



Gloucestershire  
COUNTY COUNCIL

# Gloucestershire sexual health services review

Gloucestershire County Council 2016

**Public Consultation Final Report**

**October 2016**

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## **1. Executive Summary**

### **1.1 Background**

#### **1.1.1 Rationale for Consultation**

Since 2013, Gloucestershire County Council has been responsible for public health in Gloucestershire. Part of that responsibility is sexual health services involving contraception, testing and treatment of Sexually Transmitted Infections (STIs), and some elements of psychosexual medicine. As well as this, the county council is responsible for promoting safe sex, healthy relationships and the prevention of poor sexual health outcomes, including HIV.

Three years after the transfer of these responsibilities, the council is taking the opportunity to review the service to make sure it is effective and providing the best value for money.

#### **1.1.2 Pre-Consultation Engagement**

During spring 2016, we undertook a period of pre-engagement to give service users and residents of Gloucestershire an opportunity to provide feedback on where and how they were accessing sexual health services. It was also an opportunity to find out what barriers were preventing people from accessing services and how they would prefer to access services in the future.

A particular focus of the pre-engagement was to gather responses from those groups who in the Gloucestershire Sexual Health Strategy 2012 – 2017 were identified as being potentially more vulnerable or marginalised, suffer discrimination or face inequalities in sexual health or do not access the current services. These groups are:

- Black and Minority Ethnic Communities including Gypsies and Travellers
- Homeless people.
- Individuals who have experienced sexual coercion, rape and sexual abuse.
- Individuals with a physical, sensory or learning disability.
- Lesbian, Gay, Bisexual individuals and men who have sex with men (MSM).
- Looked after & accommodated children and young people and care leavers.
- Male & female offenders.
- Migrants.
- Older people.
- People living with HIV.
- People who have been trafficked.
- Rural or deprived communities.

- Sex workers.
- Substance users.
- Transgender individuals.
- Young people.

A total of 118 responses were received to the pre-engagement survey. Key themes identified were concerns around confidentiality, barriers for accessing services (such as the cost of attending appointments and access issues related to the lifestyle of some vulnerable groups), the quantity and quality of prevention work being done with young people in schools, and the lack of signposting to current sexual health services.

### **1.1.3 Formal Consultation**

Following on from the pre-engagement work, a public consultation was carried out to test agreement and gather feedback on the 4 main principles that we hope will underpin the future sexual health service in Gloucestershire. The consultation took the form of a survey which was available online and in hard copies (including Easy Read) from 1<sup>st</sup> August 2016 until 23<sup>rd</sup> October 2016.

We consulted with a wide range of individuals during the consultation period, including those from the groups identified as our priority groups and also from the protected characteristics groups.

### **1.1.4 Consultation Responses**

In total there were 277 responses to the consultation.

The Communications team at Gloucestershire County Council disaggregated the data to ensure any differences in responses from individuals from the protected characteristics were identified.

## **1.2 Key findings to public consultation**

### **1.2.1 Response to Principles**

- *Principle 1 - People should find it easy to access the care they need, regardless of the service they require or the location they attend.*

In total, 97.1% of respondents either agreed or strongly agreed that people should find it easy to access the care they need, regardless of the service they require or the location they attend.

- *Principle 2 - Services provide care focused on need – ensuring those who most need help have access to specialist services targeted to their needs.*

In total, 87.5% of respondents either agreed or strongly agreed that services should provide care focused on need – ensuring those who most need help have access to specialist services targeted to their needs.

- *Principle 3 - Prevention of poor sexual health outcomes is a priority.*

In total, 95.23% of respondents either agreed or strongly agreed that prevention of poor sexual health outcomes is a priority.

- *Principle 4 - Technology is used to allow people to access services most appropriate for them, and, where possible, choose online or self care.*

In total, 78.5% of respondents either agreed or strongly agreed that technology is used to allow people to access services most appropriate for them, and, where possible, choose online or self care.

### **1.2.2 Free Text Comments**

Free text comments received during the consultation were analysed, and where possible, grouped into themes. The most frequently occurring themes were as follows:

- *Principle 1 - People should find it easy to access the care they need, regardless of the service they require or the location they attend.*

#### Accessibility

A significant number of respondents emphasised the importance of sexual health services being easily accessible in terms of their location, opening times and flexibility.

#### Signposting

The need for clear signposting of sexual health services was cited by many of the respondents, many of whom complained that currently services are not well advertised and noted that a lack of knowledge about what support is available.

#### Vulnerable groups and individuals

Consideration was given by many respondents to the importance of making sexual health services more easily accessible to vulnerable people, by ensuring that services have a good understanding of the particular needs of these individuals, which may encourage them to engage.

### Barriers

The need for services to be private, confidential and anonymous, particularly when they are located within close knit communities, was deemed to be of utmost importance by respondents.

### Staff

Some respondents commented on the importance of staff working within sexual health services to have appropriate training. They thought that staff should be professional, confidential, discreet, friendly, reassuring and have an understanding of culture, religion and other factors affecting service users.

- *Principle 2 - Services provide care focused on need – ensuring those who most need help have access to specialist services targeted to their needs*

### Accessibility

The need for sexual health services to be easily accessible to people from vulnerable groups was highlighted by respondents, for example, they should be spread across the county rather than in one central location, they should be easily reached by public transport and they should be available outside of school hours.

Respondents raised the importance of information being communicated appropriately, taking into consideration that some people may have learning difficulties or there may be a language barrier. Information should be targeted at the people who services are trying to engage with.

