

## **CONSULTATION REPORT ON PROPOSED CHANGES TO THE INTEGRATED SEXUAL HEALTH SERVICES FOR LEICESTERSHIRE**

### **Introduction**

Sexual health services are currently jointly commissioned by Leicester City, Leicestershire County and Rutland County Council. These contracts end on 31 December 2018, therefore providing an opportunity to look at what the new service should offer to ensure the service continues to meet the needs of our residents.

Following a review of the current service model, a revised proposed model was developed which has been informed by:

- The Leicestershire Sexual Health Strategy (2016-2019)
- A review of activity from the current service model

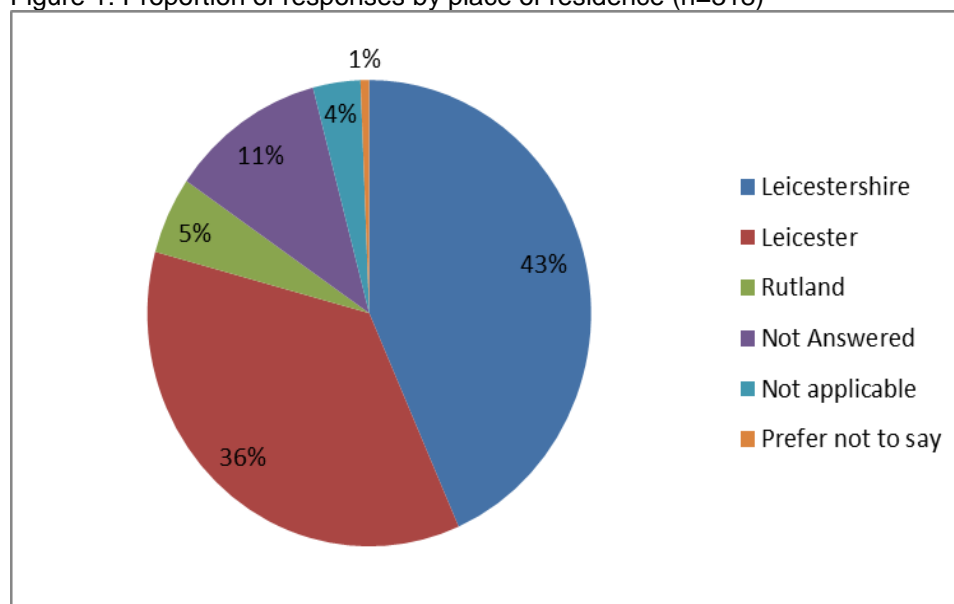
The new model for the integrated sexual health services is also linked to the Medium term Financial Strategy for 2017/18 to 2020/21 for Leicestershire which indicates a financial saving that is required for the service going forward.

An 8 week public consultation commenced on 21<sup>st</sup> August 2017 and closed on 16<sup>th</sup> October 2017. The consultation aims to gather feedback regarding the proposed new model for the integrated sexual health service which is due to commence on 1<sup>st</sup> January 2019. Feedback was sought from:

- Staff who provide the current service
- Service users
- Stakeholders
- Members of the public

There were a total of 318 responses, of which 138 responses (43%) were from individuals residing in Leicestershire. These responses have been analysed to help better understand how people might be affected by the proposed new service model. There were also 49 responses (16%) where a place of residence was not recorded. These responses have been analysed separately but are included within this report.

Figure 1: Proportion of responses by place of residence (n=318)



### **Engagement and distribution**

Respondents were given the opportunity to complete either a paper copy (Appendix A) or an online version of the questionnaire. An easy read version of the questionnaire was available on request. Copies of the questionnaire were distributed to current service providers.

Drop-in sessions and focus groups were also undertaken at several locations across Leicestershire (Table 1), where paper copies of the questionnaire were made available and leaflets and posters containing the link to the online questionnaire were distributed (Appendix B). Individuals were also given the opportunity to provide summary feedback at these locations. A template of this is provided in Appendix C.

Several partners, stakeholders and representatives were also made aware of the consultation through various means including email, written letter, posters, leaflets social media and attendances at meetings (Table 2).

Table 1: Location of drop-in/focus group sessions

<b>Location of drop-in/focus group sessions</b>	<b>Date</b>	<b>Time</b>
<b>St Luke's Hospital, 33 Leicester Road, Market Harborough, LE16 7BN</b>	29/08/2017	6-7.30pm
<b>Loughborough Health Centre, Pinfold Gate, Loughborough, LE11 1DQ</b>	30/08/2017	2.30-5.30pm
<b>Loughborough Health Centre, Pinfold Gate, Loughborough, LE11 1DQ</b>	31/08/2017	10am-1pm
<b>Coalville Community Hospital, Broom Leys Road, Coalville,</b>	31/08/2017	5.45-7.30pm

<b>LE67 4DE</b>		
<b>Hinckley Health Centre, Hill Street, Hinckley, LE10 1DS</b>	04/09/2017	3.15-6.15pm
<b>Coalville Community Hospital, Broom Leys Road, Coalville, LE67 4DE</b>	05/09/2017	5.45-7.30pm
<b>St. Mary's Hospital, Thorpe Road, Melton Mowbray, LE13 1SJ</b>	06/09/2017	6-7.30pm
<b>Engagement session with staff of current sexual health service provider (SSOTP), St. Peter's Health Centre, Sparkenhoe Street, Leicester LE2 0TA</b>	07/09/2017	9-10.30am
<b>Focus group with staff from Leicestershire AIDS Support Services (LASS)</b>	12/09/2017	11am-12pm
<b>Focus group with service users from Leicestershire AIDS Support Services (LASS)</b>	12/09/2017	12-1pm
<b>Focus group with staff from Trade Sexual Health</b>	19/09/2017	4-5pm
<b>Leicestershire Youth Council Wellbeing Event</b>	24/09/2017	
<b>Rutland Memorial Hospital, 9 Cold Overton Rd, Oakham LE15 6NT</b>	26/09/2017	6-7.30pm
<b>Rutland Youth Council</b>	02/10/2017	
<b>Focus group with service users from Trade Sexual Health</b>	03/10/2017	6-7.30pm

Table 2: Key internal and external partners, stakeholders and representatives

<b>Internal</b>	<b>External</b>
<ul style="list-style-type: none"> <li>• County Councillors</li> <li>• District Councillors</li> <li>• District Health Leads</li> <li>• Leicestershire County Council staff</li> <li>• Rutland County Council staff</li> <li>• Health and Wellbeing Board members</li> </ul>	<ul style="list-style-type: none"> <li>• East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) including GPs</li> <li>• West Leicestershire Clinical Commissioning Group (WL CCG) including GPs</li> <li>• Voluntary Action LeicesterShire (VAL)</li> <li>• Voluntary Action Rutland (VAR)</li> <li>• Leicestershire AIDS Support Services (LASS)</li> <li>• Trade Sexual Health</li> <li>• Healthwatch Leicestershire</li> <li>• Healthwatch Rutland</li> <li>• Staffordshire and Stoke-On-Trent Partnership (current provider)</li> <li>• University Hospitals Leicester (including the HIV treatment and care service)</li> <li>• Leicester Partnership NHS Trust</li> <li>• Public Health England</li> <li>• NHS England</li> <li>• Public Health Nurses</li> </ul>

- Leicestershire Healthy Schools
- Sexual Health Networks and Strategy Groups
- Citizens Advice Rutland
- Rutland Community Wellbeing Service

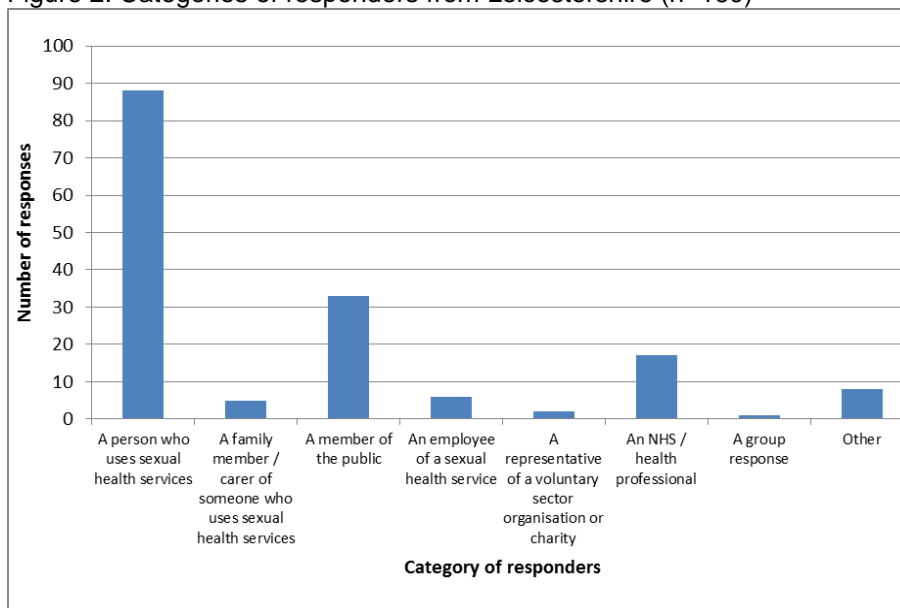
## **Results from questionnaire responses**

There were a total of 318 responses, of which 138 responses (43%) were from individuals residing in Leicestershire. These responses have been analysed to help better understand how people might be affected by the proposed new service model. There were also 49 responses (16%) where a place of residence was not recorded. These responses have been analysed separately but are included within this report.

