have credibility with the population groups that they are there to serve.

There were some concerns about the purpose and scope of having online and telephone based support. In particular, it was emphasised that some may not be able or comfortable in accessing support in this way, there were also concerns about confidentiality and the skills of those providing advice and signposting. It was also stressed that there are occasions where face-to-face contact is essential to fully understand and respond to a range of needs. The issue of how test results could be notified is also an area where people have concerns. Any online or telephone support needs to take account of these issues.

A number of respondents mentioned the benefits of having weekend and evening opening hours to ease their access to services.

Some were clearly interested in using technology to help manage their own sexual health and access to services, with young people and those living with HIV particularly confident in this area. Promotion of these resources needs to appeal to the target audience and use channels that are relevant, for example, Grindr for men who have sex with men. The issue of having a ‘brand’ for sexual health was confusing or concerning for some, with some questioning the need to move beyond a trusted NHS or specialist provider identity. Any approaches to promoting new services would need to be well researched and communicated with the public.

Provide outreach to vulnerable groups

Improving the quality of main sexual health services is considered a constant challenge but even with the highest standards many feel it is essential that services actively reach out to those who need support the most.

The importance of engaging with young people in the locations, forums and language that appeals to them was frequently emphasised. Linked to this point, but also encompassing other population groups, many emphasised the need to work

with the voluntary and community sector in understanding and responding to different communities' needs. There was an emphasis on maintaining and building on progress made through these links. Some respondents also spoke about the benefits of peer support, for example, BME groups and those living with HIV.

As well as specific sexual health services or clinical treatment points, the importance of working alongside other agencies that support those in need was often mentioned. For example, ensuring high standards around sexual health advice and needs in areas like drug and alcohol support, mental health, homelessness advice, and working with those that support people with learning disabilities. As mentioned around dedicated sexual health services, it was felt that having an extended workforce reflecting the character of all communities can help people to engage and trust the advice and support that is being offered.

(C) Quality of support

Visible, useful information meeting needs of different groups

The need for better messages and advice around prevention has already been noted and part of this effort is seen as a need to make sexual health a more visible topic for everyone to engage with. This is seen as important not just for access to services but also to challenge any potential stigma and attitudes that may increase risk to self or others, for example, consent, domestic violence or safeguarding.

A more visible service could also assist people to access services that they value, for example quick routes to testing. Any promotion of services should take into account the needs of different population groups, for example, reflect the needs of adults over 25 and their lifestyles e.g. entering a new relationship for the first time in many years.

Confidential, trusted and empathetic services – reflect people they serve

Confidentiality was a consistent theme through many responses with respondents clearly stating that this is a ‘must do’ for any sexual health service and the credibility of any arrangements must be obvious and trusted by any potential service user.

The quality of staff training, both within main sexual health and other linked services, has already been highlighted. For some groups having support from same sex staff was also deemed important, for example, sex workers. Having safe and informal spaces for people to access without judgement was identified as a key requirement, particularly for those with complex needs and risks to manage. Awareness around the needs and preferences of specific groups was identified many times for example, the LGBT community, BME groups or people with learning disabilities.

(D) Other considerations

For some respondents there was concern that any changes to services through procurement could lead to charges for services. There was also some confusion over why services provided through the NHS would be put out to tender in this way. It is important that any final documentation or information for the public is clear about why procurement of services is a legal requirement of local commissioners and to emphasise the fact that services will continue to be provided free at the point of delivery.

2.3 Conclusions

Many of the themes identified through the consultation chime with the issues identified through the sexual health needs assessments carried out for each local authority. Those were used to develop the original service specification which will now be reviewed against this more detailed feedback.

When looking at responses to the questionnaire, at least three out of four people agreed with the principles put forward in each of the questions so there was broad agreement. However, it is important that the issues that people highlighted are reflected in the final versions of the documents and assessment process used in the tender for sexual health services.

2.4 Recommendations

For commissioners:

- There is a need to be clear on expectations of service access times e.g. extended or 24 hours, plus the approach for booked versus drop-in appointments
- It is essential that service users/the public can be involved in both assessing the proposals of potential providers and have ongoing input into service delivery
- Through the online questionnaire people have suggested a list of potential questions for providers to be asked through the procurement process. These should be reviewed and used
- Be clear on why commissioning is happening the way it is including requirements around public procurement and address any confusion on the relationship with mainstream health services and concerns about charging
- Carefully assess any potential provider(s) on their ability to engage with local specialist agencies and those that have reach into the population groups that require information and support

For potential providers:

- There is a need to demonstrate a clear understanding of how to meet the service needs of different population groups either through working directly with those individuals or through organisations that have reach and are credible particularly with those at higher risk of poor sexual health outcomes

- Respondents were very strong around the need to support young people both through specialist services and ensuring all support is young people friendly. Any potential provider would need to clearly articulate its offer to young people and why it would be effective
- Although people support young people's services don't forget the needs of older adults and many highlighted ongoing needs such as new relationships, online dating etc.
- For online services there must be highly assured confidentiality and data security arrangements plus the ability to effectively signpost people elsewhere if they do not want to access support in this way, for example a preference for face-to-face help
- Any proposed phone service must have highly trained and effective empathetic staff in order to build confidence in this service
- If someone doesn't have a good experience of using services what is their alternative? How can someone find an effective way into the system with advocacy on their behalf?
- Any information produced and promoted to the public needs to be relevant to the audience it is aimed at; be clear on who this is targeting and not adopt a one size fits all approach as this will undermine credibility

For wider consideration:

- Recognise the strength of feeling about the importance of prevention. This is a theme that goes beyond the scope of just this procurement and addresses the chance to influence all opportunities to improve education and support around positive sexual relationships. There is a need to work with key partners to do this, for example, schools.

3 Survey

3.1 Introduction

It was felt that the best way to reach the widest range of people would be through an online consultation. A new website was developed for this purpose www.sexualhealthconsultation.co.uk which included background information about sexual health services and their procurement, as well as the online survey. A paper version of the survey was also made available upon request which could be returned to a freepost address.

The survey was based on the principles in the draft service specification, and included questions on prevention, the development of online and telephone based technologies, ensuring high quality services and ensuring good access to services. The survey also gave respondents the opportunity to suggest questions that could be posed to potential provider(s) when the bids are evaluated. The final question asked about service priorities given the limited finding that is available. For those who wanted more detail, the draft service specification and the needs assessments from Bristol, North Somerset and South Gloucestershire were also made available on the website under the section on further information.

The survey was open for 12 weeks from 9 November 2015 through to 31 January 2016.

3.2 Methodology

The survey was publicised widely through a variety of networks, including the circulation of 5000 promotional postcards (containing a QR code) across the area. This included:

- Local authority public consultation websites and staff intranet
- Facebook advertising targeted at under 25s
- Press releases in Bristol, North Somerset and South Glos

- Ask Bristol email
- Distribution of 5000 promotional postcards
- GP surgeries and pharmacies
- Sexual health service users
- Libraries and Childrens Centres
- Secondary schools and colleges
- Youth Mayors
- Healthwatch
- Youth services
- Twitter
- E-mail equalities groups
- E-mail young people's sexual health network
- E-mail PSHE teachers
- Care Forum

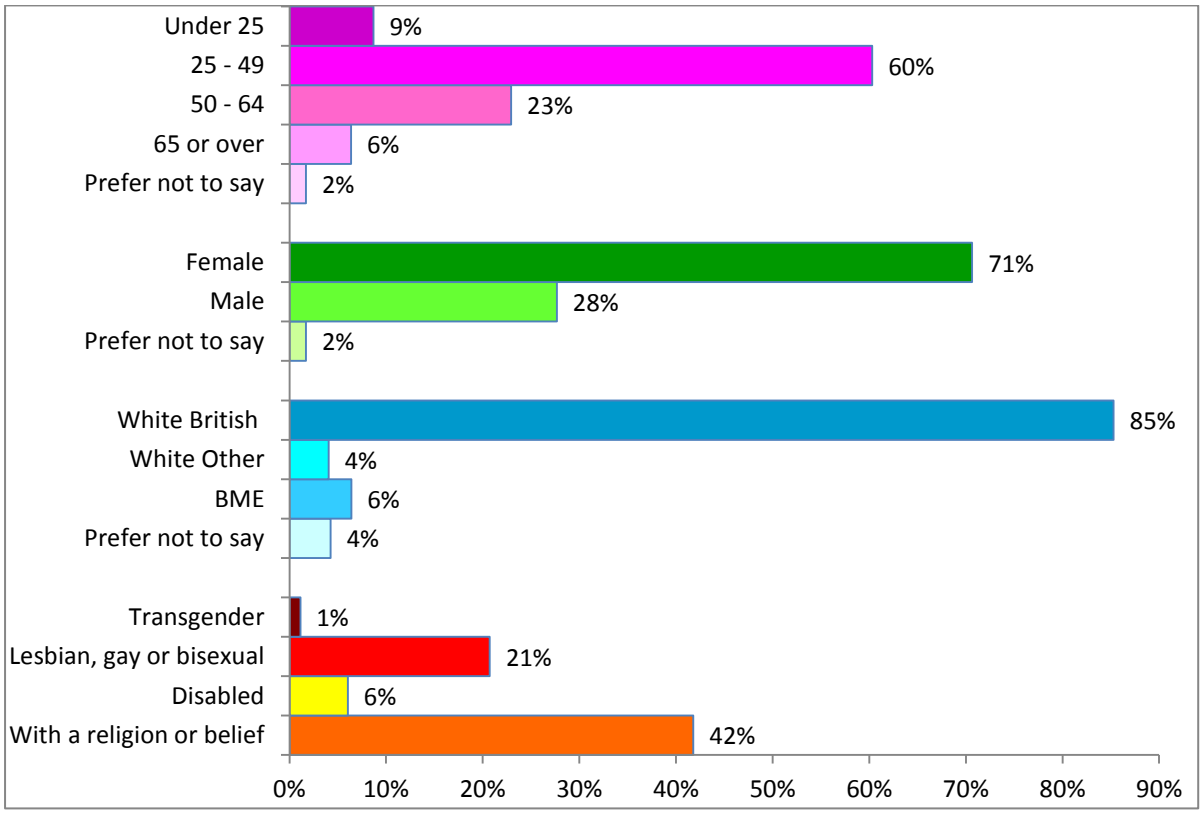
Answers to the quantitative questions were automatically analysed by the survey software. Qualitative answers were downloaded onto an Excel spreadsheet and analysed thematically. This involved systematic reading of the data, allocating codes to potential themes and subthemes, and then re-analysing the data to ensure all answers were attached to the codes generated. Themes emerged from the data and as systematic re-reading of the data occurred, some themes were condensed. Themes were grouped to provide coherence to reading of the results and to form a basis for development of the recommendations. A team of three people worked on the coding in order to ensure consistency in the themes identified.

It is important to note the limitations of the survey. The results represent the views of those people who took part. As an open public consultation, no sampling techniques to produce representative research were used – the response is self-selecting as anyone with an interest could take part, and is therefore not statistically representative.

3.3 Respondents

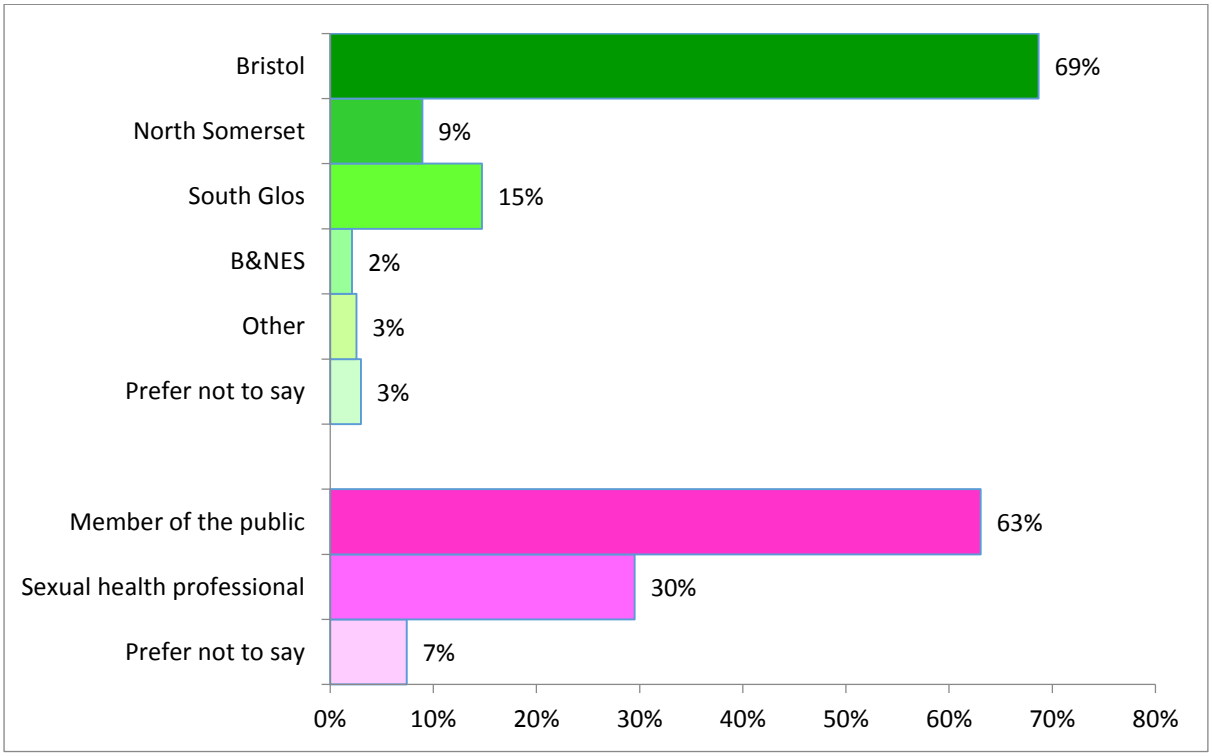
In total, 484 people responded to the survey. A summary of their demographic and equality characteristics are shown in the following chart. In general there was good representation across the local population, although young people under 25 and men were under represented in the sample. Following the mid-point consultation review, additional attempts were made to increase responses from these groups during the consultation through targeted promotion of the survey. Young people also took part in focus groups (see section 4 for more detail).