### Equal access

While most respondents agreed that services should be focused on need, many felt that this should not be in spite of service users who do not fall into the vulnerable categories who should continue to be able to access a good sexual health service, and were concerned that they might be disadvantaged as a result of services being targeted.

Other respondents thought that everybody should have equal access to services, despite their background or circumstances.

### Barriers

A small number of respondents thought that targeting services to people who fall within the vulnerable groups could lead to negative stereotyping and greater segregation by associating these groups with having poor sexual health, and subsequently discourage these people from engaging with services. Other barriers to accessing services cited by respondents include embarrassment, fear, stigma and discrimination, highlighting the importance of sensitivities around different cultures being taken into consideration.

- *Principle 3 - Prevention of poor sexual health outcomes is a priority.*

#### Vulnerable groups

The majority of respondents felt that prevention should be a priority for young people in the county and recognised the impact of poor sexual health on them later in life. Many felt that not enough work was currently being done in schools on sexual health and that the quality of the information being taught to young people was important.

Other vulnerable groups were identified as potentially benefitting from better education and information on sexual health. These included gay people, transgender people, disabled people, those who had experienced sexual abuse, those with mental health issues and also for those who had past the school age but might still benefit from additional education and information on sexual health and relationships.

#### Subjects for prevention

The majority of respondents felt that the emphasis for prevention services shouldn't just be on sex but should also be on healthy relationships.

Some respondents wanted more taught about STIs and HIV prevention.

#### Priority of service

Some respondents feel that making prevention a priority was a good strategy to reduce costs and demand on treatment services in the future.

Other respondents were concerned that making prevention a priority would be at the cost of other services and whether this would affect the treatment service.

- *Principle 4 - Technology is used to allow people to access services most appropriate for them, and, where possible, choose online or self care.*

#### Vulnerable groups

Some respondents who were happy to use online services themselves, had concerns for some of the vulnerable groups who may not be able to use or access technology. Some of the groups listed as possibility being disadvantaged by increased use of technology were, older people, those with a learning disability and those who could not afford the technology required to access online services. Others felt that online facilities would be preferential for young people and would help them access sexual health services.

#### Advantages of online

The majority of respondents felt that more online services were a positive move, as they felt they were more anonymous and confidential or felt more comfortable without having to interact with a person. Another advantage of

online facilities that respondents commented on was the convenience of accessing services this way.

#### Concerns of using more technology

Many respondents preferred to talk to someone face to face about their concerns. Some who supported the use of technology for certain elements of the service, expressed that there still needs to be opportunities for people to talk face to face with a professional.

The security of online information was a concern for some people and how data would be stored.

### **1.3 Response to Consultation Feedback**

Findings of this consultation will be used to shape the model of delivery for the future sexual health services in Gloucestershire, particularly where comments highlight a need for those groups we know are already vulnerable to poorer sexual health outcomes.

## **2. Gloucestershire Sexual Health Services Review – Consultation Report**

### **2.1 Pre-consultation Engagement**

#### **2.1.1 Background and Purpose**

During spring 2016 we undertook a period of pre-engagement to give service users and residents of Gloucestershire an opportunity to provide feedback on where and how they were accessing sexual health services. It was also an opportunity to find out what barriers were preventing people from accessing services and how they would prefer to access services in the future.

The pre-engagement took the form of a survey which was available online and in paper form. For those who were unable to complete a paper copy or online version of the survey, the option of responding over the phone was available.

A particular focus of the pre-engagement was to gather responses from those groups who in the Gloucestershire Sexual Health Strategy 2012 – 2017 were identified as being potentially being more vulnerable or marginalised, suffer discrimination or face inequalities in sexual health or do not access the current services. These groups are:

- Black and Minority Ethnic Communities including Gypsies and Travellers
- Homeless people.
- Individuals who have experienced sexual coercion, rape and sexual abuse.
- Individuals with a physical, sensory or learning disability.
- Lesbian, Gay, Bisexual individuals and men who have sex with men (MSM).
- Looked after & accommodated children and young people and care leavers.
- Male & female offenders.
- Migrants.
- Older people.
- People living with HIV.
- People who have been trafficked.
- Rural or deprived communities.
- Sex workers.
- Substance users.
- Transgender individuals.
- Young people.

The Sexual Health Needs Assessment for Gloucestershire identified some of the groups listed above where there was a lack of knowledge regarding their sexual health needs, particularly in relation to children in care, offenders,

people who have been trafficked, sex workers and substance users. The pre-engagement focused on engaging input from these groups.

### **2.1.2 Methodology**

The pre-engagement was open from 21.03.16 until 31.05.16. To ensure that we had representation from our priority groups, we worked with the members of the Sexual Health Implementation Group (SHIG) to use their connections within the community to be able to reach our priority groups.

Focus groups were held with an Aging Well group for older people, Gloucester Disabilities Drop In group and by the Independence Trust for people with mental health issues. Questions were asked to gather further qualitative feedback around the issues raised in the survey. A Needs Assessment of Street-Based Sex Workers was written by the Service Development Coordinator for Sex Working Women.

Please see appendix 3 for the list of pre-engagement activities.

### **2.1.3 Key Findings**

A total of 118 responses were received to the pre-engagement survey.

The feedback was analysed thematically, identifying any common themes which ran across all discussions. Key themes identified were:

- Confidentiality  
Concerns around confidentiality were identified as a barrier for accessing services. The majority of respondents who were not happy to use sexual health services close to their home stated this was because of fear of being recognised.
- Access issues  
Respondents fed back barriers for accessing services. One of these was the cost of attending appointments, either through car parking charges or public transport charges. Some respondents raised the issue that services should be located so they are easily accessible via public transport. Some access issues were related to lifestyle issues of the vulnerable groups. For example, those with drug or alcohol dependences found accessing services difficult due to chaotic lifestyles.
- Vulnerable groups  
Respondents felt that the different issues affecting vulnerable groups needed to be addressed. The vulnerable groups mentioned included

young people, older people, those with learning difficulties, homeless people and individuals who have experienced rape and sexual violence.