A breakdown of equalities monitoring information from respondents within Leicestershire is included (Appendix D).

Responses were received from a wide range of people (Figure 2).

Figure 2: Categories of responders from Leicestershire (n=160)\*



\*Responders were given the opportunity to select several categories so the above graph does not represent the number of responses

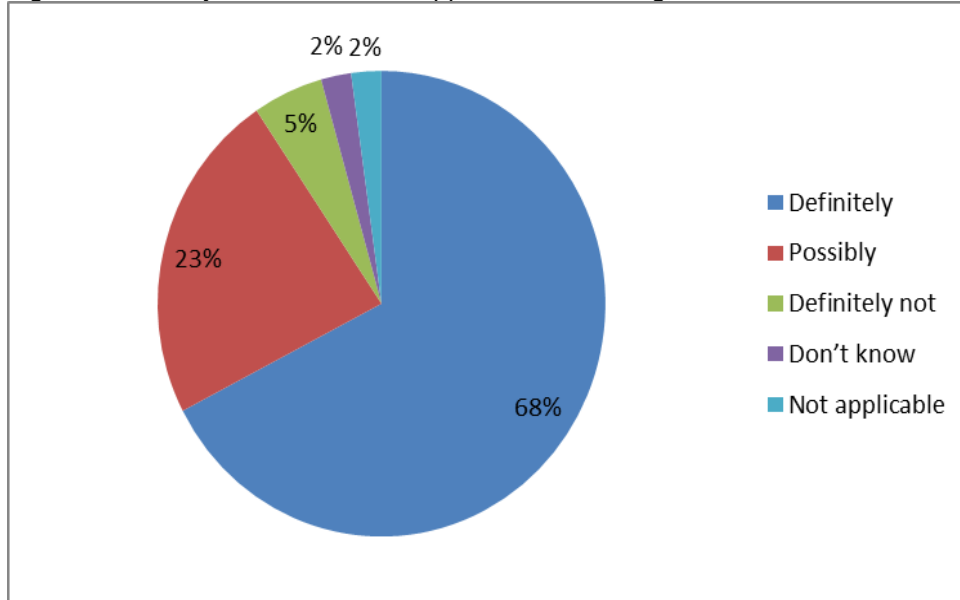
The next section of the questionnaire sought feedback on proposals relating to accessing services, namely:

- Availability of an online appointment booking service
- Methods of accessing face to face services
- Online ordering of self-test kits for sexually transmitted infections (STIs)
- Use of vending machines to obtain specific sexual health products
- Availability of an online and telephone advice service

## Would you use an online booking service if it was available?

The majority of respondents stated that they would use an online appointment booking service if it was made available (Figure 3). The same preference was evident from those who did not record a place of residence.

Figure 3: Would you use an online appointment booking service if it was available? (n=138)



There were key themes linked to why respondents supported this proposal which included:

- Ease of use / quick / easy to make changes to appointments
- Flexibility / flexibility to book an appointment on behalf of a client
- Suitable option for young people / user friendly
- Convenient / available 24 hours a day / more accessible
- Avoids embarrassment / more discreet / confidential
- Improves the range of accessibility options / choice
- Moving with the times
- Saves time having to travel to/wait at clinics or having to return on a different day if you don't get seen
- More certainty that you will get seen
- Appointments get booked up too quickly with the current system
- Easier to monitor from a provider perspective
- Reduces the number of calls made directly to the service therefore increasing capacity to deal with other calls
- Helps to plan clinics/staffing better

The concerns raised by respondents included the following:

- Level of user-friendliness
- Dependent on ease of access
- It should not be the only option for appointment bookings

- The impact on those who do not use the internet or struggle to use the internet
- Appointments getting booked up too far in advance / availability of appointments
- Risk of increased waiting times if triaging doesn't take place as an individual could be allocated the wrong length of time for an appointment which will delay others and increase the risk of verbal abuse and aggression towards clinical staff due to the delays
- Making sure there is provision of appointments for emergencies or crises
- Secureness of the online platform

### How would you prefer to access face to face services?

The majority of respondents (57%) stated that they preferred a mixture of bookable fixed appointments and a 'turn up and wait' service when accessing face to face services (Table 3). The same preference was evident from respondents who did not record a place of residence. The reasons for the preferred options are described in table 4.

Table 3: Preferred method of accessing face to face services (n=138)

Method of accessing face to face services	Number of responses
<b>'Turn up and wait' service</b>	4
<b>Bookable fixed appointments</b>	52
<b>A mixture of both</b>	79
<b>Other</b>	0
<b>No preference</b>	3

Table 4: Reasons for preference

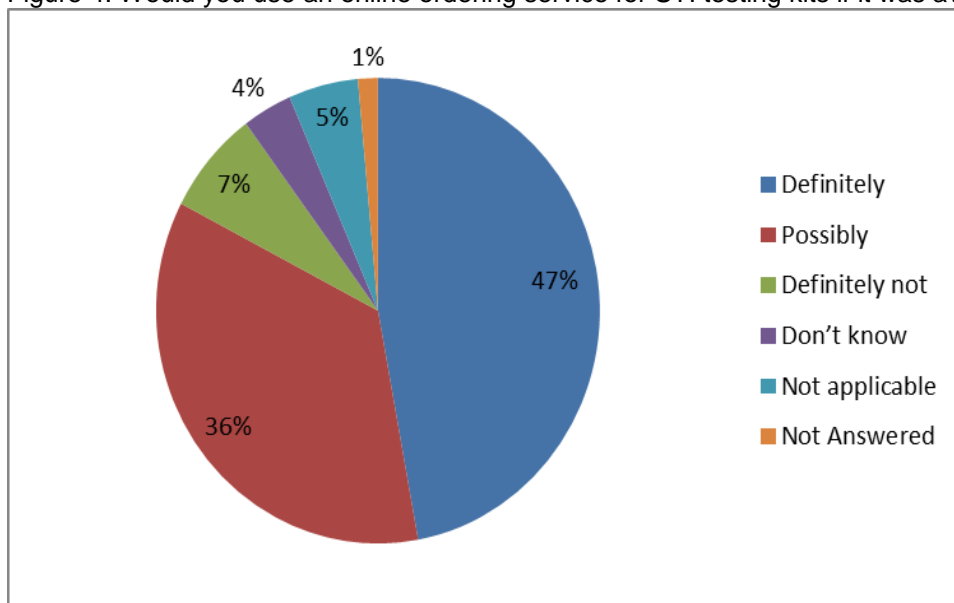
Location	Reasons for response
<b>'Turn up and wait' service</b>	<p>Fixed appointments get booked up quickly and those who choose to 'turn up and wait' end up having to wait a long time or leave and not receive a service</p> <p>It's working well at the moment</p> <p>Convenient</p> <p>Easy</p> <p>Good for emergencies / crises</p>
<b>Bookable fixed appointments</b>	Reduces waiting times

	<p>Practical for those who find it difficult to wait e.g. those with children</p> <p>Convenient for different lifestyles / easier to plan around other commitments that are inflexible</p> <p>Guaranteed to be seen / less risk of being turned away</p> <p>Helps to plan clinics/staffing better</p> <p>Peace of mind / assurance</p>
<b>A mixture of both</b>	<p>Provides options / flexibility</p> <p>Meets the needs of an open access service</p> <p>Improves planning of staff rotas / clinic flow</p> <p>Caters for a wide range of people</p> <p>Caters for a wide range of need e.g. crisis, emergency, non-emergency, routine follow-up</p> <p>Caters for different lifestyles</p>

### Would you use an online ordering service for STI testing kits if it was available?

The majority of respondents stated that they would definitely or possibly use an online ordering service for STI testing kits if it was made available (Figure 4). The same preferences were evident from respondents who did not record a place of residence.

Figure 4: Would you use an online ordering service for STI testing kits if it was available? (n=138)



There were key themes linked to why respondents supported this proposal which included:

- More privacy / more comfortable doing testing in your own home
- Convenient
- Quick
- Confidential / degree of anonymity
- May improve uptake of testing
- Meets the needs of those who have difficulty in accessing services
- Reduces the need to attend a clinic
- Meets the needs of those who are reluctant to access services
- Less stressful
- Provides options for accessing services
- Can be successful if promoted appropriately
- Enables staff/clinics to focus on other issues
- Successfully used a similar service in the past
- Useful if stocked at pharmacies

However, there were some concerns/points raised, which included:

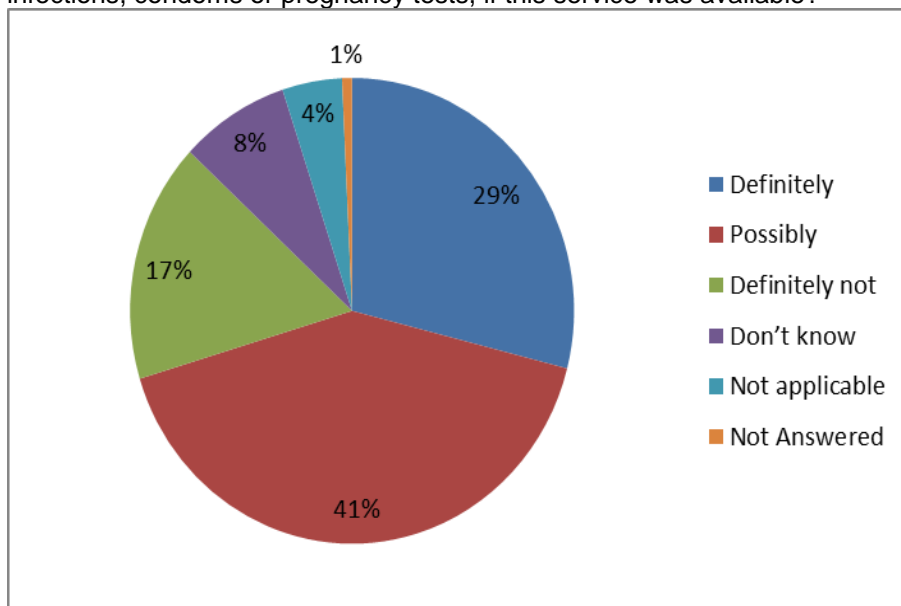
- Should not be the only option
- Fear of carrying out the test incorrectly
- Prefer face to face
- Unsuccessful attempt to use the test in the past
- Risks of not having face to face interaction prior to doing the test
- Risk of the 'worried well' ordering tests on a regular basis and undergoing unnecessary testing
- The time it takes from ordering the self-test kit to receiving the results/treatment
- Discreteness / fear of other members of the household opening up the package / useful if the test kit could be picked up from an alternative location
- Cost of the self-test kit
- Are the tests safe?
- What happens to those who have symptoms and require clinical input?
- Need for age limits – safeguarding measures need to be in place
- The need for signposting / additional information to be made available at the time of ordering the self-test kit
- Effectiveness of the self-test kit in diagnosing a STI
- Need to ensure there is a clear communication pathway between the sexual health clinic and the individual regarding the result and what to do if it's a positive result
- Needs to include testing for a broad range of STIs
- Need to be available to all ages
- Needs to be promoted appropriately e.g. via GPs in order for its success
- Ability to access/use the internet
- There needs to be clear guidance and support on using the test kits and on different STIs
- Should be done by a professional
- May give the impression that STIs are not a serious problem



## Would you use a vending machine to access self-testing kits for sexually transmitted infections, condoms or pregnancy tests, if this service was available?

The majority of respondents stated that they may possibly use a vending machine to access self-testing kits for STIs, condoms or pregnancy tests if this service was made available (Figure 5). The same preference was evident from respondents who did not record a place of residence.

Figure 5: Would you use a vending machine to access self-testing kits for sexually transmitted infections, condoms or pregnancy tests, if this service was available?



For those who supported the proposal, the reasons included:

- Convenience
- Improves accessibility / increases options for accessing services
- May help to reduce barriers to accessing services
- Quick process
- Less embarrassing than attending a face to face service / potential to be more discrete than alternative options
- Potential to improve uptake of services
- Other countries are already doing this and have been doing so for a long time
- Beneficial for those who don't want to have a self-test kit delivered to their home address
- Reduces waiting times in clinics and frees up appointments
- Free products are always useful

However, there were some issues/points raised, which included:

- Lack of appeal

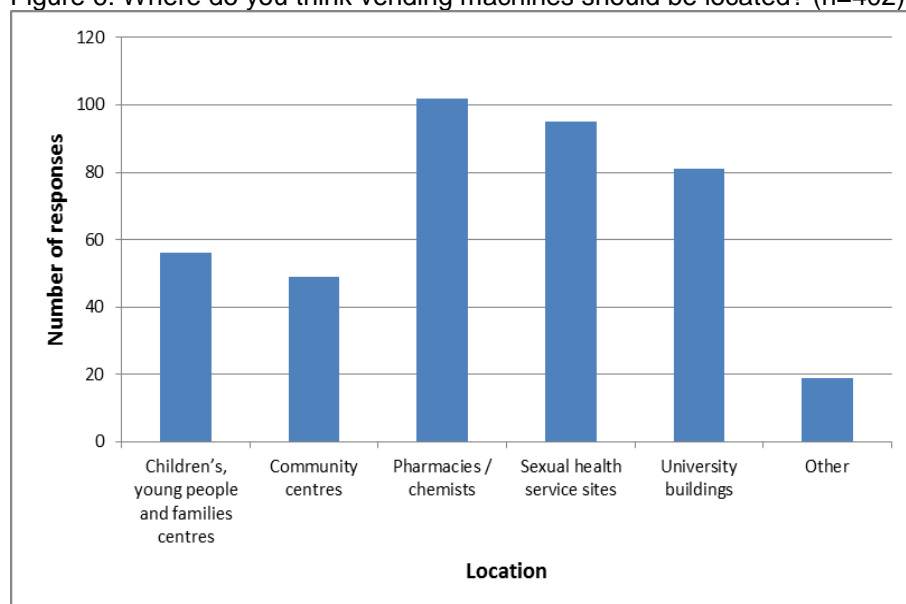
- Risk of reliance on this method rather than seeking advice from a health professional
- Risk of machine regularly not working / risk of vandalism
- Would need to be discreet / private
- Dependent on location of machine and ease of use
- Need to ensure that signposting information is made available
- Preference of face to face to services
- Risk of products being out-of-date or not regularly stocked
- Concerns regarding cleanliness of products
- Machine needs to be accessible even when the venue is closed
- Fails to educate the public health about prevention being better than cure
- Need to consider safeguarding measures
- Needs professional oversight of usage
- Requires a system to ensure false information is not provided by the user
- Concerns regarding data protection
- Dependent on cost of the products
- Needs to include testing for a broad range of STIs
- Need a process to ensure the correct item is dispensed
- Catering for population groups who may not be able to access/use a vending machine e.g. due to disabilities
- Need to pilot the service first

### **Where do you think vending machines should be located?**

Out of the options provided in the questionnaire, pharmacies were the preferred location for sexual health vending machines (Figure 6). This was closely followed by sexual health service sites and universities. The same preferences were evident from respondents who did not record a place of residence but the preferences were in a different order (universities, sexual health service sites and pharmacies). Other suggestions included:

- |  |   |
|--|---|
| • GP surgeries                               | • Public toilets  |
| • Walk-in centres                            | • Educational establishments e.g. secondary schools, colleges |
| • Hospitals                                  | • Youth clubs   |
| • School nurse's office                      | • Leisure centres   |
| • Local Authority owned buildings / services | • Train stations  |
| • Town centres                               | • Bars / Nightclubs   |
| • Pubs                                       | • Shopping centre   |
| • Supermarkets                               |   |

Figure 6: Where do you think vending machines should be located? (n=402)\*



\*Responders were given the opportunity to select several categories so the above graph does not represent the number of responses

On further exploration as to why respondents chose/did not choose specific venues, several explanations emerged (Table 5).

Table 5: Pros and cons of each proposed location

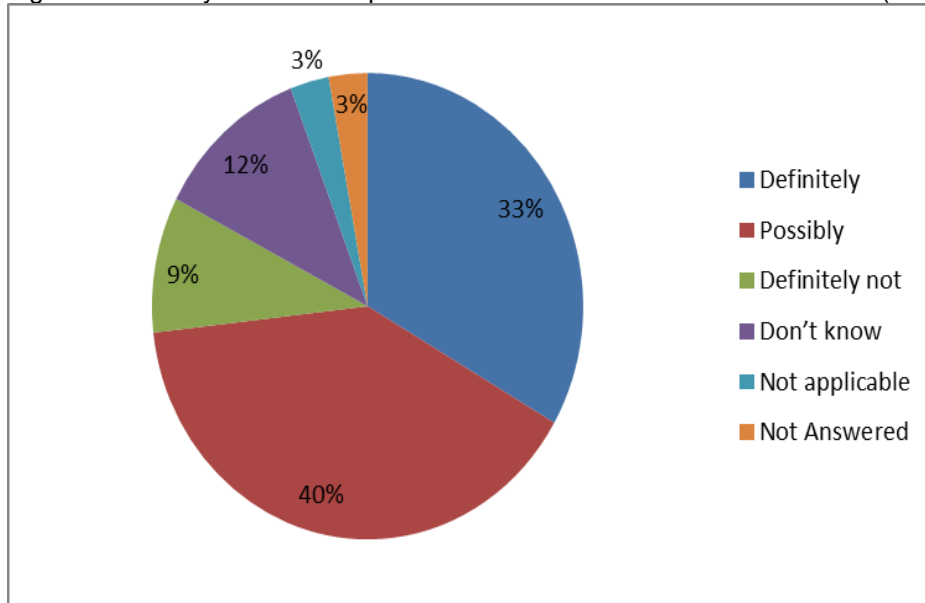
Location	Pros	Cons
<b>Children's centres</b>	Professional support can be provided Targets key risk groups	
<b>Community Centres</b>	Where you'd expect a machine to be if you needed one Easier to monitor	Not appropriate for locations where families meet
<b>Pharmacies</b>	Professional support can be provided Less risk of vandalism Where you'd expect a machine to be if you needed one Available in so many locations so have a better chance of reaching the majority of people Easier to monitor Discrete	Too small and busy for this type of service Loss of revenue
<b>Sexual health services</b>	Professional support can be provided Less risk of vandalism Where you'd expect a machine to be if you needed	Individuals might as well use the face to face service if they're already there

	<p>one</p> <p>Easier to monitor</p> <p>Targets key risk groups</p> <p>Easier to maintain</p> <p>Discrete</p>	
<b>University buildings</b>	<p>Easier to monitor</p> <p>Good alternative for students</p> <p>Targets key risk groups / most likely to get used</p>	
<b>A mixture of locations</b>	<p>Cater for a large cohort</p> <p>The more options the better</p>	
<b>General comments</b>	<p>Need to be in places where young people can access them</p> <p>Need to start making it the norm for people to use the machines</p> <p>Need a mechanism to reduce the risk of inappropriate use of the machines</p> <p>Need to ensure the machines are in a place where they are regularly stocked and monitored</p> <p>Need to be in places with a large footfall and where they cater for a variety of users</p> <p>Need to be in places that are open for long hours/24 hours</p>	

### **Would you use a telephone advice service if one was available?**

The majority of respondents stated that they would possibly use a telephone advice service if it was made available (Figure 7). The same preference was evident from respondents who did not record a place of residence.