Demographic and equalities characteristics of respondents



Place of residence and professional interest in the consultation are shown in the following chart. This demonstrates an over representation of Bristol residents in relation to population, and also over representation of professionals involved in the provision of sexual health services, although this would be expected given the nature of the consultation and the direct impact on this group.

Place of residence and background profile of survey respondents



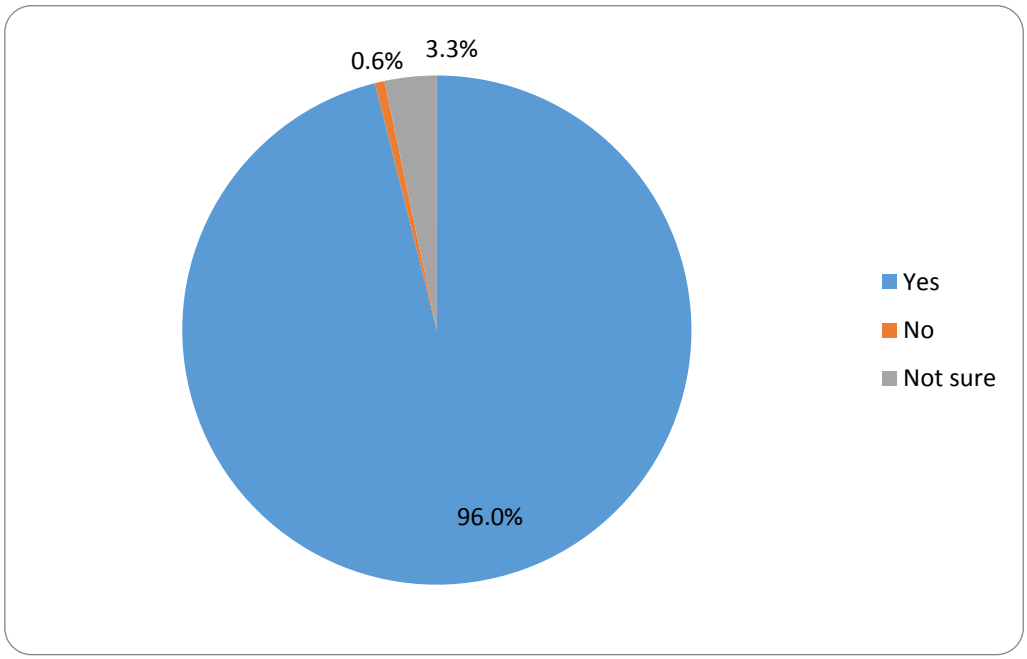
3.4 Key findings

(A) Promoting positive, safe and healthy relationships

Question 1 was about the principle of prevention. Respondents were told that we would like to stop problems before they start. This means:

How many people agreed with this approach?

479 people answered this question, 96.0% (460 people) agreed with this approach, 0.6% (3 people) did not agree and 3.3% (16 people) were not sure.



If people answered 'no' or 'not sure' what reasons did people give?

From the responses given (21 people replied with 463 not answering this question):

(Please note: The bullet points below are set out in order with the most commonly mentioned theme discussed first, moving down to the least frequently mentioned theme)

- There was a strong emphasis on meeting the needs of different population groups for any service to be successful, for example, the LGBT+ community or people with disabilities. Any services must understand and reflect the complexity of sexual health needs in our population.

  "My impression is that this approach seems focussed on issues relevant to young age straight sex (resisting peer pressure / intervening early). I suggest further consideration to adequately encompass specific issues relevant to gay sex and sexual activities of older people."

- Respondents also discussed the need to promote healthy, respectful relationships including enjoyment of sex not just management of risk.

  "I agree with them all, especially peer pressure, however I think there should be something about consent, healthy relationships and respecting and understanding consent."

  "Well it all sounds a little too formal. A happy life is not just down to your services. Freedom to enjoy responsible sex as well."

- People felt there is a need for education about risk to ensure people are well informed and to influence behaviour but any service must also recognise the limitations of getting people to change behaviour

  "Prevention is about informing people what STI are out there, how they are spreading, the rate they are spreading, and then inform people how to avoid getting an STI."

- Prevention is also dependent on good access to this type of advice within sexual health services

  "The above statements fail to mention the importance of ease of access to clinical services, the importance of early treatment and the importance of partner notification."

Is there anything else we should consider?

From the responses given (115 people replied with 369 not answering this question):

- The most commonly mentioned factor was the need to educate young people including through strong partnerships with schools

  "Clear PSHE in all schools and FE colleges around consent and health relationships."

  "More projects and courses that would help prevent teenage pregnancy and YP engaging in sexual relationships too young."

- Respondents also put a strong emphasis on flexible, easy access to services including extended hours including complementing this with appropriate outreach services

  “Ensure that there is a good ratio between targeted services for those most at risk of poor sexual health outcomes.”

- A high number of people picked up on tackling attitudes and behaviours that can lead to poor sexual health outcomes such as low self-esteem, risk of coercion, lack of understanding around different sexual identities etc.

  “As well as ensuring young people have the right skills and confidence - knowing how and where to access services.”

  “I am surprised that abusive relationships are not explicitly mentioned.”

- The importance of understanding and providing for a range of different sexual health needs was emphasised such as younger and older age group needs, making services relevant to LGBT+ or BME audiences and providing support or information in audience specific approaches

  “Making sure that by giving the right information includes accessible easy read information for people with learning disabilities.”

- Building on this point about understanding of needs there was also emphasis on equality of access to services to meet all of the community’s needs

  “It is important to provide services which are accessible - geographically, psychologically and at the right time in the day.”

  “While we need prevention this can't be to the detriment of specialist high end services. Without responding to those with most chronic need effectively we will endanger the health of others.”

- A less frequently mentioned but identifiable theme was the benefits of a proactive, visible service using evidence based approaches

"Prevention is important, but it requires a proactive approach - people are less likely to seek help and advice before a problem arises. This means that the visibility of available advice and services must be high, actively promoted, and convenient to access."

- Another less frequently mentioned theme within this question (but mentioned elsewhere) was concern that the people working with the public have the right skills and use the right channels of communication to be credible with each audience in order to effect change

  "Early stage preventions should be more closely linked with other services such as mental health, substance abuse, and any other factors which often result in higher levels of risk."

  "Equal and true access of services for young people from all backgrounds, gender, geographical areas, sexuality i.e. working with sports clubs and similar to enable boys and young men to access information and services that are vital to their development."

- The need for confidentiality to maintain user confidence was also mentioned

  "Ensuring that all young people (and adults for that matter) have access to confidential services regardless of race, ethnicity or religion."

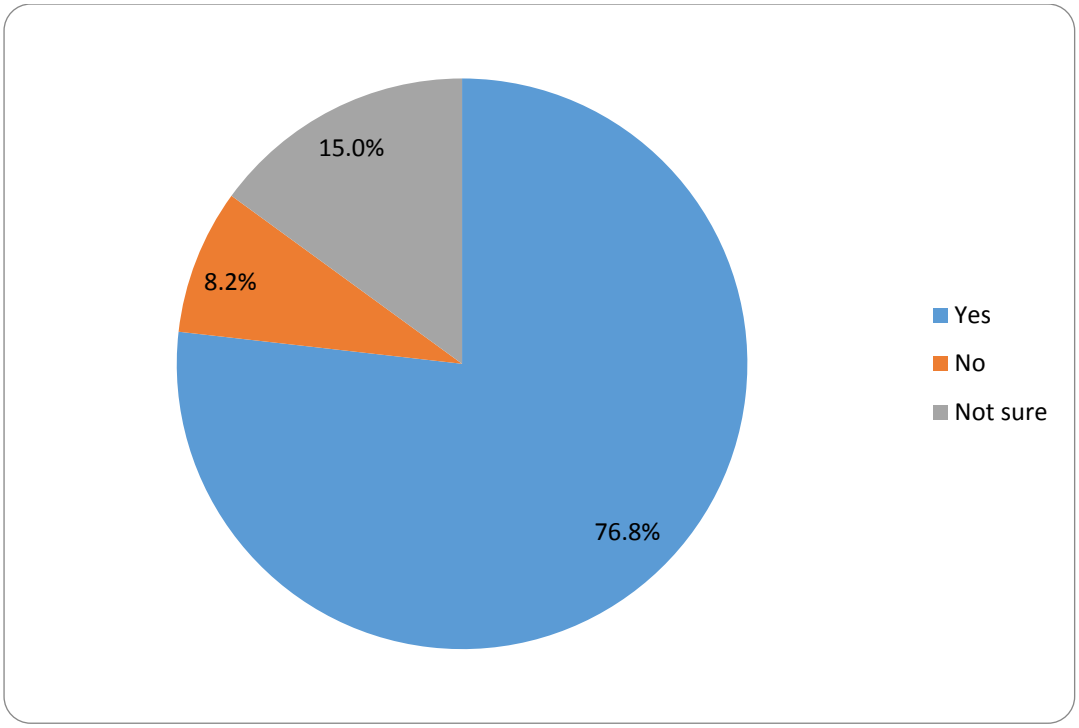
(B) Managing your own sexual health

Question 2 was about the development of online and telephone based technologies and their increasing potential to provide more joined up support. Respondents were

told that we would like to:

How many people agreed with this approach?

474 people responded to this question. Of these 76.8% (364 people) agreed with this approach. 8.2% (39 people) did not agree and 15.0% (71 people) were not sure.



If people answered no or not sure what reasons did people give?

From the responses given (111 people replied with 373 not answering this question):

- The most common concerns were that online and telephone services would limit or replace opportunities for face to face consultations. Many felt that personal contact and conversations with skilled staff are essential for picking up on issues such as sexual exploitation, domestic abuse and safeguarding. There were particular concerns for high risk and vulnerable groups, who may not know or understand what their needs are without talking to someone. The importance of young people being able to talk to a person they know and trust was highlighted.

  "I think it's extremely important to make sure receiving results online doesn't become a replacement for people being able to speak to someone face to face - not everyone receives information best in that way."

  "In my experience, and peers experience, face-to-face support has been much more significant than any online or telephone based services, especially when issues are more serious."

- There was some disagreement that a strong brand should be developed. Reasons given were that spending money on branding would be taking away from the investment that should be made into improving the quality and effectiveness of the service. Also that branding sounds too corporate, and that the NHS brand is already a strong brand that people have confidence in. There were also concerns that it would be difficult to create a brand that would be appropriate for the full range of service users.

  "Honestly who cares about a "brand" for sexual health services? Money is wasted promoting style over substance, let's concentrate on the services themselves?"

- For some, there was uncertainty about what a 'single point of contact' means, and worries that it means sexual health services would only be available in one place by one provider. These respondents felt that a range of services should be available in a variety of places to support patient choice, including GP practices and local clinics. They also expressed concerns that people may be less likely to access services without adequate choice being available.

“I have concerns that one single contact point might mean some people will not get in contact for fear of bumping into people they don't want to see, or going back to the same place they had a difficult time.”

“Patients will approach different organisations for different issues and nothing should be built into the system that will discourage this.”

- There were worries expressed that a single approach would not recognise that specialised services and targeted approaches are required in order to reach specific communities. Specific equalities groups mentioned included men who have sex with men, young people and people with learning disabilities.

  “If it is all grouped as one not all people will feel comfortable accessing the services as it could never cater for everyone's needs. Talking about sexual health is about building up trust- something which I believe can only be done with specific services which have a reputation for providing this confidential service.”

  “Creative solutions and services are required to support vulnerable and marginalised people who may be disengaged from mainstream services.”

  “A single point of access may mean a 'one size fits none' situation. If you have a single point of access you may exclude those who will only access single sex services or young people specific services.”

- There were reservations about whether online and telephone services are appropriate, particularly for certain groups who are at high risk of poor sexual health outcomes. Although there were positive comments that online services would be convenient and would increase access for many, it was pointed out that not everyone has internet access. Health literacy is poor amongst certain groups and online services would not be able to ensure patients understand what they need and are being told. In relation to online booking of appointments, the importance of retaining the option of regular drop-in clinics alongside was emphasised.

“Booking systems don't always work for young people with chaotic lives - often those most at risk of poor sexual health outcomes. Regular drop-in clinics may be more appropriate for young people.”

“A lot of my client group struggle with literacy, not sure how they would manage if they had to do everything by phone, or on computer, rather than be able to ‘drop in’."

- Specific concerns were raised about whether online testing kits delivered to home addresses would be appropriate for certain groups. Examples were given of people with mental health issues and substance misuse issues who may have difficulties using the kits. There were also concerns around confidentiality for young people who still live at home, and for under 16s where there may be safeguarding concerns.

  “The ability to get free/confidential tests online would only appeal to the small minority of worried well patients - a large proportion of patients like the contact with a doctor/nurse as they want to be able to ask questions.”

- Concerns about online security and the confidentiality of personal data, especially in relation to test results being made available online. Particular concerns were expressed about confidentiality for people who may have a controlling partner.

  “I would be concerned about the potential for online test results to be hacked/externally accessed.”

  “This could be utilised by forceful partners to ensure their partner checks their results with them watching.”

- Discomfort with online results for STI tests, particularly for those who test positive, without the opportunities to provide support and explanation.

  “My only concern would be people receiving abnormal results online without immediate access to a healthcare worker for advice or support.”

Is there anything else that we should consider?

110 people answered, and 374 people did not answer this question.