- Prevention work in school  
Some felt that not enough was being done in schools with young people. The quantity and quality of the sex education received by young people was questioned.
- Signposting  
Respondents felt that the current services were not well publicised. Suggestions of how best to promote current services included through the GP, internet or social media, TV and radio and leaflets.

## **2.2 Consultation**

### **2.2.1 Background and purpose**

Since 2013, Gloucestershire County Council has been responsible for public health in Gloucestershire. Part of that responsibility is sexual health services involving contraception, testing and treatment of Sexually Transmitted Infections (STIs), and some elements of psychosexual medicine. As well as this, the county council is responsible for promoting safe sex, healthy relationships and the prevention of poor sexual health outcomes, including HIV.

Three years after the transfer of these responsibilities, the council is taking the opportunity to review the service to make sure it is effective and providing the best value for money.

As part of the sexual health service review, a public consultation was undertaken. The purpose of the consultation was to test agreement and gather feedback on the 4 main principles that we hope will underpin the future sexual health service in Gloucestershire.

### **2.2.2 Methodology**

The consultation ran for a 12 week period from 1<sup>st</sup> August 2016 until 23<sup>rd</sup> October 2016.

The public consultation took the form of a survey, which was available online and in hard copies. An Easy Read version of the survey was also available for those with learning difficulties. The option of responding over the phone was also available for those who could not complete a hard copy or online version of the survey. The survey asked to what extent the respondent agreed with

each of the principle, if they felt the principle would have an impact on them, and if there was anything else they felt we should take into account. A copy of the survey can be found at appendix 1.

The four principles that respondents were consulted on were:

***Principle 1***

*People should find it easy to access the care they need, regardless of the service they require or the location they attend.*

***Principle 2***

*Services provide care focused on need – ensuring those who most need help have access to specialist services targeted to their needs.*

***Principle 3***

*Prevention of poor sexual health outcomes is a priority.*

***Principle 4***

*Technology is used to allow people to access services most appropriate for them, and, where possible, choose online or self care.*

Focus groups were also held with key priority groups to gather more qualitative feedback around the four principles. These were held with the Gloucestershire Ambassadors who represent young people in Gloucestershire, and also with the Gay Glos youth group.

The Communications and Consultation Team worked with the Public Health Commissioning Team to promote the survey via media releases, Facebook and twitter. Postcards were produced to promote the consultation and included a link to the online version of the survey.

The Sexual Health Implementation Group (SHIG) were also used again, as per the pre-engagement, to help promote the consultation and help reach our priority groups. Further work was done with other local groups and organisations already working with communities to ensure our priority groups were reached.

The general public were targeted via the CCG Information Bus, which visited the districts to promote the survey. Posters and postcards promoting the survey with hard copies were available in all libraries and GP practices.

As well as questions to identify if respondents were from any of our priority groups, equality monitoring questions were also added to ensure that the equality objectives of the council had been adhered to. Any significant differences between the protected characteristics have been highlighted in appendix 2.

Two mid monitoring reviews were held during the consultation period to review the response received, and identify where further work was required to ensure adequate representation from particular groups or communities.

Free text comments received during the consultation were analysed, and where possible, grouped into themes. Those that did not fit into themes were labelled 'miscellaneous'. The most frequently occurring themes are discussed below the findings of each principle in section 2.3.3.

Please see appendix 3 for the list of consultation activities.

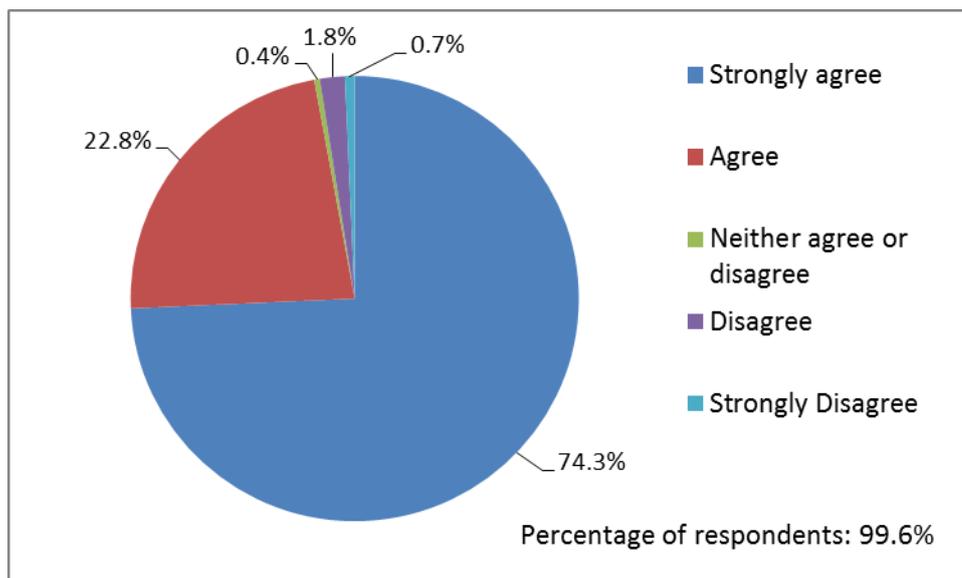
### 2.2.3 Consultation findings

In total there were 277 responses to the consultation.