Figure 7: Would you use a telephone advice service if one was available? (n=138)



There were key points linked to why respondents supported this proposal which included:

- Already using a similar service
- Provides choice / options for accessing services
- Helpful to speak to someone before deciding whether a visit to the doctor is needed / triaging / peace of mind
- Reduces unnecessary GP visits
- Opportunity to ask questions
- Accessible
- Convenient
- Quick
- No need to travel
- Good for reassurance
- Reduces waiting times
- Less embarrassing than face to face / private
- Helpful when online information isn't available
- Frees up appointments / reduces pressure on clinics
- Useful for certain / straightforward issues
- More useful than online information which can be too generic

However, there were also some issues/points raised, which included:

- Use is dependent on the problem/query
- Prefer face to face services
- Only useful if there isn't a long wait
- Only useful if it is available out-of-hours
- Only useful if there are competent/professional people on the end of the phone rather than an automated machine
- There is enough information available online

- Risk of misuse
- Sexual health is a difficult subject to discuss over the phone
- Cost of the call
- Dependent on ease of use
- Online chat is preferred
- Risk of increasing workload if all callers are referred to clinic
- Needs to be well publicised

### **What would you use a telephone advice service for?**

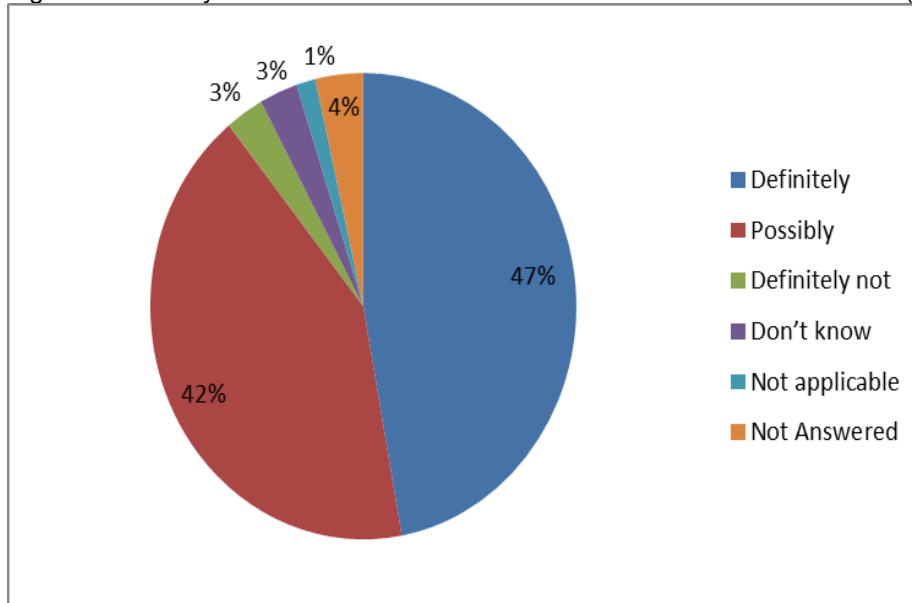
Responses included the following:

- Advice / guidance
- Information about sexual health services
- Discuss concerns
- Screening patients
- Urgent / emergency advice
- Signposting to most appropriate service
- Discuss side effects of treatment
- Reassurance
- Education / awareness
- Contraception advice
- Discussion options for treatment
- Identify whether attendance to a clinic is necessary
- Test results
- Risk assessment

### **Would you use an online information service if one was available?**

The majority of respondents stated that they may possibly use an online information service if it was made available (Figure 8). Out of those who did not record a place of residence, the majority of respondents stated that they would definitely use an online information service.

Figure 8: Would you use an online information service if one was available? (n=138)



There were key points linked to why respondents supported this proposal which included:

- Already use a similar service and find this useful
- Less stressful
- Accessible
- Less embarrassing
- Anonymous / private
- Easy
- Useful for brief advice or clarification
- Quick
- Allows consideration of options before seeking professional advice
- Useful for up-to-date information
- Complements the service
- Essential for young people for whom this will be the first point of access

However, there were also some issues/points raised, which included:

- Use is dependent on the problem/query
- Online chat is preferred to prevent misinterpretation of online information
- Should not replace face to face services or alternative options for those who do not have access to the internet
- Unclear of validity of information
- Prefer face to face services
- Can create unnecessary worry if misinformed
- Modern communication services need to be considered e.g. WhatsApp
- Dependent on ease of use
- Risk of incorrect self-diagnosis

## **What would you use an online information service for?**

Responses were similar to the responses given for using telephone advice services:

- Up-to-date advice / guidance
- Gathering information before an appointment
- Arranging an appointment
- Information about sexual health services
- Answer questions / queries
- Screening
- Urgent / emergency advice
- Signposting to most appropriate service
- Reassurance
- Understanding options for treatment e.g. contraception
- Information on symptoms

The next section of the questionnaire sought feedback on proposals relating to clinic changes, namely:

- Age restriction for sessional clinics in the Leicestershire area
- Combining clinics
- Closure of a clinic
- Changes to opening hours of sessional clinics

## **How will the proposed age restriction to the sessional clinic in Coalville/Hinckley/Market Harborough impact on you, or the group on whose behalf you are responding?**

Out of those who responded to these questions, the majority of respondents stated that the changes did not apply to them or would have a bad impact (Figures 9, 10 and 11). The reasons for the responses are listed in table 6.



Figure 9: How will the proposed age restriction to the sessional clinic in Coalville impact on you? (n=138)

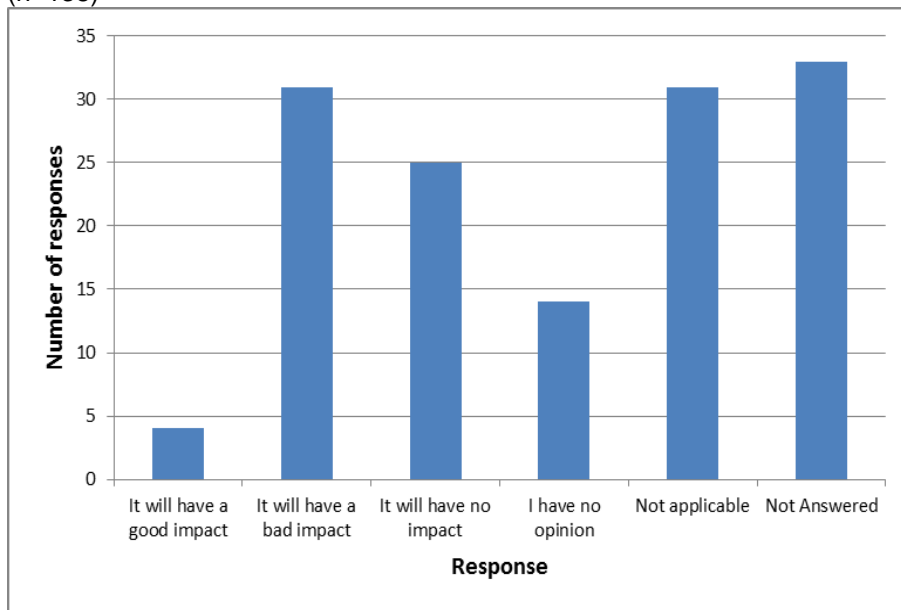


Figure 10: How will the proposed age restriction to the sessional clinic in Hinckley impact on you? (n=138)

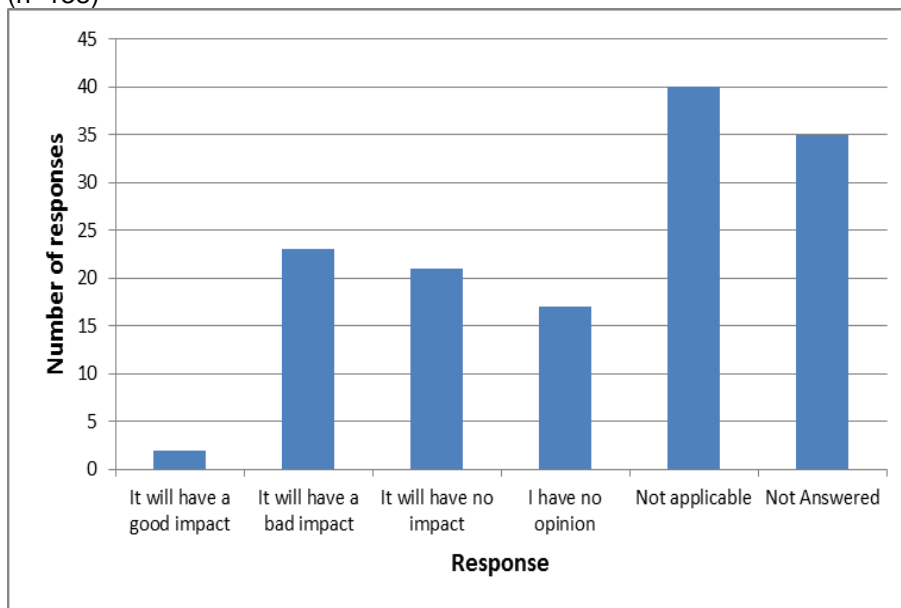


Figure 11: How will the proposed age restriction to the sessional clinic in Market Harbourough impact on you? (n=138)