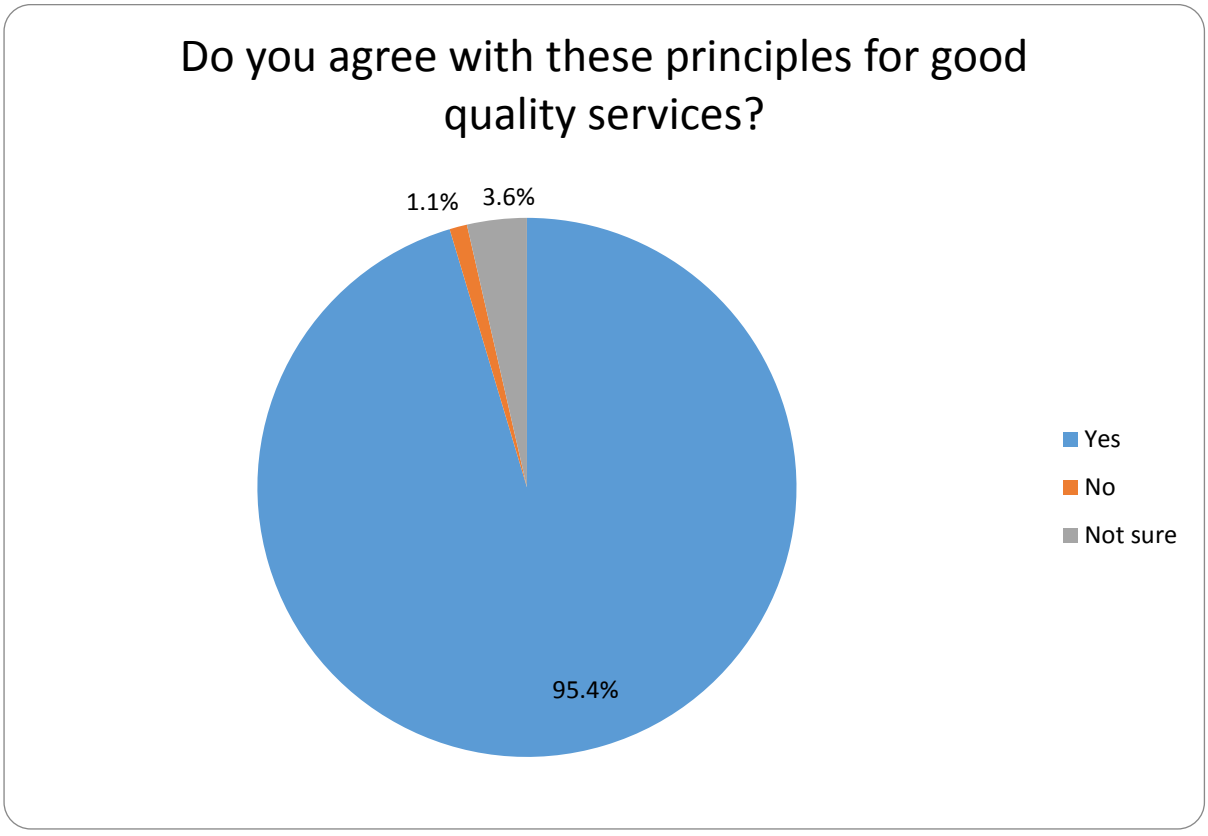
- There should be links to the online services from sites that target groups are already using.
- The brand should be one or two words and easy to remember so that it will easily come to mind when it is needed
- All providers under the brand need to demonstrate the same commitment, expertise and accessibility
- Cost effectiveness of online testing kits should be considered, and a pilot conducted before rolling out more widely
- Really good information needs to accompany the offer of online testing kits
- There should be an option to collect testing kits from a service as well as having them delivered to the home address
- There is already a good amount of sexual health information available online from national websites such as NHS Choices. Adding to this at the local level will make it more confusing for people to understand the best source of information on the right contact
- The telephone line should not include automated messages such as "press 1 for... please hold" as this can make people more agitated, reducing the ease of getting help."
- Online services should be targeted at low risk individuals so that higher risk individuals can attend services and receive better, more in depth care
- Online services will be easier for users and may attract people who would be embarrassed to ring for an appointment
- The single point of access needs to be properly staffed and include clinical support to answer questions and ensure that the correct appointment can be booked and pre-appointment advice can be given

(C) Developing high quality services

We want to develop high quality support. We think this means a service that is:

How many people agreed with these principles?

475 people answered this question, of whom 95.4% (453 people) agreed with the principles, 1.1% (5 people) disagreed and 3.6% (17 people) were not sure.



If people answered 'no' or 'not sure' what explanations did people give?

21 people left comments and 463 people skipped this question.

The varied comments reflected the wide range of themes within this question:

- A few people pointed out the safeguarding caveats and limitations to the principle of "always confidential"

  "A service cannot be 'always confidential'. There are times when confidentiality must be breached – e.g. when there are safeguarding concerns or there are statutory duties to report (e.g. Female Genital Mutilation in under 18s). Staff would need to be clear on the guidelines."

- Other points may be summarised as follows:
  - Clarification needed on what "tested to high standards" means
  - Support for healthcare professionals needed
  - Need to provide all levels of service in one place/hub
  - A quick service is important, with less waiting
  - Specialist (not just skilled) support needed for minority groups
  - Need to ask young people their thoughts on this
  - Involve staff as well as public in development of services

    "I would want the service to be able to not only discuss but also provide all treatment options - including all reversible contraception options."

Is there anything else we should consider in relation to quality?

71 people left answers to this question and 413 skipped this question.

Responses again reflected the wide range of areas within the Quality section. There were a few themes more frequently mentioned (between 5 and 10 times):

- The needs of young people were specifically raised. In summary the three key points made were:
    - More education/behaviour change work is needed for young people
    - Accessible young-people friendly services are important
    - Services and commissioners must ask and listen to young people's views

    "While the staff may not judge, it will be essential to make a comfortable environment so (young) people are comfortable talking about sexual health."

    "It is a skill to provide quality services for young people. It is essential to have specialists to ensure quality sexual health prevention work is available to young people."

- The need for health professionals to be well trained in equality and diversity issues was also specifically raised, with particular reference being repeatedly made to the need for better understanding of LGBT+ needs and of those suffering from domestic abuse

    "Ensuring staff are educated with respect to different needs of different groups e.g. bisexual, gay, lesbian, trans, disabled, different ethnic groups etc."

    "Bristol and surrounding area are particularly well known as hubs of LGBT+ support, I would like the doctors and extended services to reflect that."

- Another equally frequently mentioned theme was the need for outreach services and support, with an emphasis on how important face-to-face services are for more vulnerable groups. It was suggested a few times that the voluntary sector have much expertise and should be included in supporting vulnerable groups

    "As well as saying 'will never judge people' perhaps another box about vulnerable populations, e.g. 'trying to reach and help the most vulnerable people in our area'."

"Users who do not feel safe and confident may not even be able to disclose the nature of their needs. Therefore trust relationships and face-to-face contact with skilled, sensitive and informed advisers is paramount."

"Consider that there may be voluntary organisations who are skilled and trained at providing some of these services - not everything need necessarily be provided by statutory organisations."

- Some of the other (less frequently repeated) themes within comments were
    - The need for more integrated services, providers working closely in partnership, smooth patient pathways and combined with support.

      "A comprehensive offering that takes care of the patient holistically (advice, support, clinical services, counselling etc.) and strives for continuous improvement"

    - The question of how quality will be measured and whether training will be available for staff to assure this
    - Whether the public will be adequately involved in evaluating and developing services
    - Will services reach out to older and more vulnerable people

      "I feel older people should be considered here, and the specific communication needs of those with vulnerabilities and a history of self-neglect who may be at particular risk."

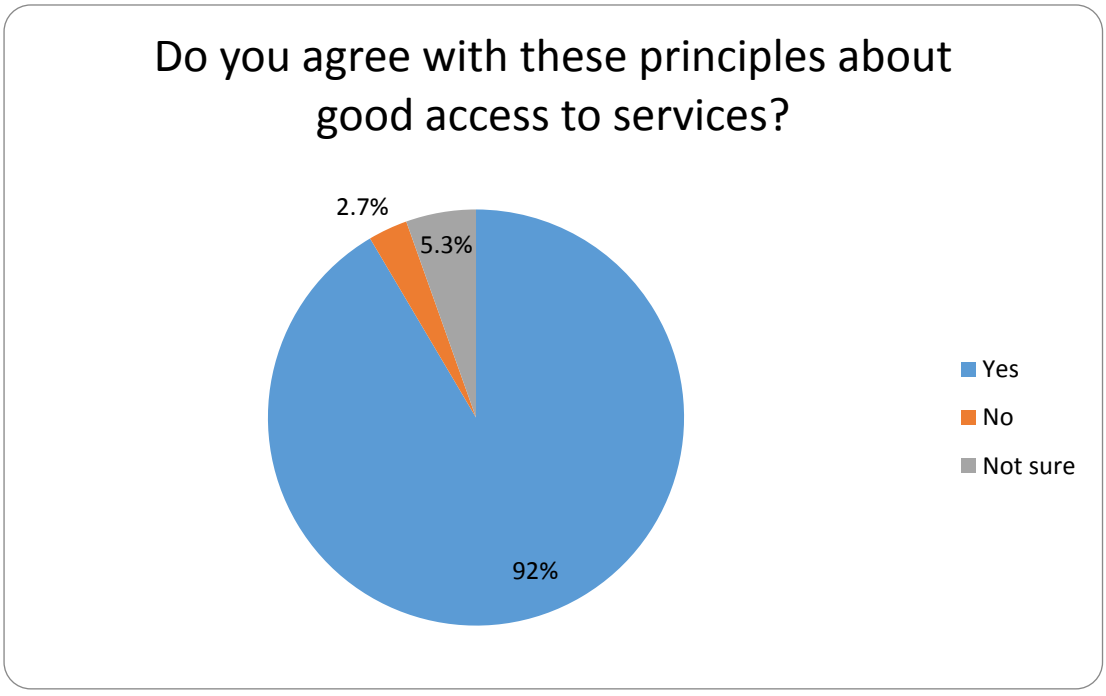
    - Access needs to be local and convenient with shorter waiting times
    - The workforce make-up should reflect that of the community

(D) Accessing services easily

We believe this is about getting people to the right support in the right place at the right time. This means:

How many people agreed with these principles?

474 people answered this question, of which 92% (436 People) agreed, 2.7% disagreed (13 people) and 5.3% (25 people) were not sure.



If people answered no or not sure what reasons did people give?

From the responses given (33 people replied with 451 not answering this question):

- From the responses received the most frequently mentioned theme was that a choice of access points for services is essential.

  "I would prefer to go to a specialist contraception centre and see a nurse who is specifically trained rather than go to my GP."

  "Patients should be able to choose what type of service they want to attend - this might not be the service that is closest to home - they might want to travel to specialist centres - this should be their choice"

  "Some clients prefer not to attend close to home for reasons of confidentiality, for example, young people, people with STI, people who have risk of HIV."

- There are concerns about restricting access in specialist centres as people may present with complex needs that can only be understood with that interaction and this also requires a strong emphasis on professional skills development

  "How do you safely identify those with a clear need without attending a 'specialist centre' sometimes?"

  "Providing services as close to home as possible has potential to dilute skill, expertise and resources."

- Allow for routine local provision but ensure there is outreach for those least likely to access services

  "Who are the group that don't often access support? Will this include men? Will support and advice be located in pop up places like festivals i.e. harbourside/ make Sundays special."

- Some said it is good there is support for young people but there is also a need to respond to other groups

"Young people's services in schools is an excellent idea. However, many people need access to sexual health services, and the services should be appropriate for all users, not just young ones."

Is there anything else we should consider?

From the responses given (80 people replied with 404 people not answering this question):

- The most common factor mentioned by respondents was the need to have a choice of access points

  "I have noticed that people can be willing to travel for a service that meets their needs and treats them with respect."

  "People's choice of where to attend may be influenced by work location as well as place of residence - this should be taken into account."

  "Flexibility in accessing services to include on-line, telephone, face to face and postal options."

- Another frequently mentioned area is that there should be support for those in greatest need to access help effectively

  "There should be more / better sexual health services for those groups not accessing GPs or other services e.g. those exiting the criminal justice system, minority groups etc."

  "High risk groups - professionals will need a very good understanding of their health needs, support needed - e.g. Mental health, street sex working, substance misuse, young people, women from BME groups within the community, rough sleepers, understanding their diverse and complex needs - and having an approach that reaches the marginalised groups within the community."

- A number of respondents also mentioned the benefit of extended (evening/weekend) hours

"Late opening of clinics would be particularly useful"

- People agree there should be specific support for young people but not exclusively without addressing adults' needs

  "I think it is excellent that there are specific provisions for young people but I have been turned away from a walk in clinic in the centre of Bristol for being over 25. People should never be turned away and told to use another service miles away."

  "Not everyone who needs sexual health services is young!"

- Ensure quality and safety in everything including through good professional training and resourcing

  "This only works if the services are properly resourced both in terms of training the staff & funding the work and premises and unsociable opening hours if you are hoping to offer these to improve access."

  "Quality and safety is top priority."

- Some expressed a view that there is an ongoing need for central locations for access and ability to deal with a range of needs.

  "It is easier for most clients to access town centre vs having limited services in local areas, due to limited transport from outskirts of town."

  "It is important to remember that some of the key specialities of the service are its holistic approach and opportunities to link various health aspects…The importance of retaining this aspect in more routine services such as contraception should be recognised."