#### Principle 1

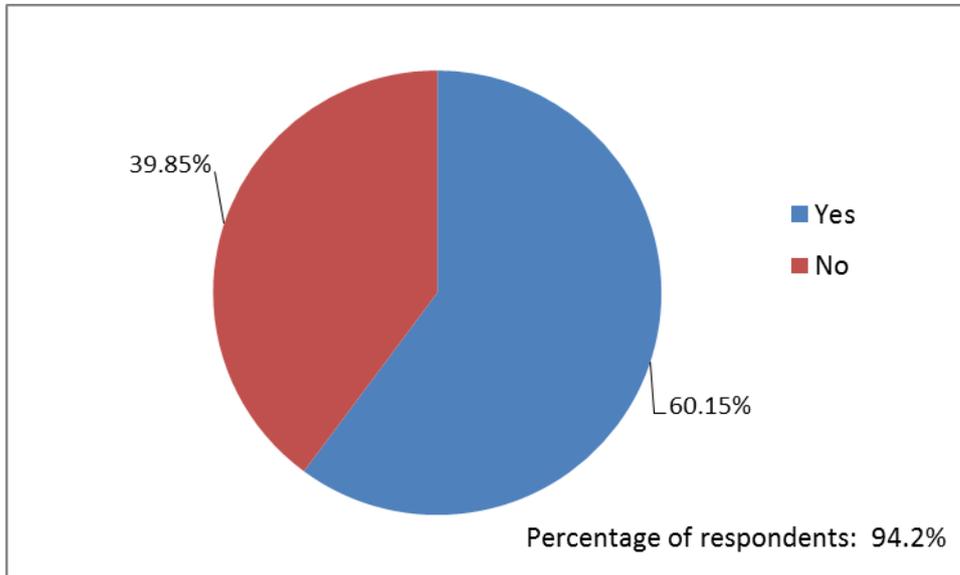
**People should find it easy to access the care they need, regardless of the service they require or the location they attend.**

*To what extent do you agree that people should find it easy to access the care they need, regardless of the service they require or the location they attend?*



In total, 97.1% of respondents either agreed or strongly agreed that people should find it easy to access the care they need, regardless of the service they require or the location they attend.

*Do you feel that this principle would have an impact on you?*



The majority of respondents to the question, *‘Do you feel that this principle would have an impact on you?’* and *‘Is there anything which you feel we should take into account when taking a decision around this principle’* made comments in agreement with the idea that services should be easy to access, highlighting the fact that people are much more likely to access services if it is easy to do so.

***“The easier it is to access a service the more inclined I am to use it”.***

A number of respondents commented that the principle does not apply to them as they have not used sexual health services or are unlikely to need them in the future; however, some of these said that while they do not currently need sexual health services, they would feel reassured to know that help is available if and when they do need it.

***“In some ways I don’t think it would have an impact on my [sic] right now but if I ever needed it then I think it should be completely accessible”.***

#### Accessibility

A significant number of respondents emphasised the importance of sexual health services being easily accessible in terms of their location, opening times and flexibility.

The location of services was considered key to engaging by respondents, most of whom said that services should be local, avoiding the need to travel too far.

***“I won’t go for regular screens if I have to travel miles across the county”.***

Respondents living in more remote, rural areas said that they would be particularly disadvantaged in terms of accessing services if they were moved to the main towns, as for those who do not drive, public transport is often infrequent making access problematic.

***“Centralised services do not serve rural communities well. Parts of Glos are an hour or more’s drive for me”.***

Respondents said that sexual health services should have extended opening times beyond normal office hours and with some weekend opening to accommodate a range of service users such as those in full time employment. This should be the case for pre-arranged appointments and walk-in appointments.

***“Would prefer opening hours later in the evening and on weekends due to working long hours”.***

Some respondents thought that sexual health services should be flexible in terms of being available in multiple locations and at different times, allowing people to attend when and where they feel most comfortable.

***“Should be able to attend drop in clinics anywhere in the county but also in the next county particularly if they want confidentiality”.***

#### Signposting

The need for clear signposting of sexual health services was cited by many of the respondents, many of whom complained that currently services are not well advertised and noted that a lack of knowledge about what support is available and pathways to accessing services made it difficult for people to engage.

***“I am very concerned that people of any age should be able to access support and help, but how do they find out where to get help?”***

Respondents thought that information about what services are available, how to access them, where to access them and when to access them should be more widely displayed, for example, using leaflets, social media and websites,

and at a variety of locations such as county council buildings, GP surgeries and community venues.

***“Knowledge of where to get support and easy access to one or more support services (as required) would hopefully encourage people to seek the support they need more proactively”.***

#### Vulnerable groups and individuals

Consideration was given by many respondents to the importance of making sexual health services more easily accessible to vulnerable people, including lesbian, gay, bisexual and transgender people, black and minority ethnic groups, those with disabilities and young people, by ensuring that services have a good understanding of the particular needs of these individuals, which may encourage them to engage.

***“Make it clear whether services cover the needs of transgender people. It is important to feel reassured and know for sure that my needs will be met”.***

#### Barriers

Fears around confidentiality and anonymity when accessing sexual health services were identified by a number of respondents as being key barriers to engaging with services. Others said that they would be too self-conscious, shy or embarrassed to approach a sexual health clinic, or would be afraid of being judged by a healthcare professional.

***“I feel uncomfortable talking to someone about my problems as I’m scared they might judge me, feel I’m wasting their time or might tell someone my problems who I don’t want knowing”.***

The need for services to be private, confidential and anonymous, particularly when they are located within close knit communities, was deemed to be of utmost importance by respondents.