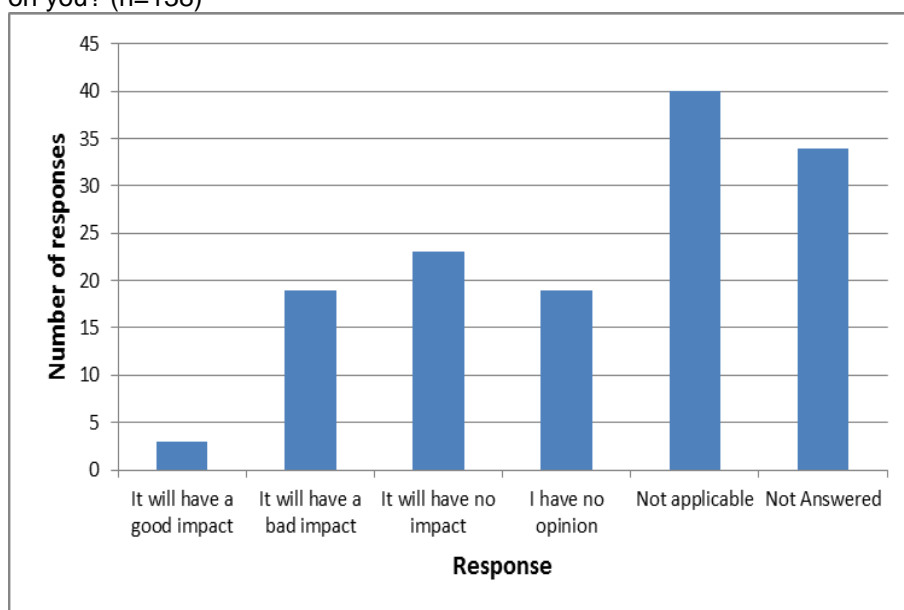


Table 6: Reasons for response

Response	Coalville	Hinckley	Market Harbourough
<b>Bad impact</b>	Excludes a lot of people in the area	Excludes a lot of people in the area	Excludes a lot of people in the area
	Excludes adults with physical and mental disabilities from accessing services	Excludes adults with physical and mental disabilities from accessing services	Excludes adults with physical and mental disabilities from accessing services
	Excludes adults in employment or with childcare issues from accessing services	Excludes adults in employment or with childcare issues from accessing services	Excludes adults in employment or with childcare issues from accessing services
	Adults will have to go to their GP instead or travel further	Adults will have to go to their GP instead or travel further	Adults will have to go to their GP instead
	Doesn't consider the health inequalities facing the local population	Doesn't consider the health inequalities facing the local population	Doesn't consider the health inequalities facing the local population
	Doesn't take into account levels of maturity of individuals	Doesn't take into account levels of maturity of individuals	Doesn't take into account levels of maturity of individuals
	Excludes those who are unable to travel to other areas	Difficulties in accessing GP services	Difficulties in accessing GP services
	Impacts on the over 25s who want to look after	Risk of people not accessing appropriate services in a timely	Lack of local transport to get to other clinics
			Risk of people not

	their sexual health	manner  Impacts on the over 25s who want to look after their sexual health	accessing appropriate services in a timely manner  Impacts on the over 25s who want to look after their sexual health
<b>Good impact</b>	More younger children / young adults will feel more confident in going and not feel judged.	More younger children / young adults will feel more confident in going and not feel judged.	More younger children / young adults will feel more confident in going and not feel judged.
<b>No impact / No opinion / Not applicable</b>	GP is the usual place of choice  Don't use the clinic  Don't live in the area  The majority of users seem to be under 25	GP is the usual place of choice  Don't use the clinic  Don't live in the area	GP is the usual place of choice  Don't use the clinic  Don't live in the area

**How will the proposed change to combine the Hinckley sessional clinic with the young people’s ‘Choices’ clinic impact on you, or the group on whose behalf you are responding?**

Out of those who answered the question, the majority of respondents stated that the change did not apply to them (Figure 12). The reasons for the responses are listed in table 7.

Figure 12: How will the proposed change to combine the Hinckley sessional clinic with the young people’s ‘Choices’ clinic impact on you? (n=138)

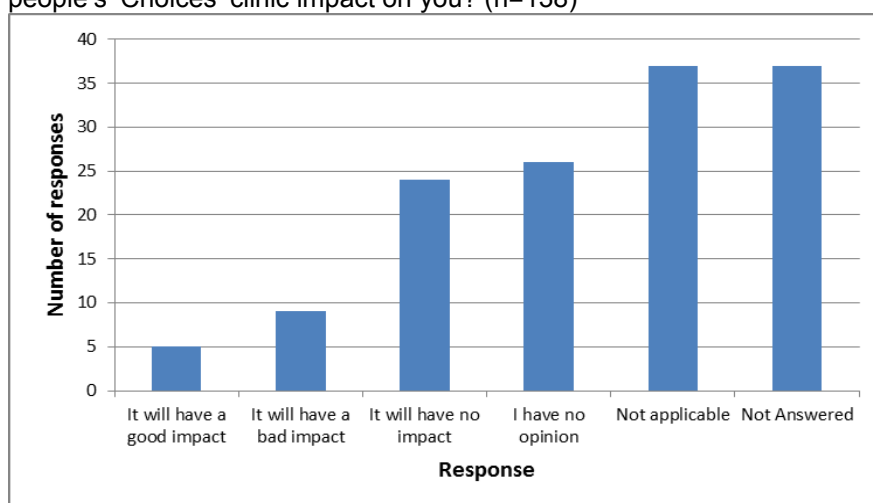


Table 7: Reasons for responses

<b>Response</b>	<b>Reasons</b>
<b>Bad impact</b>	<p>Excludes a lot of people in the area</p> <p>Local residents will have to travel further and spend more on transport</p> <p>Detrimental to older people who may choose not to seek help</p> <p>Embarrassing for students and professionals sitting in the same room and may deter people from accessing services.</p> <p>Risk of clinic becoming busy</p> <p>There is no service during the school holidays</p>
<b>Good impact</b>	<p>More younger children / young adults will feel more confident in going and not feel judged.</p> <p>Good to have a local clinic for young people who can't afford to travel elsewhere</p> <p>Good to combine resources</p> <p>This age group is a key risk group</p>
<b>No impact / No opinion / Not applicable</b>	<p>GP is the usual place of choice</p> <p>Don't use the clinic</p> <p>Don't live in the area</p>
<b>Additional comments</b>	<p>It would be helpful to have a service all year round rather than just during term time</p>

**How will the proposed closure of the Melton clinic impact on you, or the group on whose behalf you are responding?**

Out of those who answered the question, the majority of respondents stated that the change did not apply to them (Figure 13). The reasons for the responses are listed in table 8.

Figure 13: How will the proposed closure of the Melton clinic impact on you? (n=138)

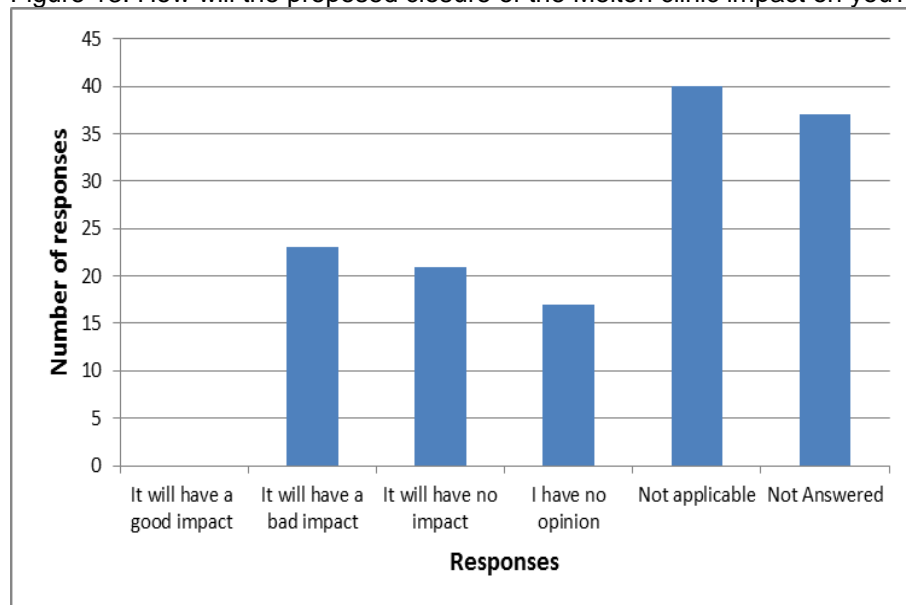


Table 8: Reasons for response

Response	Reasons
<b>Bad impact</b>	<ul style="list-style-type: none"> <li>Excludes a lot of people in the area</li> <li>Local residents will have to travel further and spend more on transport</li> <li>Detrimental to young people in the area who may end up waiting weeks to receive sexual health support from another health professional and subsequently resulting in an increase in sexual health related problems</li> <li>Access to services becomes difficult</li> <li>Transport is difficult in a rural area like Melton</li> <li>Risks an increase in sexually transmitted infections and unwanted pregnancies</li> <li>Increases waiting times at other clinics</li> <li>Next nearest clinic is too far away</li> </ul>
<b>No impact / No opinion / Not applicable</b>	<ul style="list-style-type: none"> <li>Don't live in the area</li> <li>Other clinics are available as are GPs</li> <li>Don't use the clinic</li> </ul>

**How will the proposed change to the opening hours of the clinic session in Coalville/Hinckley impact on you, or the group on whose behalf you are responding?**

Out of those who answered these questions, the majority of respondents stated that the change did not apply to them (Figures 14 and 15). The reasons for the responses are listed in table 9.