(E) Getting the right people for the job

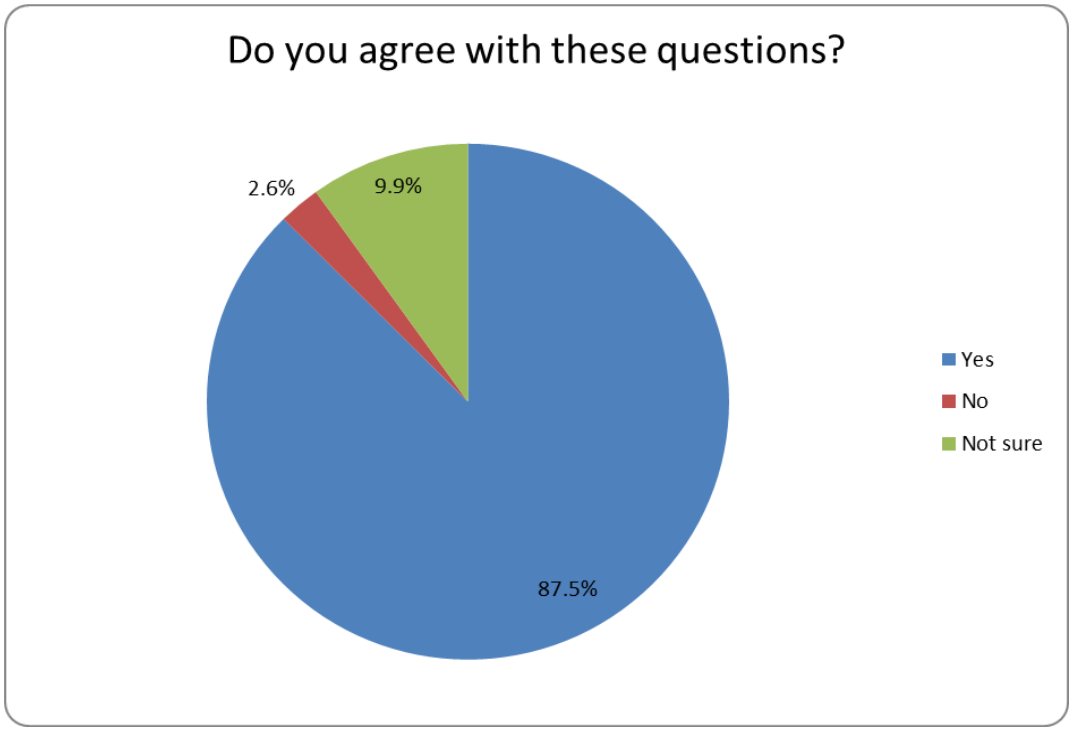
The fifth question related to the evaluation of the bids received. It was explained that these services are currently provided by a range of different organisations on behalf

of the councils and the NHS. We will be inviting all organisations who think they can offer these services the chance to provide them in the future. Each organisation will have to put together a detailed proposal for us to assess.

Some of the things we will ask them are:

How many people agreed with these questions?

465 people responded to this question. Of these 87.5% (407people) agreed with this approach. 2.6% (12 people) did not agree and 9.9% (46 people) were not sure.



If people answered no or not sure what reasons did people give?

From the responses given (52 people replied with 432 not answering this question):

- The most common concern was that the services would be provided by private companies and that profit would be put before people's needs. Many of these respondents felt that NHS organisations should provide the service.

  "I hope the offering of these services to external partners is not leading to privatisation and that these services will not run at a profit by taking more money from the NHS than they need."

- Particular concerns were expressed about the question on how the service will offer value for money. Some asked how this would be measured, and also how this would be prioritised in relation to the other questions. There were worries that this would mean cuts to services, and that saving money would be considered to be more important than the quality of the service.

  "As long as it doesn't mean by value for money the cheapest. In the long run the cheapest doesn't mean good value when taking everything into account."

- A number of people pointed out that the questions did not cover the expertise of the staff providing the service and how well their training would be supported. Related to this, some respondents pointed out that staff should be easy to relate to and inclusive in their approach.

  "I feel you should also ask how they train and keep educated the people that work in these organizations - how they ensure inclusivity and understanding of particular issues to LGBTQI+ BME and less abled people."

- Some people felt that the question on the friendliness of services should be expanded to include all ages, and not just young people. Others criticised the question for not going far enough for young people.

  "I think it is important that you find out how they will also make their services friendly to older people who may be using the service for the first time and maybe more inhibited/anxious than a younger person."

  "Ensuring services are young people friendly is more than simply having a young people friendly 'kite-mark'."

- A small number of people expressed concerns about the model for tendering sexual health services and particularly whether smaller organisations would be disadvantaged and lose out to larger organisations if all services are joined together under one single lot.

  "Some user groups need more specialist services and these could be tendered out separately, with the result being 2 or 3 excellent services. Communication can still take place between all the services, but sometimes smaller is better. Large organisations usually result in more waste and can be more inefficient by virtue of their size, despite the perceived savings from reduced HR/ secretarial/ admin departments etc."

- There were a number of questions raised by the respondents about the procurement process and whether it is necessary.

- There were a small number of concerns that in the future services will not be free.

What other questions did respondents suggest that we ask?

From the responses given (98 people replied with 386 not answering this question):

- The most frequently suggested questions related to how the provider(s) would support staff and how they would ensure staff had the appropriate expertise and training to deliver high quality services. This included staff working directly for the provider as well as others in the sexual health system such as students and GPs. For example:
    - *"How will they support and value their staff"*
    - *"How they train their staff to deliver high quality, evidence based services?"*
    - *"How will they support the training of medical/nursing students, GP trainees, specialty trainees."*
    - *"How will they support professional development of their staff?"*
    - *"You should be asking how they will train the future sexual health workforce to ensure a long-lasting, high quality service."*
    - *"How can they ensure that wherever patients access they get high quality care?"*
- Questions about how the provider(s) would identify, engage and support vulnerable and at risk people were also frequently suggested. For example:
    - *"How will organisations ensure that they are truly providing a service accessible to those in greatest need?"*
    - *"How will they assess whether a young person is particularly vulnerable emotionally or mentally, or at risk of exploitation? What support will they offer in such situations?"*

- *“Ask questions about how vulnerable people i.e. sex workers, victims of abuse and rape, people at risk of/experiencing domestic violence and abuse, can be best supported to take control of their sexual health and access the services they need*.”

- *How they will help people who present with challenging behaviour, but still need and deserve a suitable sexual health service*?

- Related to this, a number of questions were about how the provider(s) would address equality and diversity issues. Questions about how they would ensure they were accessible to all ages were particularly prominent. For example:

  - *“How they will make their service accessible to people with learning disabilities?”*

  - *“How will they handle religion-based ethical issues?”*

  - *“What will they do to engage with community/ethnic groups who are less likely to engage?”*

  - *“How would they deal with specific issues related to LGB and Trans communities?”*

  - *“How will they make the services available to all ages young and old?”*

  - *“How will they make their services user friendly for older people? Older people are at significant risk and are seeing infection rates rising - and these people may be intimidated or otherwise feel inadequate by entering a venue with lots of colour, posters of young people and indeed waiting rooms with lots of young people in them.”*

- There were a number of questions suggested about ensuring patient privacy and confidentiality. For example:

  - *“Service providers should be asked to explain how they intend to upkeep patient confidentiality and protect the sensitive personal data to which they would have access.”*

- *“How will sensitive data be stored?”*

- A few suggestions related to how the provider(s) have and would ensure patient and public involvement. For example:
  - *“I'd like to see evidence that they've spoken to young people about their proposal*.”
  - *“How will they engage the public in planning the service?”*

- Some of the suggested questions were about how the provider(s) would work with partners to ensure a joined up approach. This included partnerships both within the sexual health system and with the wider workforce:
  - *“How will they work with schools, youth clubs, social workers not just health? Advertising shouldn't just be online, needs to be in person, with people visiting places and meeting the nurses?”*
  - *“How they will work in partnership with other organisations as no one organisation can be all things to all people.”*
  - *“How they will make sure that all health services are provided in a joined up approach, e.g. HIV testing, diagnosis and treatment.”*

- Other suggestions for questions (only mentioned by one respondent) included:
  - *“How will they ensure an evidence based approach is adopted/followed?”*
  - *“How they will ensure women who need an abortion can access this service in a timely, safe and compassionate manner?”*
  - *“What makes their service different or the best?”*
  - *“What are they doing that is innovative/ at the top of their game?”*
  - *“How will the service provider work towards long term solutions in which the service can be reduced in the future?”*

- *"How will they ensure there is effective signposting for which service is relevant for each person - e.g. GP vs online advice vs specialist centre?"*

(F) What factors are most important?

The sixth question was about prioritisation. It was explained to respondents that we need to make best use of the limited funding we have available. To do this we need to be clear about our service priorities.

What did people think should be our priorities in terms of sexual health?

From the responses given (413 comments were left and 71 people skipped this question):

Four key themes stood out within this large response, with a number of other concerns also raised.

The following themes were most frequently mentioned:

- **Young people**

  Approximately a quarter of responses under this section mentioned the needs of young people, focusing mainly on the need for education and prevention work, especially around healthy relationships and consent, and the need for young people-friendly services, including access within non-clinical settings e.g. schools.

  "Much better education for young people which does not patronise or shame them."

  "Accessible and well promoted services for Young People"

  "High quality services for young people, to build their confidence and engage them in health services."

  "Sex and Relationship Education for young people - SRE Road shows."

“Providing easily accessible, non-judgemental friendly services particularly for young people.”

- **Prevention and education**

  Approximately a quarter of responses under this section emphasised the importance of prevention work to improve sexual health outcomes. Suggestions repeated included providing better sexual health promotion and publicity, better information about reducing risk of sexually transmitted infections and HIV.

  “Prevention via education and publicising whatever services emerge out of the review so that people know how and where they can receive help.”

  “Identifying 'repeat visitors' to clinics and helping identify the underlying causes for their sexual behaviour which mean they need to come back.”

  “Prevention of one unplanned/ unwanted child saves society large costs, as well as human suffering.”

  “Prevention strategies that change behaviour.”

- **Reaching vulnerable groups**

  Approximately a quarter of responses emphasised the importance of education and sexual health services reaching out to people who may find it harder to access health centre or clinic-based services or are at higher risk of poor sexual health outcomes for various reasons.

  “Reaching those most at risk and for reasons unknown do not access mainstream services. For example we need reach people in catchment area who are HIV positive but do not know this.”

  “Education on risk and prevention targeted at specific vulnerable groups.”

  “Ensuring minority groups within society have easy accessible services and the high risk groups are able to engage in the service provisions on offer.”

“I want you to focus what money there is in tackling the areas that cause people the most pain and suffering.”

- **Rapid access to comprehensive services**

  Approximately a quarter of comments left to this question on priorities referred to the need for easy and timely access to sexual health services, with rapid access to testing and treatment of STIs most frequently mentioned. Some people mentioned the need for telephone consultations and online routes to testing within their comments on access.

  “Accessibility. For someone who works full time it is incredibly difficult and inconvenient to get tested regularly.”

  “One stop service for all sexual health needs. The latest testing techniques - including faster HIV screening. The ability to book appointments online and / or be provided with at home testing kits for those who ‘know the drill’.”

  “Allowing people who want to schedule regular appointments to do so easily - online or over the phone.”

- Comments on the following issues were also included in the answers to this question:

  - The importance of services being confidential and non-judgemental
  - Access to Long Acting Reversible Contraception and free condoms alongside STI testing
  - Having services that are local
  - All services available in one place
  - Training for GP practices (e.g. in STI testing) to improve local access
  - Faster HIV testing and self-testing for STIs
  - Better contraceptive support following abortion

(G) Other considerations

The final question was an opportunity for respondents to raise any other topics they wanted to have their say on.

Was there anything else people wanted us to consider?

191 people left comments and 293 skipped this question.

A wide range of themes were covered within the comments here. Many are well represented within comments on other sections of the survey, but it should be noted that some people clearly chose to re-emphasise a point they felt strongly about here.

The previously mentioned themes of **access to education and services for young people, reaching out to vulnerable groups**, and the need to offer **easy access to services within a range of settings** including specialist clinics, GPs and young people-friendly are raised again here.

"Accessibility has been mentioned but very important, also sex education in schools is vital."

"Reaching out to most vulnerable groups such as trafficked people, sex workers, people who have English (or not at all) as an additional language, rape victims and the young."

"Easy access for all patients, i.e. close to work or home or school etc. i.e. in the community. Use technology for young people."

Approximately a quarter of the comments under this question expressed some **concern about potential loss of access to services**. The range of comments included concerns about almost all services and settings, including specialist, GP, young-people specific and school-based services. Comments reflected a common desire to see reducing resources spent wisely, based on evidence and local need, and involving the local people.

“To evaluate previous contracts to determine their effectiveness, cost and lessons learned.”

“Prevention could be viewed as a key aim, however, it is also important to consider relationship-building with service-users through community and peer support, specific support groups, and educational projects for young people.”

“It is important that the service is under one roof and splitting it up will lead to disjointed care.”

Some of the themes within these comments that were less frequently mentioned, but are perhaps not well represented in comments in other sections of the survey include:

- Importance of links with psychosexual services
- Importance of links with other services such as mental health and drug and alcohol services
- Issue of access to services by people with English as a second or other language, in sign language, and for people with learning difficulties or disabilities
- Services targeting boys and young men
- How services are going to address the wider determinants of ill-health e.g. poor self esteem
- Gender and diversity issues/needs
- How quality training will be provided for specialists and GPs
- Access to abortion in places where access to Bristol city centre is difficult
- Importance of anonymity and confidentiality.

4 Focus groups

This section of the report was written by The Care Forum (TCF). The full report can be found at http://www.thecareforum.org/pageconsultation-on-the-recommissioning-of-sexual-health-services-in-bristol-south-gloucestershire-and-north-somerset.html.

4.1 Introduction

As part of the recommissioning process for sexual health services in Bristol, South Gloucestershire and North Somerset a series of focus groups were conducted in order to understand the views of seldom heard groups on what is important in delivering sexual health services in the region. The Care Forum (TCF) and Healthwatch delivered these focus groups and 12 were conducted between November 2015 and early January 2016. These views were collated and analysed in this report, which was completed in January 2016.