#### Staff

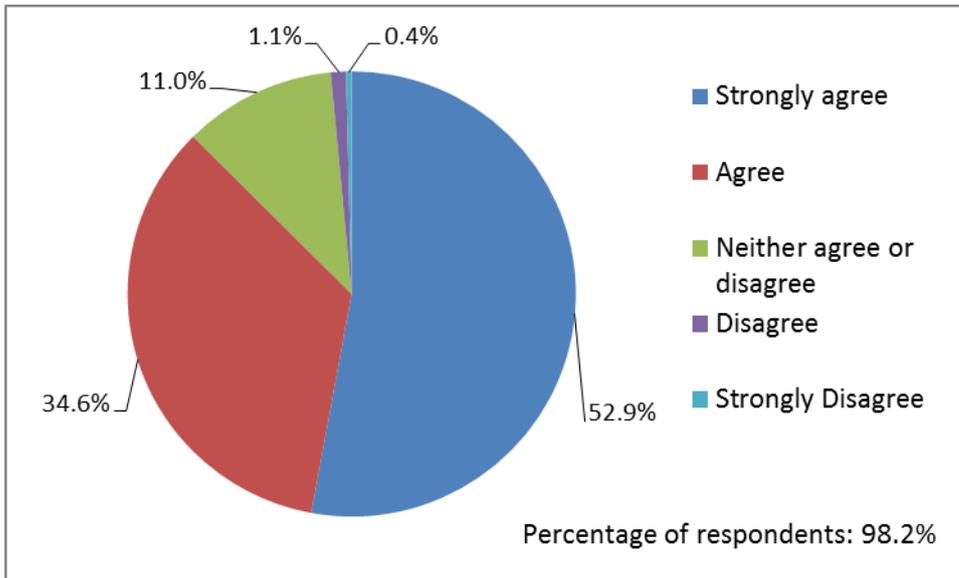
Some respondents commented on the importance of staff working within sexual health services to have appropriate training. They thought that staff should be professional, confidential, discreet, friendly, reassuring and have an understanding of culture, religion and other factors affecting service users.

***“...all staff should be trained to deal with everyone of every gender and sexuality”.***

## Principle 2

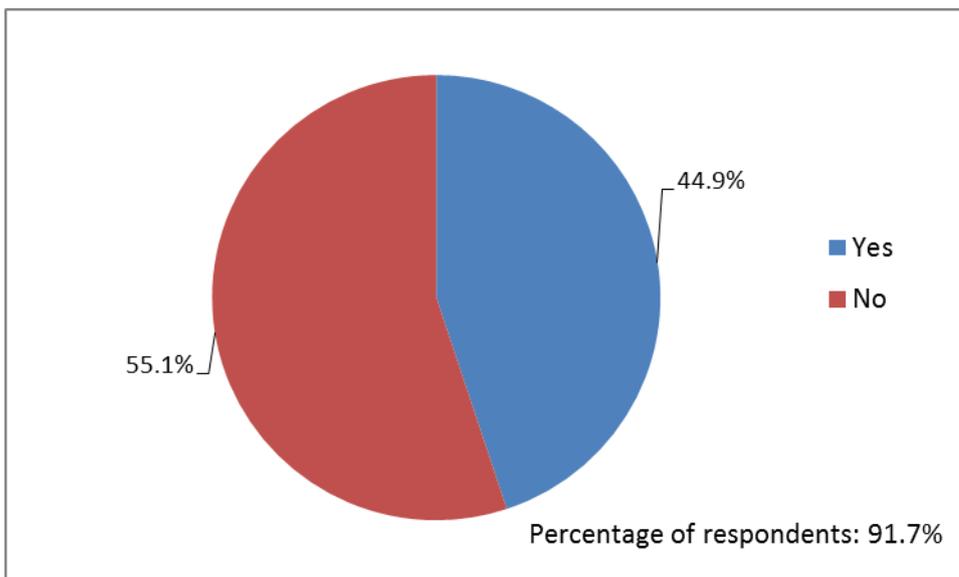
**Services provide care focused on need – ensuring those who most need help have access to specialist services targeted to their needs.**

*To what extent do you agree that our sexual health services should be designed to provide care focused on need?*



In total, 87.5% of respondents either agreed or strongly agreed that services should provide care focused on need – ensuring those who most need help have access to specialist services targeted to their needs.

*Do you feel that this principle would have an impact on you?*



A significant number of respondents to the question, 'Do you feel that this principle would have an impact on you?' and 'Is there anything which you feel we should take into account when taking a decision around this principle' made comments in agreement with the principle that sexual health services should provide care focused on need and ensure that those who most need help have access to specialist services targeted to their needs. This is on the basis that targeting services at those who are vulnerable or need more support will make it easier for them to engage.

***“As a person in one of the stated groups I feel this is very important. Those people are often the most vulnerable and so it important they can access services”.***

Many of the respondents identified themselves as being in one of the vulnerable groups listed on the consultation and the majority of these respondents said that they would like services to be targeted to their needs.

***“As an LGBT individual I find that most people do not understand it, so I would like specific treatment in order to make it easier”.***

A number of respondents said that they did not belong to one of the vulnerable groups listed on the consultation; however, some of these said that they would feel reassured that if they did fall into one of the groups in the future, services would be targeted to their needs.

***“It does not currently impact on me, but will almost certainly have an impact at some future date”.***

#### Accessibility

The need for sexual health services to be easily accessible to people from vulnerable groups was highlighted by respondents, for example, they should be spread across the county rather than in one central location, they should be easily reached by public transport and they should be available outside of school hours.