Figure 14: How will the proposed change to the opening hours of the clinic session in Coalville impact on you? (n=138)

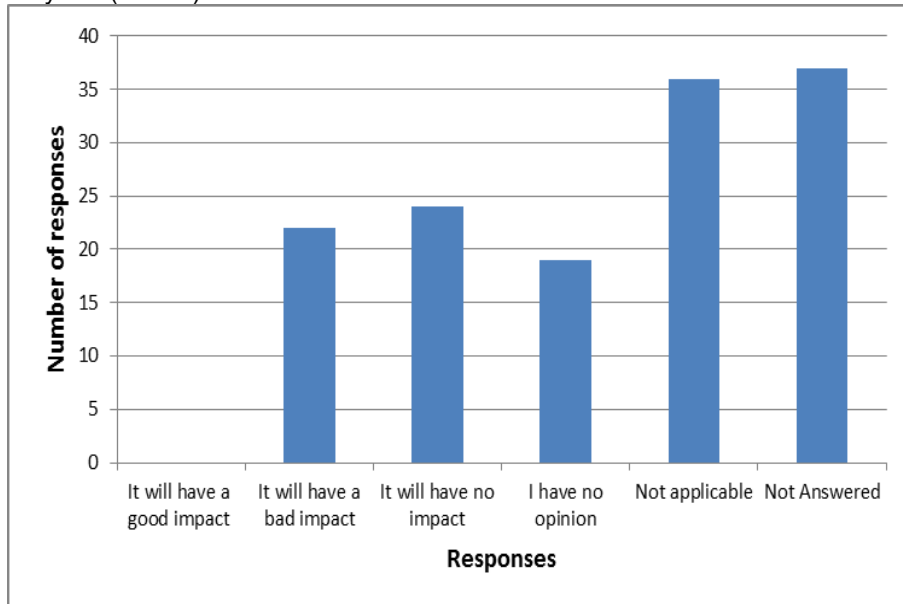


Figure 15: How will the proposed change to the opening hours of the clinic session in Hinckley impact on you? (n=138)

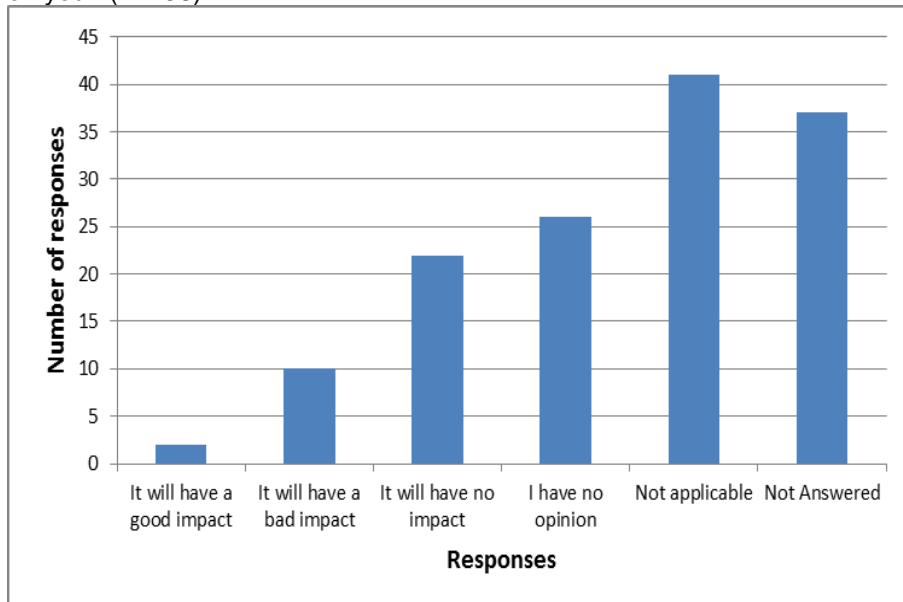


Table 9: Reasons for response

Response	Coalville clinic	Hinckley clinic
Good impact		Easier for the younger population
Bad impact	Local residents will have to travel further	Local residents will have to travel further

	<p>and spend more on transport</p> <p>Access to services becomes difficult</p> <p>Depends on the proposed new times</p> <p>Not useful for emergencies</p> <p>Local GP doesn't provide a sufficient service</p> <p>Sessional clinics are already restricted and shortening them even more will make it even more difficult to look after our sexual health</p>	<p>and spend more on transport</p> <p>Access to services becomes difficult</p> <p>Depends on the proposed new times</p> <p>Not useful for emergencies</p> <p>Local GP doesn't provide a sufficient service</p> <p>Sessional clinics are already restricted and shortening them even more will make it even more difficult to look after our sexual health</p> <p>Waiting times will get worse</p>
<b>No impact / No opinion / Not applicable</b>	<p>Don't live in the area</p> <p>Other clinics are available, as are GPs</p> <p>If an individual requires help/advice then they should make the effort to go wherever a service is available</p>	<p>Don't live in the area</p> <p>Other clinics are available, as are GPs</p> <p>If an individual requires help/advice then they should make the effort to go wherever a service is available</p> <p>Do not use the clinic</p>
<b>Additional comments</b>	<p>If there is a need to reduce clinic times due to no attendance for that period of time, then it would make sense. However, reducing access due to supporting another clinic will only have a negative effect on local residents.</p>	

The last section of the questionnaire sought feedback on proposals relating to sexual health promotion and HIV prevention work.

**How will the proposed change to move the delivery of sexual health promotion and HIV prevention work for all at-risk groups (such as people with HIV and people of Black African heritage) from a separate contract into the main sexual health contract impact on you, or the group on whose behalf you are responding?**

Out of those who answered the question, the majority of respondents stated that they had no opinion regarding the proposed changes (Figure 16). Out of the respondents who did not record a place of residence but did answer this question, the majority stated that the change did not apply to them. The reasons for the responses are listed in table 10.

Figure 16: How will the proposed change to the delivery of sexual health promotion and HIV prevention work for all at-risk groups impact on you? (n=138)

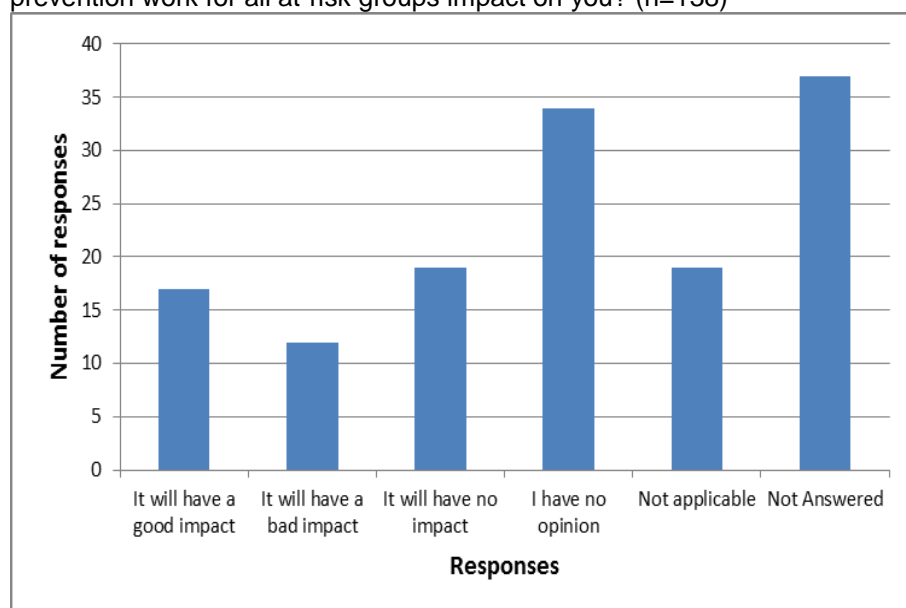


Table 10: Pros and cons for changes to the delivery of sexual health promotion and HIV prevention work

<b>Pros</b>	<ul style="list-style-type: none"> <li>Good to integrate services</li> <li>Helpful in raising awareness</li> <li>Helpful in prevention work</li> <li>Provides more options</li> <li>Segregation of services is not needed</li> <li>It will be easier to access a streamlined service with all sexual health needs covered in one place at the same time</li> <li>Easier to promote the services to partners</li> </ul>
<b>Cons</b>	<ul style="list-style-type: none"> <li>May make it harder for those to use the service</li> <li>Doesn't take into account alternative lifestyles</li> <li>It will make mainstream services busier</li> <li>Outreach work is more effective when undertaken separately from the main service</li> <li>Potential to lose focus on at-risk groups</li> </ul>
<b>Not applicable</b>	Not in an at-risk group / ethnic minority risk group



**Do you have any further comments to make on any of the proposals described in this consultation?**

Responders were given an opportunity to provide further comments on any of the proposals described within the consultation. Comments included the following:

- Public health nurses should be able to offer chlamydia screening to young people in schools and colleges
- Suggest offering GP practices tariffs if they undertake sexual health work to encourage GP practices to do more.
- Consider commissioning a service based in Oadby / Wigston as this group not really represented in the proposed changes.
- Consider partnership working e.g. one-stop service in the Sexual Assault Referral Centres
- Focus on GP training and sharing the sexual health workload

**Findings from engagement sessions**

Several engagement sessions took place during the consultation period with staff from current providers of sexual health services and with service users. Their views on the proposed changes are documented below (Tables 11 and 12).