The Care Forum (TCF) is an independent voluntary and community sector infrastructure organisation working in Bristol, Bath & North East Somerset, South Gloucestershire, North Somerset and Somerset. TCF aims to:

- Support communication, consultation and networking with the voluntary and community sector (VCS)
- Promote partnership working with the VCS
- Empower adults and young people to voice issues about local social and community care services
- Provide information and advice about voluntary and statutory sector health and well-being services

Healthwatch listens and engages with people who use health and social care services across the region to help improve the design and delivery of services.

Healthwatch champions the consumer interest of all those who use local health and social care services, and provides independent feedback to commissioners and providers.

4.2 Methodology

In total 12 focus groups were conducted over a period of eight weeks. A series of five questions taken from the project plan were used as the basis of the focus group, which also used two activities in order to get information on what issues were most important, and which opening times and locations would be most appropriate for the services. The facilitator's brief, used in the focus groups, is attached to this report as an appendix and shows the questions and activities used to gather the information in the report. At the start of each focus group each participant was given an information sheet explaining the project, and given an opportunity to ask any questions. Participants were also asked to sign a consent form to adhere to basic research ethics and were able to withdraw consent and leave the focus group at any time.

The focus groups themselves gathered useful data but there were some difficulties with their delivery. We were unable to reach two of the target groups using this research method. These groups were **Children in Care** and **Care Leavers**. Attempts were made to organise focus groups with both of these groups but these did not occur, due to difficulties finding willing organisations, or of recruiting possible participants in the time frame of the project. In the case of **Children in Care** TCF were able to engage this group with other means (see below). **Care Leavers** also had some engagement through a meeting and discussion with the Bristol Children in Care Council. In a third case, we conducted a focus group with Eden House, an organisation that works with **Young Offenders** and **Sex Workers**, though the participants did not specifically identify themselves as **Young Offenders**, and were not included in the analysis as this. **Care Leavers** and **Young Offenders** are two groups who will need further engagement in order to properly understand their views.

In addition to the focus groups a number of other methods were used in order to encourage more engagement with the recommissioning process, including groups who were not engaged through the focus groups.

The methods that were conducted in addition to the focus groups included:

- Distributing 1000 postcards linking to sexual health recommissioning website. Postcards were given to:
    - The Lighthouse, who work on the street with homeless and sex workers
    - Withywood Centre – Community health team and the local food bank
    - Hartcliffe Young Mothers Group
    - Healthwatch Bristol meeting
    - 100 postcards sent to children in care in South Gloucestershire by South Gloucestershire Council
    - Postcards given to University of West England.
    - Postcards given to Brigstowe Project
    - Postcards given to Off The Record
    - Postcards given to Youth Moves
    - Postcards given to Developing Health and Independence
    - Postcards given to The Hive
    - Feedback gathered from the Children in Care Council (Bristol)
    - Consultation discussed on Bristol Community FM 'Wellbeing Show' run by Healthwatch 8/12/2015
    - Sexual Health Recommissioning event on the 15/12/2015 at The Vassall Centre
    - South Gloucestershire Children and Young People's Mental Health and Emotional Wellbeing event 14/12/2015
    - Professionals at Joint Strategic Needs Assessment
    - Professionals at the prevention and self-care task group
    - Ministry of Defence wives group (The Hive) in South Gloucestershire
- Information going out in info sheets and emails sent out to networks linking to the sexual health commissioning website
- Tweets from The Care Forum and Healthwatch linking to the sexual health commissioning website

- Focus group materials sent out to other organisations (such as Brook, Off The Record etc) for them to carry out their own focus groups.
- Email sent by The Care Forum out to 42 organisations with link to the survey.

4.3 Focus group profiles

12 focus groups were conducted with a total of 82 participants. There were 36 women and 46 men. 20 individuals were BME, 23 identified as LGBT and 7 individuals had learning disabilities. 7 individuals stated they had experience of homelessness, 10 had experience of substance abuse and 15 individuals stated they had a mental health issue.

4.4 Summary of findings

The findings for this report will be presented in two stages. The first is a table showing the important issues and themes raised by each group in the focus groups and the second is a more in depth look at each group and issues they raised in the sessions, analysed by the different themes identified in the table.

Important issues

The following table summarises the issues raised by each group in the focus groups that were conducted. The issues raised are based on the following colour scheme:

Red = Issue very important/immediate priority
Amber = Issue somewhat important/less urgent priority
Green = Issue not very important/non urgent

The urgency of each issue was assessed due to either the urgency with which it was raised, or by the frequency, or in some cases both. This was recorded by staff conducting the focus groups and was corroborated with the information gained from activity 2, in which focus groups were asked to list their three main priorities for sexual health services.

As discussed in the Methodology section it was not possible to engage with all the different groups in the focus groups. Groups not engaged and not included in the table are **Children in Care** and **Care Leavers** and **Young Offenders.**

x-axis = group, y-axis = theme

	People living with HIV	Substance misusers	Sex workers	Men who have sex with men	Homeless people	Young People	People with learning disabilities	People with mental health issues	Black Minority Ethnic	Deprived areas
Accessibility										
Information										
Education										
Privacy/ confidentiality										
Autonomy/ control										
Specialist needs/services/ integration										
Staff training/ professionalism										

	People living with HIV	Substance misusers	Sex workers	Men who have sex with men	Homeless people	Young People	People with learning disabilities	People with mental health issues	Black Minority Ethnic	Deprived areas
Representative staff										
Technology/self-management										
Layout of clinics										
Opening times/locations										
Transport										
Peer support										
Awareness of social/cultural/ economic/gender/ sexuality needs										

In depth analysis (by theme)

Accessibility:

Immediate Priority:

- Individuals with HIV stated that access was often difficult and that waiting times for appointments were often too long, particularly at drop ins, making it difficult to structure other priorities, such as employment. It was felt that there were plenty of services, but they needed longer opening times.
- It was suggested by individuals with HIV that there should be some kind of fast track system for people who need regular appointments, so they don't need to wait a long time.
- Individuals with HIV also stated that it was important to have one person to help guide people through services and serve as a point of contact.
- Substance misusers spoke of hearing many 'horror stories' about accessing treatment and felt that people needed to be reassured that they would be treated with respect when accessing treatment. They spoke of needing to be able to access treatment through specialist organisations which they used, or with a GP that they felt comfortable talking to.
- Men who have sex with men (MSM) felt that it would be useful to be able to access testing and treatment at other services, such as at blood donation centres, in order to destigmatise accessing sexual health treatment.
- MSM also stated that it was important to plan service locations integrated with transport in order to ensure more isolated people can access treatment.
- People in deprived areas stated that it was very important for services to be located close by, ideally within walking distance, or to have cheap and regular transport.
- Sex workers spoke of the need to access treatment, sometimes 24 hours a day. They stated it would be useful to be able to access treatment (like emergency contraception) from services such as 24 hour supermarkets.

Normal Priority:

- People with mental health issues spoke of the importance of being able to access treatment at a local GP, or with a clinic who they trusted, and could feel comfortable with.
- Homeless people stated that it was often difficult to access any treatment due to their circumstances. Individuals worried about being judged when accessing services. It was stated that being able to access sexual health services through specialist organisations would be helpful.
- Young people felt it would be easier to access appointments if they could book them online, or through a sexual health app, and also get appointment reminders via text.
- In one focus group with young people it was asked whether it would be useful for services to be located in schools. Participants felt that this could lead to rumours and bullying, and felt this would be a problem.
- People with learning difficulties felt that it would be useful to have more accessible materials, such as 'easy read' material, and leaflets that explained issues with pictures. It was also stated by participants that they felt it would be helpful to have assistance from support staff in accessing services.
- Black and Minority Ethnic (BME) people stated it would help access if staff at clinics were more diverse, representing the community they served, so that a service would feel more welcoming to BME individuals.

Information:

Immediate Priority:

- Substance misusers spoke of how important access to information was. It was felt that it was important to display information in appropriate locations for different client groups. This also included places which might not be seen as 'traditional' in order to access harder to reach groups.
- In the focus groups with individuals who were, or had been, homeless it was deemed important to have more access at specialist centres and to have professionals attend homeless centres as it was sometimes difficult to access other treatment centres.

Normal Priority:

- People with HIV stated that most of the useful information they had gained came from peer support, through people met at organisations like Brigstowe Project or Terrence Higgins Trust. People suggested that it would be beneficial to use peer support more frequently to spread information to people.
- MSM stated that it would be useful to have information displayed in non-traditional locations that may be used by the community, such as massage parlours or LGBT bars.
- Sex workers stated that they felt they often received conflicting information from different professionals, which often led to confusing situations.
- Sex workers also felt that it was important to have information in a variety of formats, including different languages.
- Young people stated it was important to have up-to-date, modern information about sex and relationships, including LGBT, transgender and other types of relationship, including through peer support. It was deemed as important to not just be heteronormative.
- Young people also stated that it was important to use language and terminology that they understood.
- People with learning disabilities stated that they wanted access to more information which they often felt was being held from them. Many individuals stated that they felt excluded from sexual relationships and wanted to know more. One person stated he was actively discouraged from finding out more about sexual relationships.
- People with learning disabilities also stated it would be essential to have information presented in an understandable format, as they often felt confused about terminology and issues.
- BME individuals in the focus groups spoke of the need for culturally appropriate information, and for information to come from peers to make it more accessible.
- Individuals from deprived areas spoke of the need to have more information available. One participant stated that very little information was on display in local GP clinics etc.

- People with mental health needs did not raise any specific issues with information, but stated that it would be useful to have information in more locations and for it to be appropriate for different groups.

Education:

Immediate Priority:

- People with HIV stated that they felt 'top down' education wasn't working. Participants in the room stated that peer education they had experienced was very beneficial. Suggested that further peer support groups be set up as soon as possible.
- MSM and people with HIV both stated in their focus groups that it was key for there to be education around issues such as chemsex.
- People with learning disabilities had mixed experience of sex education when they were young. Some had had very good education, others had not had any. All stated that they found it useful to have refresher courses on both sexual education and wider education on relationships. Participants stated that it would be useful to have support staff assist them access courses.
- People with learning disabilities also felt that it was useful to have sex education in smaller groups so as to allow for more time to understand the issues and to ask questions, something that may be difficult in larger groups.
- Educational materials appropriate for people with learning disabilities (easy read for example) would be extremely useful for 'self-education'
- Young people also stated that they felt early education as vital and stated that they felt having 'peer support' or education from other young people would help them to relate to the education better.
- Participants who identified they came from deprived areas stated that they also felt education was key, but noted that they felt there was a lack of available resources for them to access.

Normal Priority:

- In the focus group with substance misusers it was felt that the most effective education would be with children, before they became teenagers. It was felt that

professionals should regularly speak to year 6 or 7 children about sex and healthy relationships.

- Sex workers stated that they felt they were aware of sexual health issues, but that it would be important for young people to be educated more. It was also important to educate elderly people who have had no sexual education and who are starting new relationships.
- Individuals with mental health issues also emphasised the importance of education for young people.
- BME individuals stated in focus groups that there needed to more peer education for individuals from different cultures, who may have different religious or cultural needs. It was felt that they had been judged by professionals and needed more sensitivity.
- The participants in the focus groups who had experienced homelessness talked about how they felt education was important for young people, but stated that accessing education would not be possible during times when homeless.

Privacy/confidentiality:

Immediate Priority:

- Confidentiality was deemed to be an important issue for individuals with HIV. Several participants spoke of attending appointments where the door was left open and people in reception could see in.
- MSM individuals stated that they felt specialist organisations (such as Terrence Higgins) were better at maintaining privacy and confidentiality than the NHS and that the NHS should follow their example.
- Young people stated that they worried about confidentiality and people at school finding out. Many young people disagreed with the idea of having services with school nurses, and instead preferred to access treatment through services like Brook.
- People with learning disabilities spoke of issues over privacy in their sexual relationships. Some spoke of being discouraged/prevented from engaging in sexual relationships by family and admitted they had engaged in sex in public, and had sometimes been caught, damaging their privacy.

- Homeless people in the focus groups spoke of it being difficult to have privacy in a sexual relationship given their circumstances. They also stated that it was important to have privacy when they visited clinics.
- Sex workers stated that they felt services often weren't very private and spoke of occasions where they had used booths rather than private rooms.
- Sex workers also felt that they would feel more confident about privacy if were able to speak to staff of the same gender as them.
- Substance misusers also stated that confidentiality was vital, and some stated that bad experiences with privacy had made it more difficult to return to services.
- People from deprived areas stated they felt it was important to have a good relationship with staff in clinics in order to feel confident about asking for treatment.
- People with mental health issues stated that they felt they needed to have "confidence in confidentiality" due to some bad experiences individuals had experienced.
- BME individuals spoke of confidentiality being important and how it may help to speak to people from the same community. It was deemed important that staff represent the community they serve as closely as possible.

Autonomy/control:

Immediate Priority:

- Sex workers felt that they needed to be more in control of accessing treatment and of being able to choose who they spoke to in the event of needing regular treatment.
- People with learning disabilities felt that they were actively encouraged to not have a sex life. Several individuals in the focus group stated that family and some support staff had discouraged them from sexual relationships. It was felt that this removed their autonomy. One individual stated: "People interfere and try to put you off all the time."
- People with mental health issues stated that they would like more control over the delivery of their care and wanted to be able to choose which staff they spoke

to about their issues. They wanted to be able to express a preference over seeing someone regularly if necessary.

Normal Priority:

- Young people felt that they had a good level of self-management, and felt that to some extent they could regulate their sexual health with technology though they did still want access to professional help.
- People with HIV stated they were able to self-regulate their own health to some extent using specialist online websites but felt they would prefer more peer support groups to help them.

Non Urgent Priority:

- This was not a major issue for people who lived in deprived areas.
- This was not an issue which was important for substance misusers.
- This was not an issue for MSM individuals.
- This was not an important issue for individuals who had experienced homelessness and who instead preferred access to treatment and advice at clinics.
- This was not an issue for BME individuals.