***“As someone who is under 18, I'm not always able to get to the sexual health clinic. It's not often open outside of my school hours and if that were changed, I might be able to go more often and make sure that my sexual health is adequate”.***

To improve accessibility to sexual health services for those in vulnerable groups, respondents raised the importance of information being communicated appropriately, taking into consideration that some people may have learning

difficulties or there may be a language barrier. Information should be targeted at the people who services are trying to engage with.

***“Different methods of communication with groups – text and support via text etc. culture and language barriers”.***

#### Equal access

While most respondents agreed that services should be focused on need, many felt that this should not be in spite of service users who do not fall into the vulnerable categories who should continue to be able to access a good sexual health service, and were concerned that they might be disadvantaged as a result of services being targeted.

***“If you require help it shouldn’t matter if you fall into any category, you should essentially be considered a priority”.***

Other respondents thought that everybody should have equal access to services, despite their background or circumstances.

#### Barriers

A small number of respondents thought that targeting services to people who fall within the vulnerable groups could lead to negative stereotyping and greater segregation by associating these groups with having poor sexual health, and subsequently discourage these people from engaging with services.

***“I think there is a danger of stereotyping the type of people who attend family planning clinics attending therefore deterring people who need help”.***

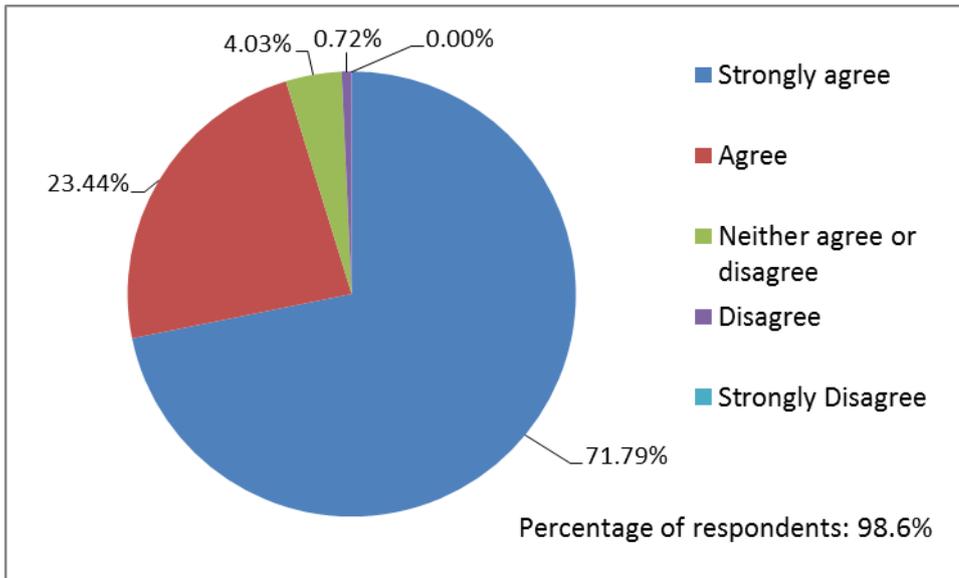
Other barriers to accessing services cited by respondents include embarrassment, fear, stigma and discrimination, highlighting the importance of sensitivities around different cultures being taken into consideration.

***“... why can we not call some of these clinics family planning again? Sexual Health makes you feel wrong where family planning feels so much better for me must be even worse for some cultures where sex is less talked about – Asian ladies for example”.***

### Principle 3

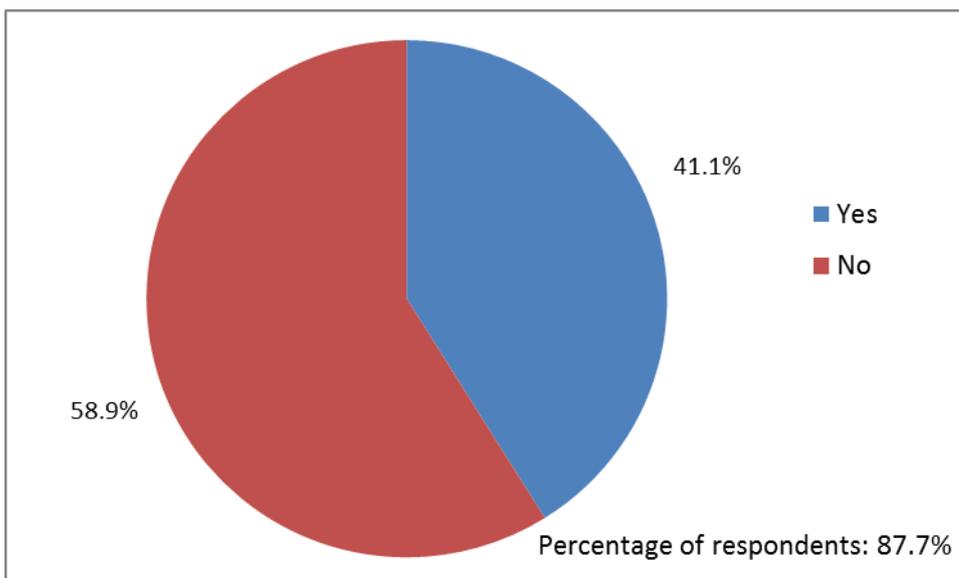
#### Prevention of poor sexual health outcomes is a priority.