Table 11: Outcomes of engagement sessions

<b>What are your views on proposed changes to....?</b>	<b>Responses</b>
<b>Accessing Services</b>	<p>Concerns regarding people with lack of basic IT skills</p> <p>Concerns regarding people whose first language is not English</p> <p>Online services are good for literate service users</p> <p>Apprehensive about usage of online testing kits/lack of confidence. Will people do it correctly? Will the instructions be available in different languages? Will the instructions be suited for the visually impaired?</p> <p>Will the changes increase workload for staff as they may need to support service users?</p> <p>Phone charges for telephone services – need to be cheap or free</p> <p>Need to ensure that those with learning disabilities can use these options</p> <p>How to support carers to access these other options.</p> <p>Role for VCS to play the underserved (hard to reach) to aid access e.g. a forum.</p>
<b>Sessional clinics</b>	<p>Closure of Melton clinic – impact on those with transport issues and/or low income?</p> <p>Will separating clinics by age, create an age divide?</p> <p>Issues with transitioning between young people’s services and adult services – based on experiences with other services where this is a problem</p> <p>Lack of parking facilities at Leicester City hub creates access issues</p> <p>Concerns for those with specific needs who require local services e.g. those with learning disabilities</p> <p>Doesn’t consider the significant increase in STI’s among the older age group</p>
<b>Sexual health promotion</b>	<p>Training for GP’s and Clinicians is needed</p>

**and HIV services**

Work needs to be done on reducing stigma, to encourage people to be tested. Work also needs to be done in the communities

Agree that testing should be done together (HIV and STI) – testing should cover a wide range of infections

More knowledge around HIV to be shared with the community/population and also with health professionals

MSM more likely to use online services (e.g. Tests, Prep, etc.) and more comfortable to use SH services in comparison to other at-risk groups

There are a variety of ways to do outreach

Focus shouldn't be purely on HIV positive cases – negative results are just as important

Specialised focus required. Grassroots work around campaigns from local groups and VCS is important

Should be building up knowledge base to encourage health professionals to increase testing

Need to decrease stigma, especially the medical community

Creating increased access

Building HIV and STI testing together is good – may help people talk about HIV more

Might not capture inter-community issues

Communities are all different - outreach work is important for these communities

Links with Cervical Screening

PrEP market will alter the future

Table 12: Do you agree with the proposed changes?

Proposed change	Number of responses		Comments
	Yes	No	
Online booking services	26	0	If have appropriately trained staff. Psychosexual – for initial appointments only.
Online self-test kits	24	3	Concerns regarding reduction in staff Anxiety if positive test – especially HIV. Reliability Risk of self-treatment. People need people If robust notification process in place
Vending machines	27	0	But not in place of sessions. Yes for condoms & pregnancy tests Yes, if clear signposting with support for results – even if negative. People need people.
Online information services	24	0	With an improved system Yes – if clear and concise.
Telephone advice services	22	2	Takes staff off the ground (shop floor) Need to make sure we have enough staff

			<p>Definitely more telephone advice and support needed.</p> <p>People need people.</p> <p>Telephone consultations with doctors would be useful.</p> <p>More health advisors required</p>
<p>STI and HIV testing for the following groups to be accessed via mainstream sexual health service including self-sampling:-</p> <ul style="list-style-type: none"> <li>- HIV positive</li> <li>- People of Black Heritage</li> </ul>	15	0	
<p>Sexual health promotion and HIV prevention messages for the following groups to be within mainstream sexual health service contract:</p> <ul style="list-style-type: none"> <li>- HIV positive</li> <li>- people of Black heritage</li> </ul>	15		
<p>Sexual health service to provide information and training for health providers to support early diagnosis of HIV</p>	18	0	
<p>Specific sexual health promotion and outreach work continues for MSM population of Leicestershire &amp; Rutland</p>	16		<p>Some of this work can done by more support into main ISH outreach team for MSM</p>

Proposed change	Number of responses		Comments
	Yes	No	
Would you use an online booking service if one was available?	15	1	
We understand that it is still important to have access to face to face services. How would you prefer to access these?	Bookable fixed appointments: 3 'Turn up and wait' service: 0 A mixture of both: 13		
Would you use a telephone advice service if one was available?	14	0	Would be helpful but awkward
Online ordering for testing kits - Would you chose to use this service if it was available?	16	1	I think it is really important and crucial to be able to see a clinician who can answer all your questions - not just online, telephone etc. especially if you are getting test results. Need someone to talk it through, rather than relying on the internet, friends, etc.
Would you use a vending machine to access free self-testing kits for sexually transmitted infections, condoms and pregnancy tests?	12	9	Potential locations: Pharmacy, doctors or at a clinic
Do you use Sexual Health services currently or have you in the past?	11	2	
The session clinic at Melton will close due to low attendance at this clinic.	2	2	
An age restriction to attendances at sessional clinics at Coalville, Market Harborough and Hinckley for under 25s	0	4	

only.			
A reduction in opening hours of the Coalville sessional clinic.	1	3	
A reduction in opening hours of the Hinckley sessional clinic.	0	4	
Combining the Hinckley sessional clinic with the Hinckley 'CHOICES' young people's clinic.	1	4	

## Summary

Responses to the consultation and feedback from engagement sessions indicate support in relation to the following proposals:

- An online booking appointment booking service
- Availability of an online ordering service for self-test kits
- Availability of sexual health vending machines with pharmacies, sexual health services and universities being the preferred locations
- Availability of online support and advice
- Availability of telephone support and advice
- Availability of both bookable fixed appointments and a 'turn up and wait' service when accessing face to face services

The responses also indicated concerns regarding the following proposals:

- Age restriction at the sessional clinics in Coalville, Hinckley and Market Harborough
- Closure of the sessional clinic in Melton
- Changes to the opening hours of the sessional clinic in Coalville

There was indifference in relation to the following proposals:

- Combining the Hinckley sessional clinic with the young people's 'CHOICES' clinic
- Moving the delivery of sexual health promotion and HIV prevention work for all at-risk groups (such as people with HIV and people of Black African heritage) from a separate contract into the main sexual health contract

The concerns regarding age restrictions at sessional clinics and closure of the sessional clinic in Melton focus on access to sexual health services and having to travel too far to an alternative clinic. Mitigations for these include:

- Availability of contraceptive services from general practice and selected pharmacy sites which are both available locally



- Provision of self-service options as an alternative for accessing services
- Both 'hub' clinics (in Leicester City and Loughborough) are proposed to remain as all age clinics and are open for significantly longer hours than sessional clinics.
- The nearest clinic to Melton is in Oakham which is proposed to remain as an all age clinic.
- Provision of a domiciliary service for vulnerable individuals such as those with severe physical and/or learning disabilities and Looked After Children.
- Monitoring the impact of any change in services through the contract management process for the new service and as part of the wider sexual health strategy implementation.

## Appendix A: Consultation questionnaire



SH questionnaire.pdf

Appendix B: Promotional poster and leaflet

# Have your say on Leicester, Leicestershire and Rutland sexual health services

[consultations.leicester.gov.uk](https://consultations.leicester.gov.uk)  
(closes 16 October 2017)

Alternatively pick up a questionnaire at:  
St Peter's Health Centre, LE2 0TA  
Loughborough Health Centre, LE11 1DQ