Specialist needs/services/integration:

Immediate Priority:

- Sex workers spoke about the need for specialist services. Participants stated that there were issues such as trafficking, rape, abuse, controlling relationships etc. Services should be able to spot this, and provide counselling. It was felt that signposting alone was not adequate.
- BME individuals spoke of the need to have services delivered by BME communities. One participant (an African woman) stated that she felt it was “important to have black led organisations involved in service delivery or to have BME community workers”.

- People with HIV spoke about how it was important to integrate specialist HIV services into wider sexual health services. It was strongly felt that clinics should refer people to peer support groups.
- MSM participants spoke of the need to have workers who representative of the community, and stated it would be good to have lesbian, gay, bisexual and transgender (LGBT) staff, or organisations.
- Homeless people felt they should be able to access sexual health services at homelessness organisations.
- Some young people felt it would be useful to have access to sexual health services at places like school or college. However, some disagreed and felt this would lead to bullying. It was felt by all the young people that it was important to work closely with organisations that support young people.
- People with learning disabilities stated they would sometimes need help from support staff to access treatment, and would like organisations that work with individuals to be part of services.
- People with mental health spoke about how sexual health services could be integrated with mental health services as issues could be related. For example, risky behaviour in a manic episode could lead to a sexually transmitted infection (STI).
- Substance misusers also stated service integration was important as issues of drug use and sexual health can be related. One participant discussed chemsex and the link between taking drugs and risky sexual behaviour.

Normal Priority:

- Individuals from deprived areas stated that having well linked services would be beneficial and help them access treatment.

Staff training/professionalism:

Immediate Priority:

- People with HIV stated that they had experienced negative issues with staff. They felt judgements had been made their lifestyles. It was suggested that staff, from reception to senior doctors, be given more training to address this.

- People with HIV also stated that a simple step, of asking about general wellbeing, at the start of an appointment was something positive when it was done in clinics.
- MSM also spoke of occasions when they felt judged by staff. They felt it was important to train staff to make the services more welcoming.
- Homeless people, or people had experienced homelessness, in the focus groups spoke about how they may not feel welcome in a clinic.
- Young people stated that they felt staff training was important, and some individuals raised the issue of specialist training for LGBT issues.
- Young people also stated that they felt it would be beneficial to have staff who were the first point of contact to be knowledgeable about sexual health issues and services.
- People with learning disabilities felt that it would be beneficial to have staff who were trained to support them. It was felt that reception staff sometimes used "long words" or "spoke too fast" and it was confusing or difficult to understand.
- Substance misusers stated that they felt it was important to have well trained staff, who understood issues of drug and alcohol abuse.
- Sex workers felt that staff needed to be "understanding" of their issues and "empathetic" of their situation.
- People with mental health issues also stated that they felt it was important to have staff who understood them, from the first point of contact through to treatment.
- BME individuals felt that it was important to have staff who understood the different cultural and social needs of different communities in Bristol.
- Individuals from deprived areas felt that staff needed to be welcoming and understanding of their issues.

Representative staff:

Immediate Priority:

- BME individuals felt that the best way to have staff who understood cultural and social issues would be to recruit staff from the communities they serve, and to make them as demographically representative as possible.

- Individuals from deprived areas stated that they felt it was important to have staff who were demographically representative, and who understood the communities they served.

Normal Priority:

- People with HIV stated that it would be good to promote sexual health nursing amongst different communities in order to be representative.
- MSM felt that it was important for staff to be representative of the communities they worked in.
- Sex workers felt that it was important to have access to staff of the same gender in clinics so they could feel more comfortable and open.
- Substance misusers stated that it was important to have staff from a variety of backgrounds who could relate to different people.
- Young people felt that it important for staff to be representative, and particularly highlighted LGBT issues.
- People with mental health issues stated it would be helpful to have staff who were from different communities to respond to different communities.
- Homeless people stated that staff who had understanding of different communities would provide better treatment. This could be achieved with more representative staff.

Non Urgent Priority:

- People with learning disabilities did not feel that this was a major issue for them, though stated they felt it was important to have staff trained to understand the issues they faced.

Technology/self-management:

Immediate Priority:

- People with HIV spoke of using web resources to help self-manage. Resources such as myHIV or http://www.hiv-druginteractions.org/ were stated to be good examples and it was suggested that these be promoted.

- It was also stated by people with HIV that it would be useful to have specific apps to be able to book appointments.
- Young people stated that they were comfortable using apps to regulate their own sexual health and gather information. They also spoke of being able to use texts to book appointments etc. However, they stated that they recognised that not all would be capable of using these technologies.

Normal Priority:

- MSM stated that it would be beneficial to have advertising for sexual health services through applications used in the community, such as Grindr/Tinder that may be used to seek sexual partners.
- MSM individuals also stated that they wanted a text message system for drops-ins, or an app which will allow people to walk away from a clinic rather than sit waiting for a long time and be given a 15-20 minute notice to return.
- People from deprived areas stated that they knew people who might struggle to access information online. Many participants stated that they would personally be able to use online services, but may have concerns with confidentiality.
- Sex workers stated that they had the skills to use online services to gather information or book appointments, but raised concerns about confidentiality.
- Sex workers also stated that information on the internet needed to come from "trusted sources" as a lot of information online can be "scaremongering".
- People with learning disabilities stated that they often had issues getting online if they lived in supported housing. Websites are blocked on shared computers, to stop pornography, but this can also block information websites. Participants stated that they wanted to find a good site to get accurate information.
- People with mental health conditions stated they had no issue with using online information, but stated information needed to be accurate and well-advertised.
- BME people stated no concerns about using online information, but also stated it needed to be accurate and easy to find online.

Non Urgent Priority:

- Participants in the substance misuser focus groups stated that online information was not a priority for them in a service.

- Homeless people stated that they did not prioritise online information and would often find it hard to be online other than using shared computers.

Layout of clinics:

Immediate Priority:

- MSM individuals stated that the layout of clinics needed to be changed to make them friendlier with relevant magazines – people in the room felt that the clinics were 'too sterile' and did not feel welcoming.

Normal Priority:

- People with HIV stated in the focus groups that they felt clinics did not feel welcoming in their layout. Some participants spoke of clinics in Brighton which were excellent, and who had a more 'informal' atmosphere.
- Sex workers also felt that clinics have an informal feel, and not be too clinical. More choice of magazines would be good.
- Substance misusers also stated they would prefer more informal settings in clinics.
- Homeless people stated that they found it difficult to go into clinics sometimes as they felt they could be unwelcoming.
- Young people felt that clinics should be friendlier to them, with more appropriate reading materials.
- People with mental health conditions also spoke of needing a friendlier, more welcoming environment.

Non Urgent Priority:

- People with learning disabilities did not prioritise the layout of clinics.
- BME people felt that clinics should be laid out to be more welcoming but did not feel it was a main priority.
- People in deprived areas felt that clinics needed to be welcoming, but that other issues were more important.

Opening times/locations:

Normal Priority:

- Substance misusers felt that it was important to have services available within walking distance and to be open in the evenings.
- Sex workers felt that some treatment needed to be accessible 24 hours, such as getting contraception at any time.
- Homeless people felt that the waiting times for treatment were very long because opening hours were not long enough.
- Young people felt that weekends were the best time for services to be open.
- Some BME participants stated that they felt opening times needed to be in the evenings or weekends, and also have appointments that can be done over a lunch break.

Non Urgent Priority:

- People with learning disabilities did not feel this was a priority issue for them
- People with HIV did not feel opening times was a major issue for them, though felt that lunch break appointments would be ideal for many people.
- MSM individuals felt that it would be good to have services located in organisations like Terrence Higgins Trust.
- Individuals with mental health conditions did not raise any issues with opening times or locations, but stated that more evening and weekend appointments may be useful.
- Individuals from deprived areas did not have any specific needs for opening times, but stated they generally attended appointments between 9am - 5pm.

Transport:

Normal Priority:

- People with learning disabilities stated that they found it important to have support in learning new transport routes, so if clinics were moved they would need help to access them.

- Sex workers felt that it would be best to have services located in the city centre so that they would be accessible by public transport.
- MSM individuals stated that it was important to have good public transport to clinics all week, weekends can be slow.
- Young people stated a preference for services to be within walking distance, or within easy reach of buses.
- BME individuals stated a preference for good public transport links to services.
- Individuals from deprived areas preferred to have transport within walking distance.

Non Urgent Priority:

- Individuals with HIV did not have a priority for transport, as this was not an issue for any of the participants. All stated they felt there were many services around the city they could access through public transport or car.
- Substance misusers stated they felt public transport was important, but did not have any major issues accessing clinics.
- Homeless individuals expressed a preference for services within walking distance, but it was not a particular issue for individuals.
- Individuals with mental health conditions did not express any issues over transport, though thought public transport should be integrated into plans for locating new services.

Peer support:

Immediate Priority:

- People with HIV strongly felt that peer support would be a vital thing to use in sexual health treatment, particularly for those diagnosed with serious conditions. It was felt that peer support had been vital for patients.
- Substance misusers also felt that peer support would be vital, as others who had experience with substance misuse would understand the issues they faced.

Normal Priority:

- MSM felt that peer support groups could also be useful for individuals who were LGBT or had other specialist needs for services.
- Homeless people in the focus groups felt that it would be useful to speak to other patients who had experience of homelessness, and knew how to access services.
- Young people felt it would be helpful to get advice on sexual health from other young people, and to share experiences of treatment.
- People with mental health issues felt it would be useful to speak to other patients who had experience of mental health issues, and knew how to access services.
- Some of the individuals from deprived areas mentioned that peer groups could be useful to learn about different sexual health services.

Non Urgent Priority:

- Sex workers did not feel that this was a priority issue for them, and instead stressed the need for trained and diverse staff.
- People with learning disabilities did not feel that this was a priority for them and preferred access to more formal education sessions.
- BME individuals did not feel that this was a major priority, feeling diverse staff was more important.

Awareness of social/cultural/economic/gender/sexuality needs:

Immediate Priority:

- Sex workers felt that staff at clinics needed to be more aware of diverse social, economic, cultural, gender and sexuality needs as they sometimes felt judged by staff.
- BME staff felt that there needed to concerted efforts to make sure staff were aware of cultural, social and economic needs in the communities they served.

Normal Priority:

- People with HIV stated that they felt it was important to have reception staff who had an understanding of their issues, as well as other groups in society. One individual stated that he was on Employment Support Allowance (ESA), and was advised to “eat better” at appointments, even though he struggles to afford food – he found this offensive.
- Substance misusers felt that staff needed to show cultural awareness.
- MSM felt that doctors at clinics needed to be more aware of their sexuality.
- Young people felt that there needed to be a greater awareness of LGBT issues amongst staff.
- People with learning disabilities felt that staff needed to be trained in awareness of different needs in society.
- Individuals from deprived areas stated that they felt reception staff needed more awareness on various cultural and social issues, and put a particular emphasis on LGBT issues.
- Individuals with mental health issues felt that all staff, from reception to clinic doctors, needed more awareness of the various needs of people in community, including issues such as economic status and culture, in order to be more understanding of patients.
- Participants who had experienced homelessness felt there needed to be more understanding of the issues facing homeless people, particularly economic.

4.5 Acknowledgements

The Care Forum, Healthwatch and the three councils involved in the project would like to thank all participants in the focus groups for their time and opinions as well as all staff and volunteers who conducted, or assisted with the organisation and facilitation of the focus groups.

5 Other feedback received from local stakeholders

Information on the consultation was shared with a wide range of networks through a number of key methods:

- Cascade e-mails with an introduction to the consultation and link to the online questionnaire sent to different networks of interested professionals and local stakeholder groups
- Articles in external or internal newsletters issued by interested organisations e.g. corporate communications from the local authorities
- A media release issued in each of the local authority areas designed to increase publicity around the opportunity
- Attendance at a number of meetings or forums where there was the opportunity to discuss the consultation and planned procurement with interested groups and individuals (a full list of events is listed at the end of this section).

Set out below is a summary of the main attendances at local events. These can categorised into three key categories:

1. *Internal discussions at the commissioning organisations* – this included attendance at senior leadership team meetings. Feedback included direction on how to run the procurement process effectively (Bristol City Council) and the need for equality of access and developing an integrated community service model with primary care (Bristol Clinical Commissioning Group).
2. *Working with the Voluntary and Community Sector (VCS) to engage a wider range of community groups* – this was achieved through events run by the Care Forum in North Somerset and Bristol/South Gloucestershire. Some of the themes identified in these discussion were ensuring prevention is a priority, the need to help people find the right help quickly and a desire to work closely with the VCS to reach and support those in need. There was also a request for clarification on how the procurement would be lotted into different services, greater explanation of the system leadership role and concerns that young people and people with learning disabilities had not engaged with the online survey.

3. *Specific events for potential providers* – these opportunities to explain and clarify the commissioners' intentions were held in each month of the consultation process. Attendees wanted more information about how the procurement would be run, identified challenges in responding to the timescale for developing proposals and had some concerns about how services could be coordinated in a new system. The last event reflected the position to move GP and pharmacy services out of scope of the procurement and this raised questions about how you can build an integrated approach across different commissioning pathways.