*To what extent do you agree that our sexual health services should place a priority on the prevention of poor sexual health outcomes, such as unplanned pregnancy or sexually transmitted infection in the first place?*



In total, 95.23% of respondents either agreed or strongly agreed that prevention of poor sexual health outcomes is a priority.

*Do you feel that this principle would have an impact on you?*



A significant number of respondents to the question, 'Do you feel that this principle would have an impact on you?' and 'Is there anything which you feel we should take into account when taking a decision around this principle' made comments in agreement with the principle that prevention of poor sexual health outcomes is a priority and felt having more information on sexual health would be beneficial.

***"I think that the more informed I am about how to prevent poor sexual health the more clever and safe descisions [sic] I will take."***

A number of respondents commented that the principle does not apply to them as they do not fall into any of the vulnerable groups or felt they already had a good level of knowledge, but would like to see good prevention services available for those would do require it.

***"As a parent of two teenagers I would like to see this as a priority as I feel they are less aware of the consequences of poor sexual health than the older generation."***

#### Vulnerable groups

The majority of respondents felt that prevention should be a priority for young people in the county and recognised the impact of poor sexual on them later in life.

***"I work with young people and directly see the impact of poor decision making due to lack of education around relationships and sexual health."***

Many felt that not enough work was currently being done in schools on sexual health and that the quality of the information being taught to young people was important.

***"Do a lot more work in all schools. To also get children into conversation and deciding what is healthy and good relationship."***

Other vulnerable groups were identified as potentially benefitting from better education and information on sexual health. Other groups mentioned included gay people, transgender people, disabled people, those who had experienced sexual abuse, those with mental health issues and also for those who had past the school age but might still benefit from additional education and information on sexual health and relationships.

***"These sorts of things are addressed in schools, but I feel maybe some reminders for older groups should be developed."***

### Subjects for prevention

The majority of respondents felt that the emphasis for prevention services shouldn't just be on sex but should also be on healthy relationships.

***“This is very important, especially as a mother of two girls. Healthy relationships and consent is a big area that needs focusing on with both males and females.”***

Some respondents wanted more taught about STIs and HIV prevention.

***“More emphasis on contractible diseases from both intimate and oral sex.”***

### Priority of service

Some respondents feel that making prevention a priority was a good strategy to reduce costs and demand on treatment services in the future.

***“A really important outcome given that prevention is better than cure, and good work done here can reduce demand on other related services, and lead to better overall outcomes for someone who does need these services.”***

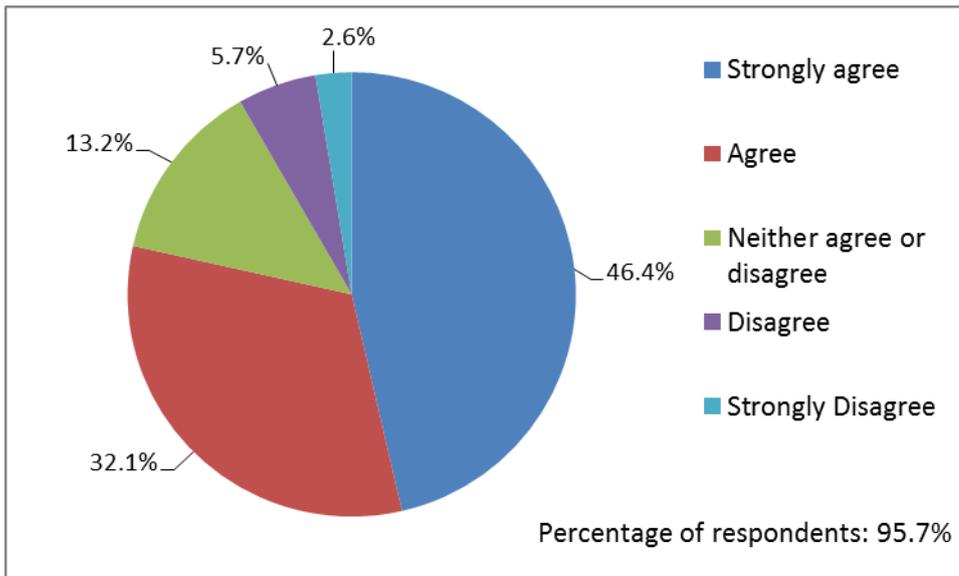
Other respondents were concerned that making prevention a priority would be at the cost of other services and whether this would affect the treatment service.

***“I don't think you can put a far greater emphasis on prevention at the behest of service delivery.”***

## Principle 4

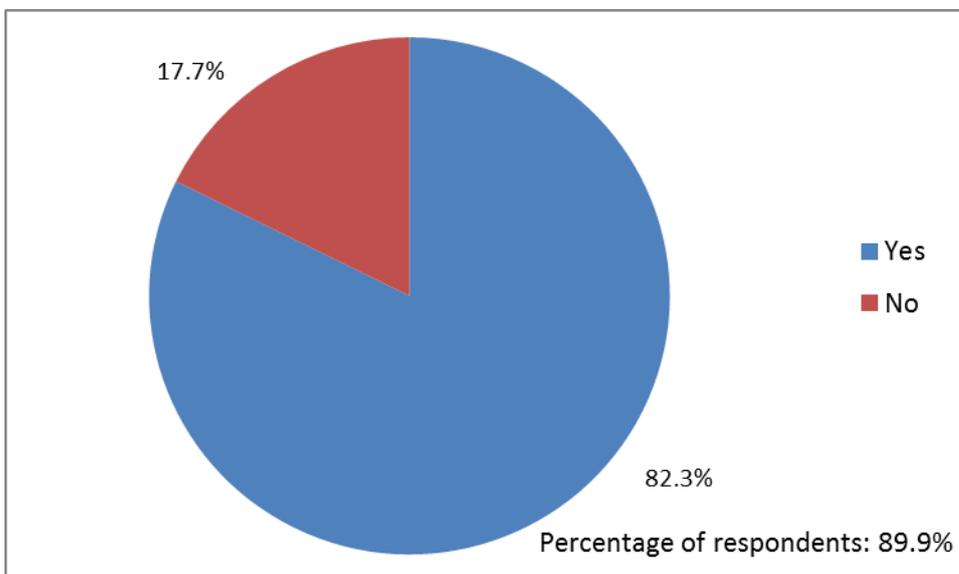
**Technology is used to allow people to access services most appropriate for them, and, where possible, choose online or self care.**