## Appendix C: Summary feedback template

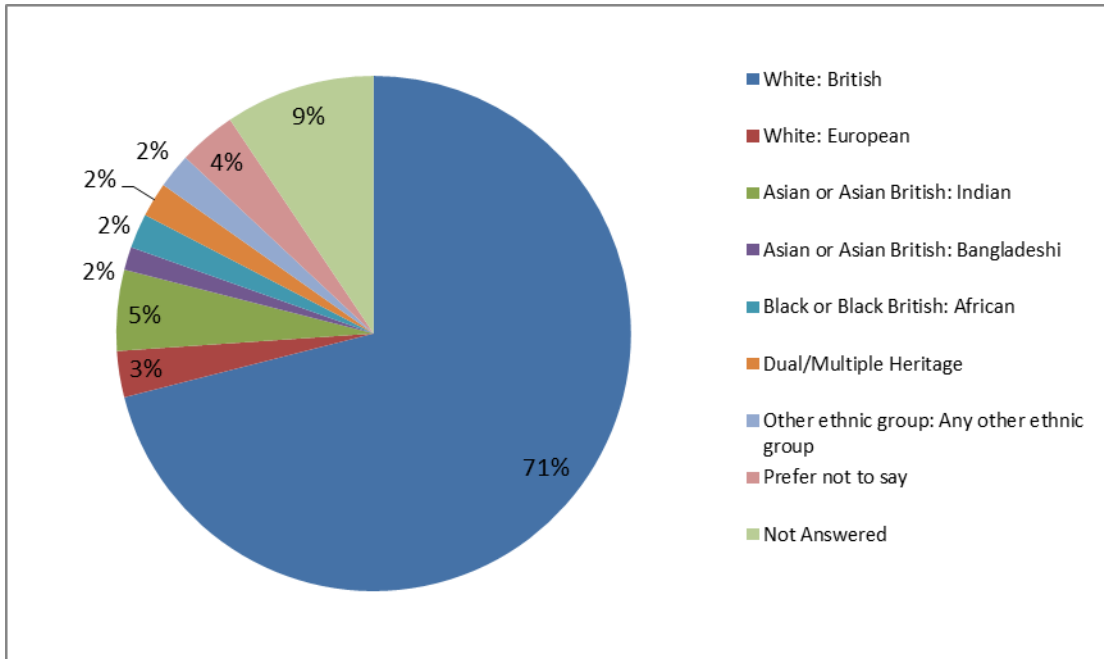


Summary feedback  
template for Consulta

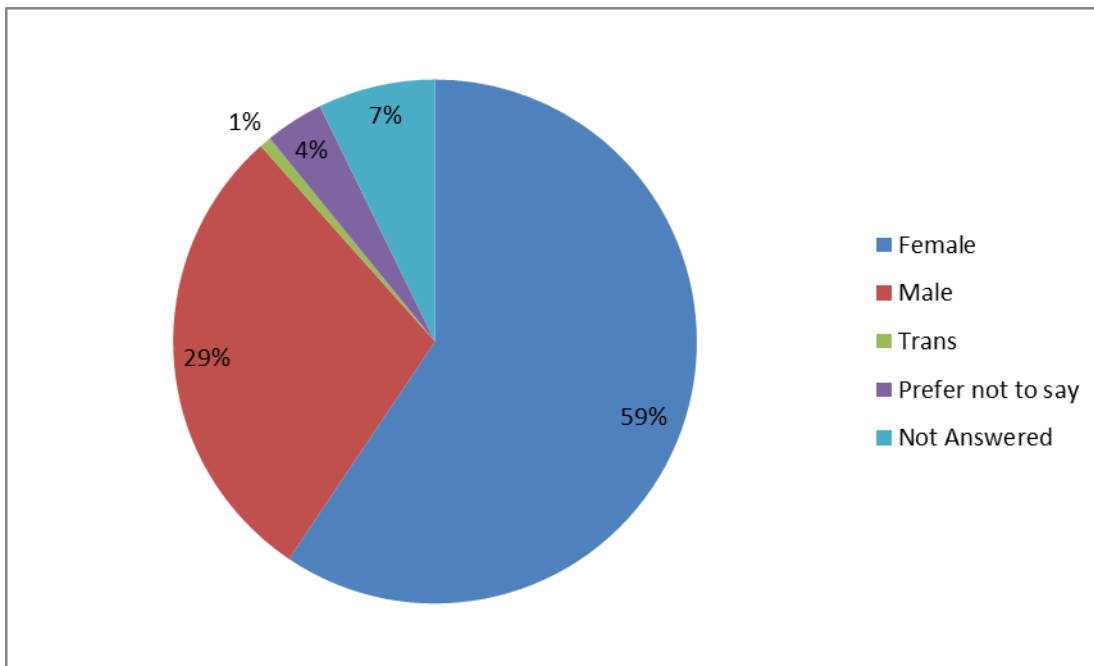
## Appendix D: Equalities monitoring information

### CONSULTATION RESPONSES FOR LEICESTERSHIRE: EQUALITIES MONITORING

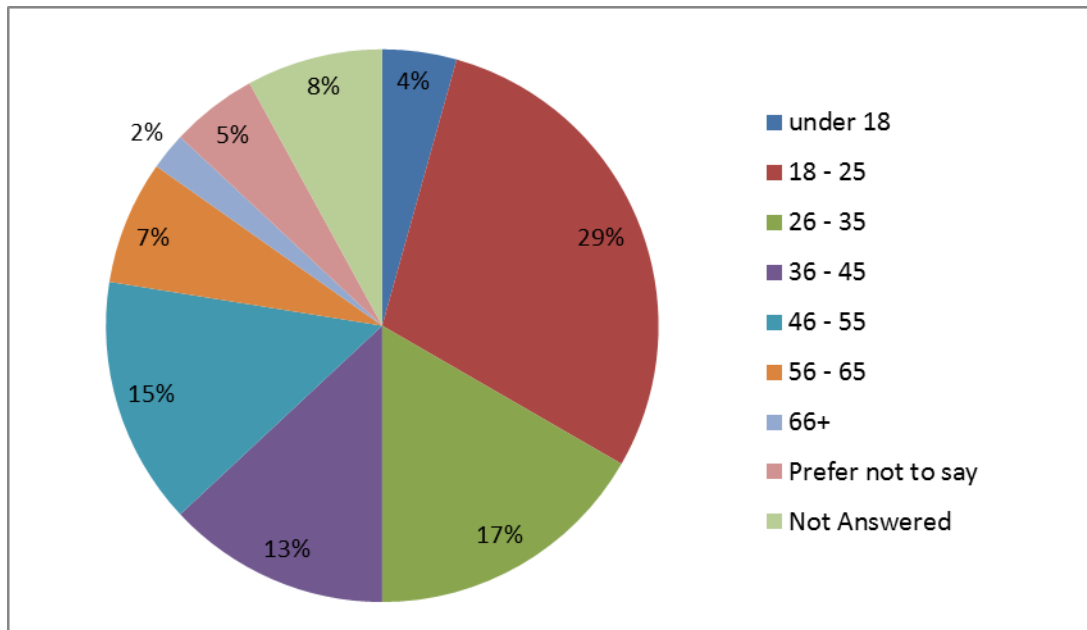
#### Ethnic Background



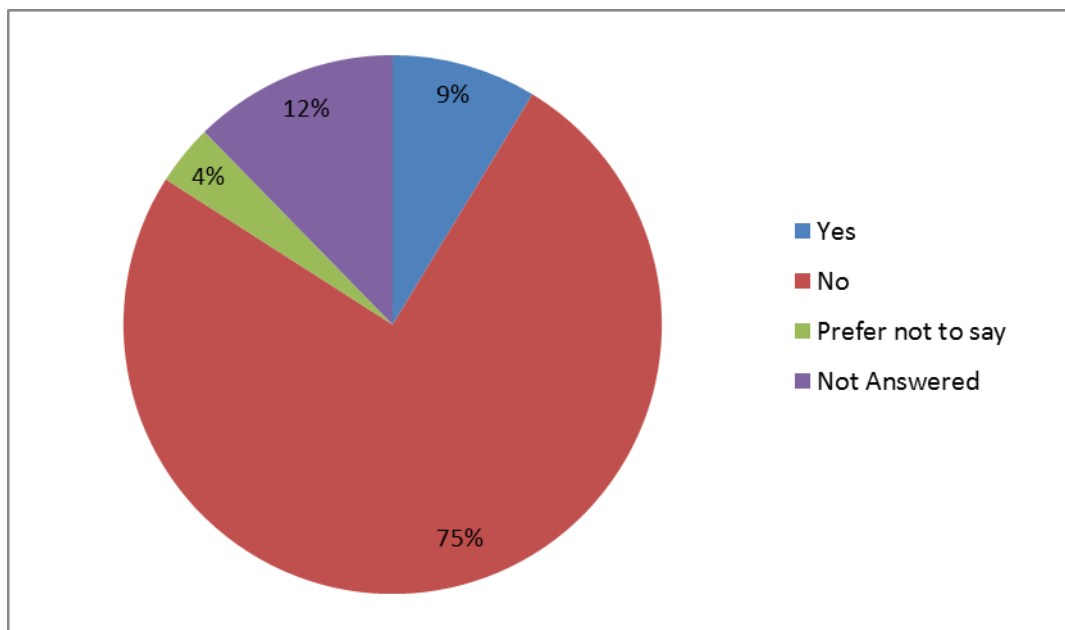
#### Gender



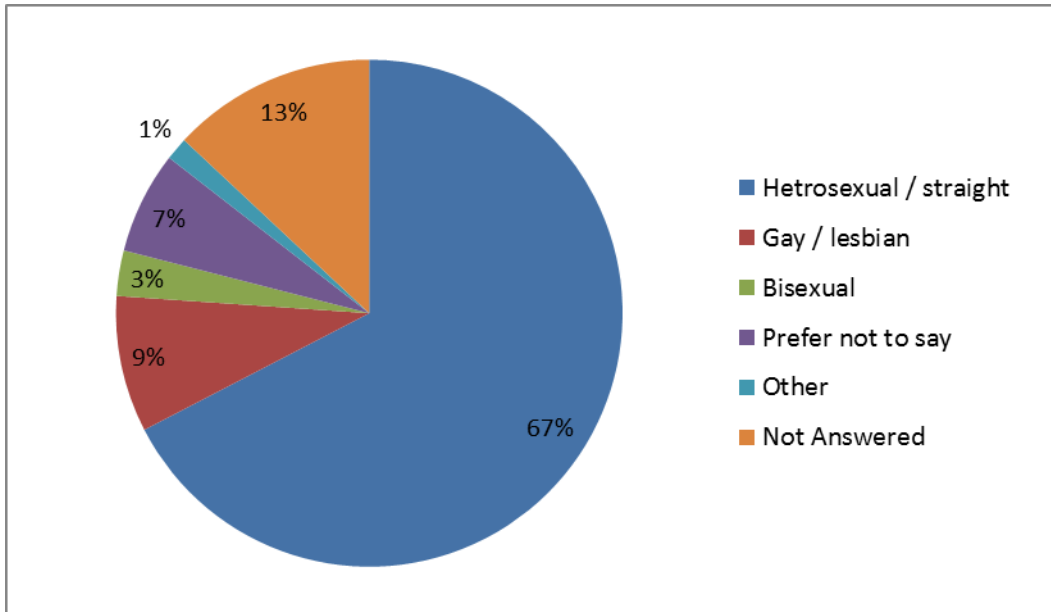
## Age



## Disability



## Sexual Orientation



## Religion/Belief