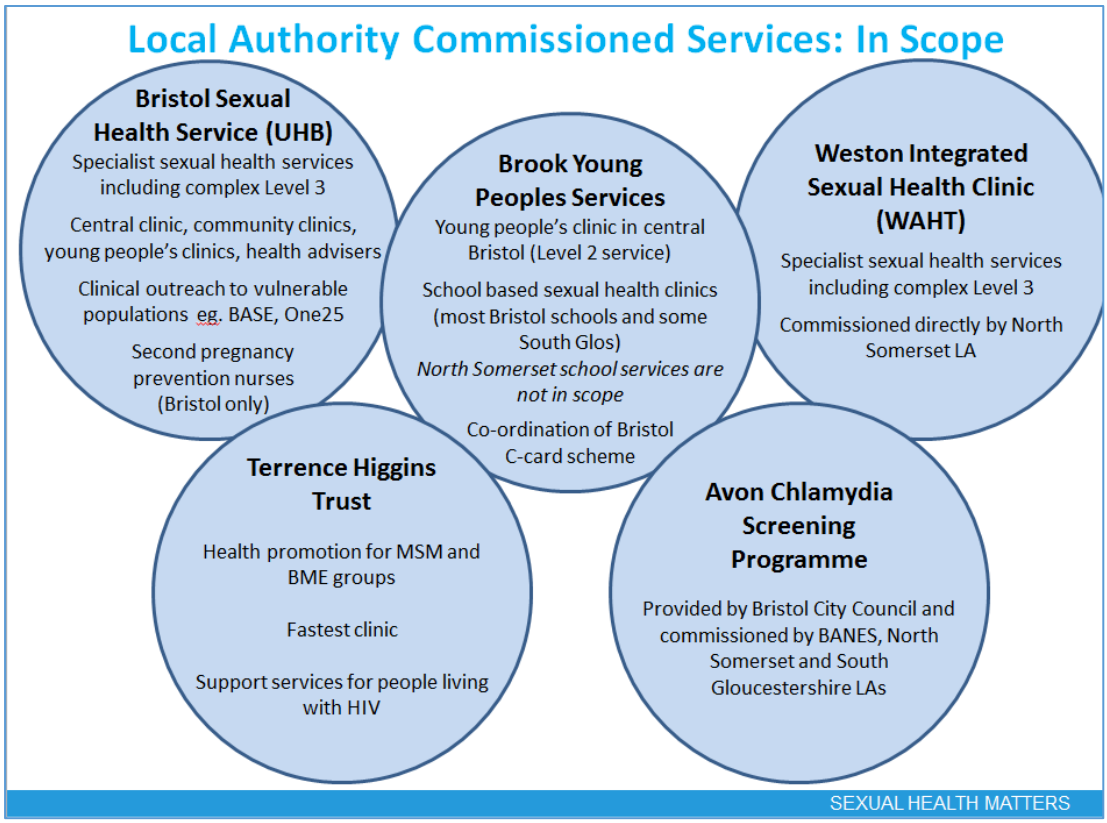
In addition to these planned events, Brook (which provides specialist support for young people's sexual health needs) also developed their own survey to ask for views from young people aged 11-25. They expressed concern about the low numbers of responses from this population group to the main survey. The detail of their responses can be seen in Appendix C. In summary, the main conclusions were:

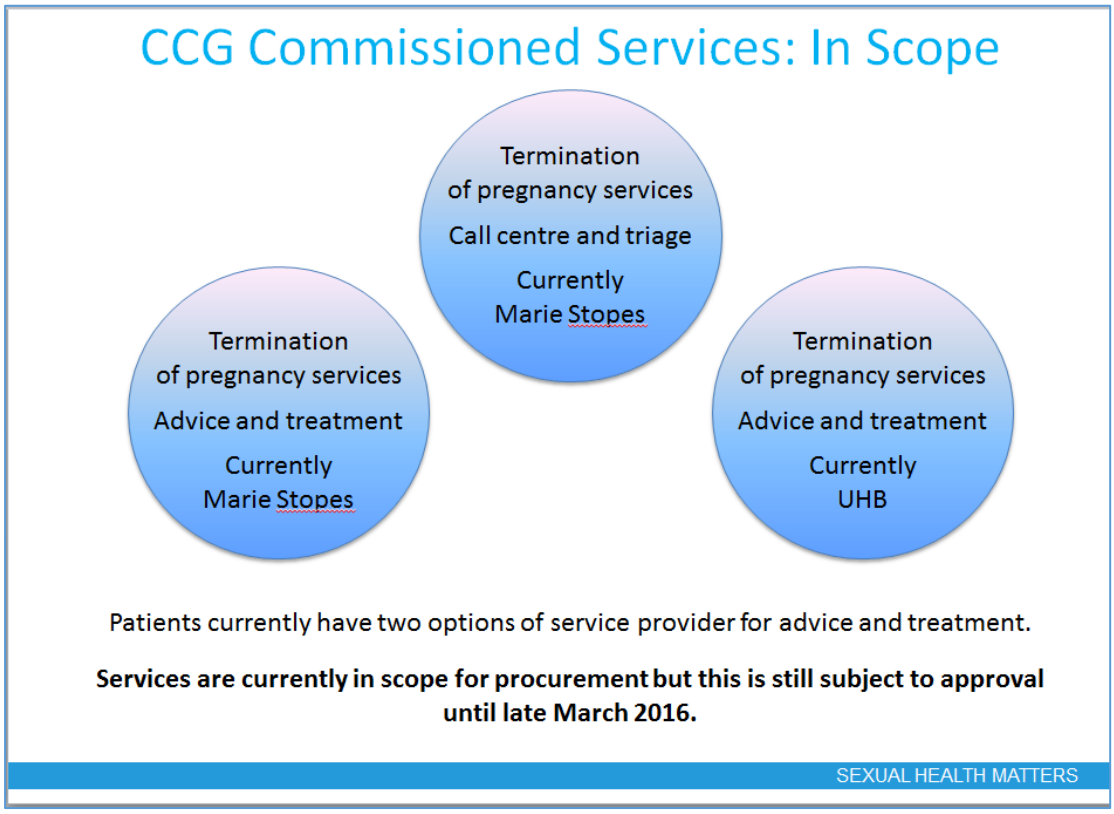
- Young people want a specialist service for those under 25
- This should include drop-in sessions as a priority with a small number of bookable appointments (which are more popular with those slightly older in this group)
- They would like services to open through the week in the afternoon and evening and Saturdays
- Support should be accessible in schools (favoured by 11-16 year olds), in local communities (popular with all ages) and in the centre of town (favoured by 17-24 year olds)
- If young people are to use services they need to be accessible, young people friendly, confidential and have a short wait
- If services are hard to get to, make people wait too long, break confidentiality, are judgemental or rude then young people will not use them
- Services should always be understanding, non-judgemental and friendly

List of key events

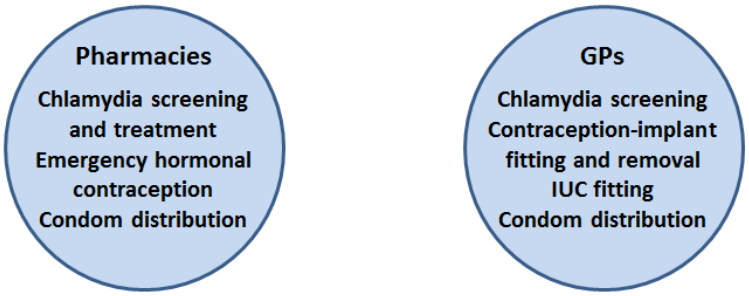
Meeting title	Date	Audience
Bristol Health and Wellbeing Board	9/8/15 & 16/12/15	Local councillors, senior officers of CCG and BCC, and voluntary sector representation
Marketing warming event	10/11/2015	All potential providers and community stakeholders
Care Forum North Somerset: Children and Young People's Mental and Sexual Health	09/12/2015	Voluntary and community sector organisations and providers in North Somerset; service users
South Gloucestershire Clinical Operational Executive	10/12/2015	Clinical Commissioning Group officers and practices
Care Forum Bristol and South Gloucestershire: Briefing and networking event	15/12/2015	Voluntary and community sector organisations and providers in Bristol and South Gloucestershire; service users
Primary Care Event	16/12/2015	Primary Care Managers and Clinicians; specialist clinicians
Bristol Clinical Commissioning Group Governing Body	17/12/2015	Members of the Governing Body (private session)
South Gloucestershire Practice Managers Group	07/01/2016	Practice managers
Bristol Neighbourhoods Scrutiny	11/1/2016	Local councillors and senior BCC officers
Procurement event	20/01/2016	All potential providers

Appendix A: Scope of the Reprocurement





Local Authority Commissioned Services: Out of Scope



These services will <u>not</u> be included in the procurement bundle for April 2016.

Commissioners will be looking to negotiate new commissioning arrangements and agreements with GPs and pharmacies individually on a local basis.

Bidders must be able to clearly demonstrate how primary care will be incorporated into the new sexual health system.

Appendix B: Focus Group Facilitator Brief

Ground rules for focus group and potential scenarios

In order to ensure that the focus group runs as well as possible, and to ensure that participants are as comfortable as they can be the following rules should be discussed at the start of each focus group:

1. The focus group is confidential. No personal information is required from participants. We want to know about health care services, rather than their personal experiences. If they wish to share these, they are free to do so.
2. Ask all participants to respect each other's confidential information. Assure participants that any personal information given will not appear in the research report at the end of the project.
3. All information given will be anonymised. No links between a participant and their views will be made in the final report.
4. Ask participants to understand that some people may have had difficult experiences in relation to sexual health, and to be understanding of these issues.
5. Reiterate that the focus group is entirely voluntary, any participant is free to leave at any time without giving a reason. If a participant chooses not to speak, then that is also their right.

Running order to the session

1. The initial 10-15 minutes of the focus group should allow the participants to make a drink and get settled and will then involve a brief description of the project, collecting consent forms and establishing the ground rules.
2. Do around 30-35 minutes of questions (1-3).
3. 10-15 minutes for activity 1.
4. 10 minute toilet/drink break
5. Do around 30-35 minutes of questions (4 & 5).
6. Spend 10 minutes concluding the focus group by reiterating points on confidentiality and anonymity, summarising what was discussed and asking if anything has been missed.

7. Give participants the following email address if they wish to give further feedback or comments: DeanAyotte@thecareforum.org.uk

minutes for activity 2

Questions and prompts (tick these off as they are discussed)

1. *What do you think the priorities should be for a service when trying to promote positive, safe and healthy relationships?*
2. *How would you like to manage your own sexual health?*

Prompt: Ask about accessing services online

Prompt: What services would be appropriate to different people? E.g. people in areas with poor transport, people whose first language is not English?

3. *What would make it easier to access services?*

Prompt: Opening times, access to services locally, transport access, appropriate services for different groups.

4. *What do you think makes a high quality service?*

Prompt: High skilled workforce, adaptable, friendly staff, confidential etc…

Prompt: The use of technology to help patients.

Prompt: Is it important to have integrated services?

Prompt: How can a service be made welcoming for vulnerable people, young people etc.

Scenario: If it is appropriate, and if participants are struggling to understand these prompt questions, give an example of a hypothetical service user and ask what might be important to them.

5. *When you seek help over sexual health, what other information would be good for you to have access to?*

Prompt: Signposting to other health services, information on Health and Wellbeing

Activities

Activity 1:

Use a ‘Likert scale’ around the room. Place A4 labels around the room with the following labels:

Easy.

Possible.

Difficult.

Impossible.

Ask the participants the following questions:

1. If you found yourself needing treatment, how easy would it be for you to get to Bristol City Centre between 9am and 6pm, between Monday and Friday?
2. If you found yourself needing treatment, how easy would it be for you to get to Weston Super Mare between 9am and 6pm, between Monday and Friday?
3. If you found yourself needing treatment, how easy would it be for you to get to a clinic within 5 miles of your home between 9am and 6pm, between Monday and Friday?

Take each of these questions in turn. For each one ask the participants to go and stand next to the label which best describes their situation. Then, ask the participants if any of them are willing to explain why they have chosen their label and write down the responses.

Then, do the same for the following question:

4. How easy would it be for you to get to an appointment at the following times?
    - 7am – 8.30am Mon-Fri

- 9am – 6pm Mon-Fri
- 6pm – 8pm Mon-Fri
- 9am – 1pm Saturday
- 9am – 6pm Saturday
- 10am – 4pm Sunday

Activity 2:

Have participants answer the following question:

What 3 things about sexual health services are most important to you?

Have participants write their answers onto a post it note and stick them onto a piece of A3 paper by the door when they leave.

Appendix C: Brook Young People's Survey Findings

Overview: In response to the low number of young people completing the consultation survey run by the commissioners, Brook developed their own online and paper survey for young people aged 11-25. Questions were broadly based on the questions in the focus group guide. The survey was promoted to every young person attending the Brook clinic and Brook school drop-ins, as well as during education based workshops being run by Brook in schools and external youth groups. The survey ran during December 2015 and January 2016. Brook shared the data from 392 respondents with the commissioners and the results are presented below. They include qualitative and quantitative results. Graphs and charts were supplied by Brook, but all other analysis was done by the commissioners.