*To what extent do you agree that technology is used to allow people to access services most suitable for them, and, where possible, to choose online or self care?*

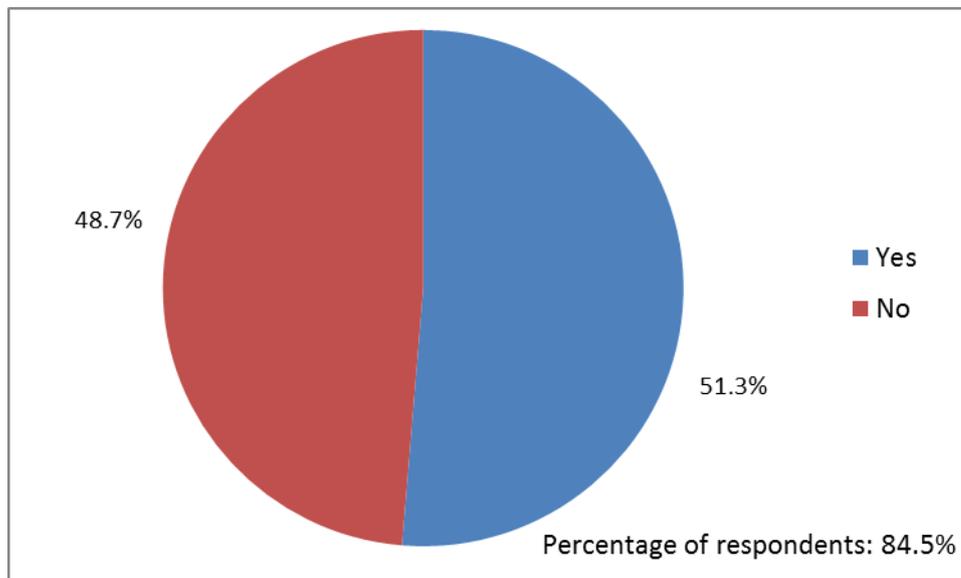


In total, 78.5% of respondents either agreed or strongly agreed that technology is used to allow people to access services most appropriate for them, and, where possible, choose online or self care.

*Would you feel comfortable accessing sexual health advice, information and support online?*



*Do you feel that this principle would have an impact on you?*



A significant number of respondents to the question, 'Do you feel that this principle would have an impact on you?' and 'Would you feel comfortable accessing sexual health advice, information and support online?' commented that they were happy to access services online as they had access to a computer and the internet.

***"I am familiar with accessing information online so comfortable with this"***

However, a smaller number of respondents felt this would have an impact on them as they did not have access to a computer or the internet, or would need help to.

***"I don't have a computer or internet or broadband. I don't use the computers at the library"***

#### Vulnerable groups

Some respondents who were happy to use online services themselves, had concerns for some of the vulnerable groups who may not be able to use or access technology. Some of the groups listed as possibility being disadvantaged by increased use of technology were, older people, those with a learning disability and those who could not afford the technology required to access online services.

***“While technology can be good for people who are familiar with using the internet etc, not all target groups seem to be of an economic or academic spectrum that would easily allow the use of technology.”***

Others felt that online facilities would be preferential for young people and would help them access sexual health services.

***“Most young people are familiar with technology so are more likely to use that as the first line of accessing support”***

#### Advantages of online

The majority of respondents felt that more online services were a positive move, as they felt they were more anonymous and confidential or felt more comfortable without having to interact with a person.

***“It would also be confidential and you would feel more comfortable accessing this information if you were embarrassed/shy about your problem.”***

Another advantage of online facilities that respondents commented on was the convenience of accessing services this way.

***“For a busy life, this could provide more options.”***

#### Concerns of using more technology

Many respondents preferred to talk to someone face to face about their concerns. Some who supported the use of technology for certain elements of the service, expressed that there still needs to be opportunities for people to talk face to face with a professional.

***“This would be a step forward but face to face services specifically for gay people are also needed”***

The security of online information was a concern for some people and how data would be stored.

***“I would be concerned around data protection of my own information and access to services I use.”***

## **2.3 Conclusions and Recommendations**

We were encouraged by the level of response to what, for many, can be a sensitive subject matter. We were also pleased by the variety of respondents and the representation we had from our priority groups.

The public consultation gave us the opportunity to test our four main principles for the future sexual health service and gather feedback and opinions from service users and the general public. Respondents have been in agreement with the four guiding principles and there is support for proceeding according to the direction of travel outlined in the consultation document.

The free text comments have been particularly valuable in providing insight into residents of Gloucestershire's thoughts on the current service, feedback on our vision for a future service and helping us to understand the needs of local people.

Our main recommendation is to ensure the findings of this consultation will be used to shape the model of delivery for the future sexual health services in Gloucestershire, particularly where comments highlight a need for those groups we know are already vulnerable to poorer sexual health outcomes.