From the responses received, the most common preferences expressed by young people were for:

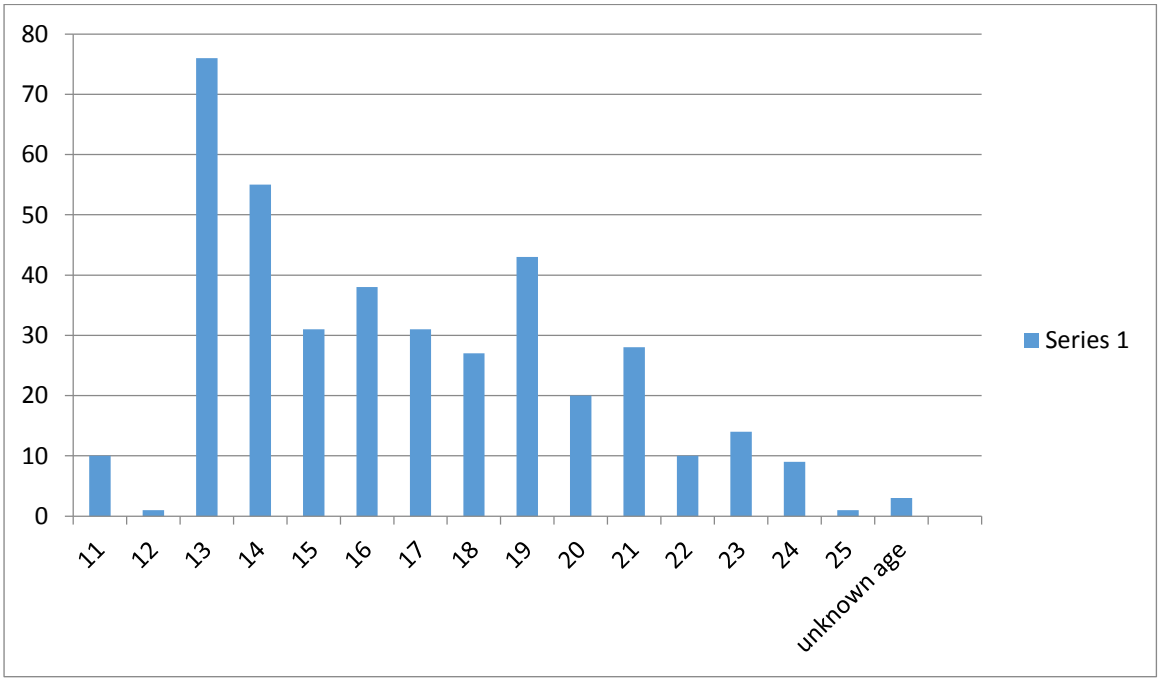
- A young people's sexual health service - just for under 25s - which offers;
- Drop-in sessions as a priority with a small number of bookable appointments (preferred by older users).
- It will be open Monday – Friday afternoons and evenings and Saturdays.
- Accessibility is key and a range of settings should be available including:
  - Drop-ins in school and college (favoured by 11-16 year olds)
  - Local services in the community (most popular option, all ages)
  - Centre of town services (favoured by 17-24 year olds)
- Young people are most likely to use sexual health services if they are:
  - Accessible
  - Young people Friendly
  - Confidential
  - Have a short wait (whether appointment or drop-in)
- If services are hard to get to, are too busy or make young people wait, break confidentiality and are rude, judgemental and unfriendly, service users will not use them.
- Staff at young people's clinics must be:
  - Understanding

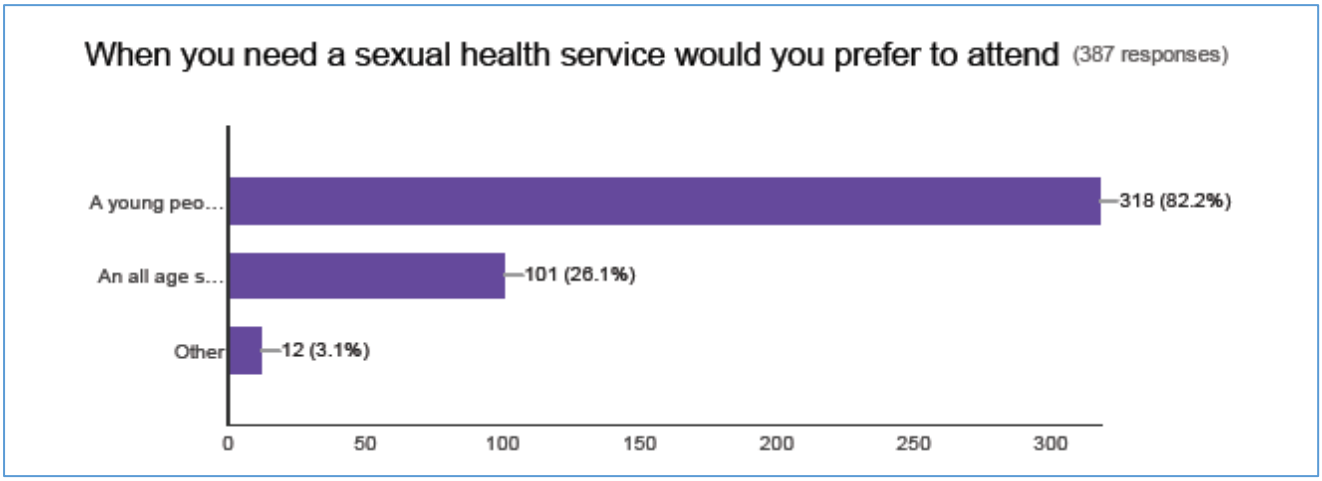
- Non-judgemental
- Friendly

Results

In terms of demographics, only age was collected.

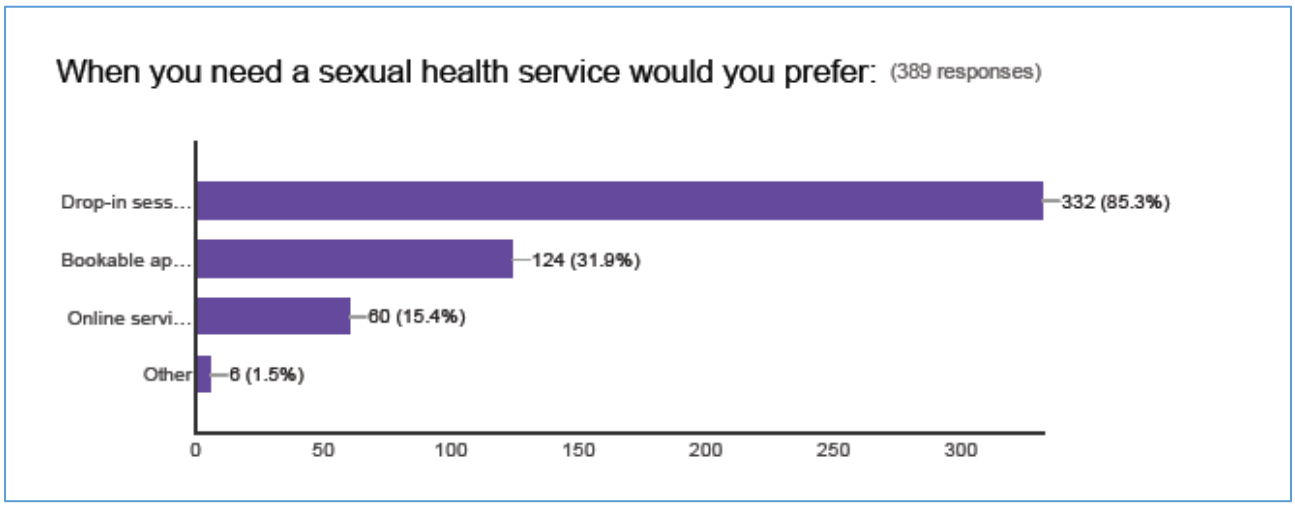
How old are you?





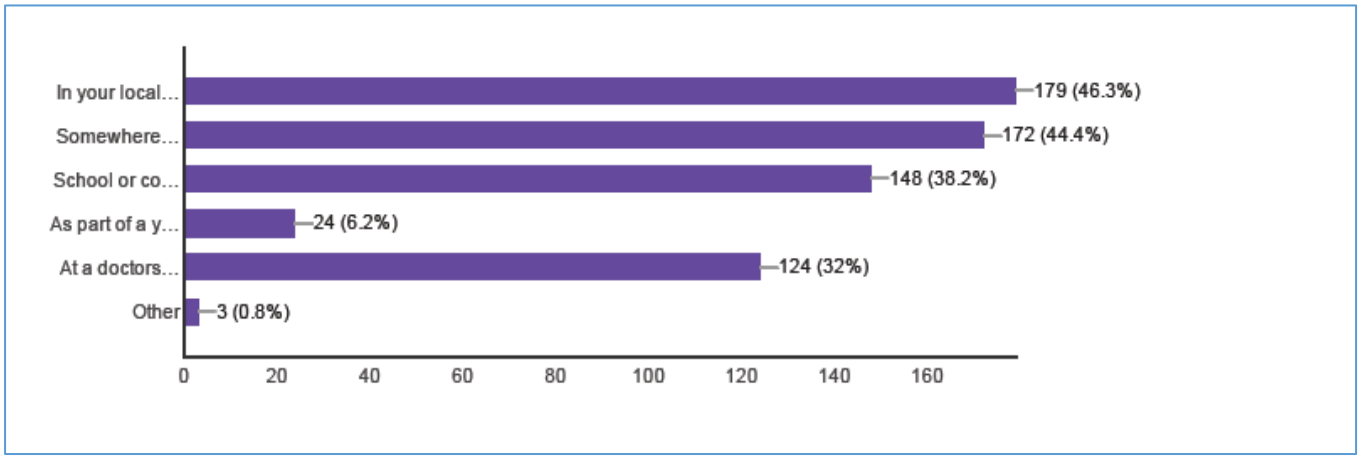
The majority of young people surveyed prefer to attend a young people's sexual health service that is just for under 25s, however, when looking at age, 23 and 24

year olds preferred to access all age services that are young people friendly. A small minority were happy with the option to attend either a young people's service or an all age (but young people-friendly) service.



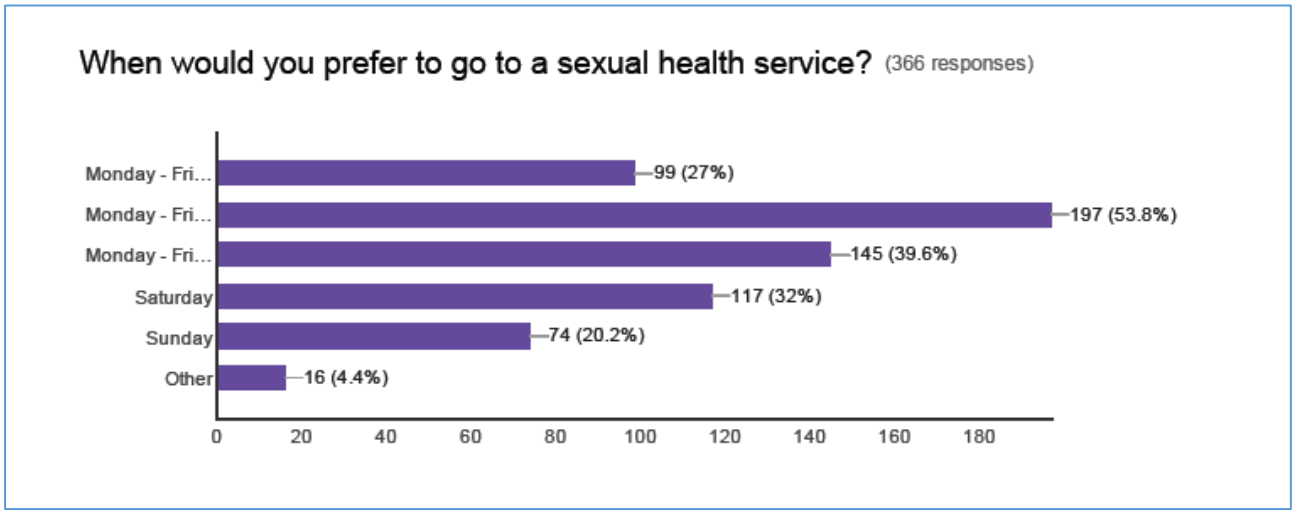
While drop-in sessions were the overall preferred option, answers differed slightly by age. The younger age groups preferred the option of drop-ins while the older the age, the more likely they were to choose both the option of a drop-in and appointments.

Where would you prefer to access a sexual health service:



Most young people surveyed chose multiple options in terms of venue, highlighting their desire for maximum choice and accessibility – echoed in other questions. Overall, having sexual health services in their local community/ near to their home was the most popular. There was, however, a trend in terms of age, with 11-16 year

olds favouring services in schools/ colleges and locally and 17-24 year olds preferring local and central services.



The majority of young people surveyed chose a mix of options in terms of opening times, with no particular mix favoured. This highlights, again, the importance of choice and accessibility to young people. While the most popular time slot overall was Monday – Friday afternoons, Monday-Friday evenings and Saturdays were also very important.

A thematic analysis was used to analyse the final 3 questions of the survey as the questions were open answers meaning young people could write as they pleased.

What would make you more likely to use a sexual health service?

Young people are more likely to use a service which is:

Accessible: The service would need to be close or easy to get to, preferably close to a bus stop. The service could also be in school or at their GP surgery. It was important that the service be open weekends and later in the week and that clients were seen quickly once they were there.

Young people friendly**:** This included being for young people only, friendly, clean, have a welcoming receptionist, be non-judgemental, make the service user feel happy and safe. The professionals at that service should be nice, relaxed and trustworthy. The actual waiting area should be relaxed, have music but also be discreet.

Confidential: This was particularly important to young people. It meant the service and staff being trustworthy, upholding confidentiality and not telling the family/ parents that the young person had visited.

Short waits: This was a key issue for young people completing the survey.

Additional but less occurring factors: That drop-ins and appointments are offered, that there are pregnancy tests, condoms and self-test kits to take away and a range of contraception on offer. That there is a wealth of good information and advice and that it is well promoted.

What would prevent you from using a sexual health service?

There were a few key barriers that would stop a young person using a sexual health service, echoing the above list and therefore highlighting their importance in any service design. Young people would be prevented from using a service that:

Was not accessible: This included services that were hard to get to, had too long a wait or were too busy, made young people book in advance, didn't have opening times in the evening or weekend, didn't offer a range of services. *The two most important barriers were: Hard to get to and long waiting times.*

Did not offer or uphold confidentiality: This was a key and common answer and included a number of people saying they were worried their parents would know they attended.

Not young people friendly: Young people described this as a service having an unwelcoming atmosphere, staff being rude or unfriendly, it being a very loud environment or hostile. They mentioned a fear of staff being judgemental or that adults were using the service too. *The key issues that came up the most were staff being judgemental or unfriendly.*

Additional but less occurring factors: That their own embarrassment might be a barrier to accessing services.

What should staff be like at a sexual health service?

In terms of the key features for staff at sexual health services the most important factors were:

- Understanding staff
- Non-judgemental
- Friendly

Less occurring features included: Being kind, wearing casual clothing, being positive, being confident, trustworthy, polite and helpful.