Newcastle City Council

Sexual health services in Newcastle

Feedback on consultation and engagement activity 2019

SEPTEMBER 2019

Contents

1. Introduction

As part of the re-commissioning of sexual health services in Newcastle a programme of consultation and engagement was undertaken involving key stakeholders over the Summer 2019.

The aims of this was:

- To understand the current landscape of sexual health services in Newcastle
- To share views on the strengths, weaknesses and gaps in current provision
- To collate opinions from key stakeholders
- To use the above to inform the new service specification and model

Stakeholders were contacted and involved and responded through a variety of methods including surveys, face-to-face sessions and via email.

Stakeholders consulted included:

- Pharmacies
- GPs
- Members of the Public
- Members of local community groups
- Current and potential providers and stakeholders

An overview of the organisations and number of attendees that attended each session outlined is available at **Appendix A**.

2. Aims and objectives

The purpose of this report is to:

- outline the sexual health services review undertaken in Newcastle in 2019.
- provide a summary of the results of the consultation and engagement.

3. Sexual health review session

A sexual health review session took place on 11 June 2019, the purpose of this session was to gather views on the vision for sexual health services in Newcastle going forward, and to discuss the strengths, weaknesses, opportunities and threats (SWOT) impacting sexual health services in Newcastle.

22 attendees from 10 organisations attended this service review session.

3.1 Part 1: The vision

The vision for the sexual health provision in Newcastle was presented as:

"To provide an integrated sexual health system that supports Newcastle residents to make informed, confident choices that, when necessary, ensures access to appropriate good quality services. Ensuring all residents have the right opportunity to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence."

Overall feedback for the vision was positive with the following raised as elements that need strengthening in the vision:

- Lacks reference to prevention
- Timely
- Accessibility of services
- Generic-needs to be more overarching
- Make it a safe place for people living with HIV+
- Better inclusion of minority groupings
- Use of “coercion” should perhaps be replaced with “exploitation”

3.2 Part 2: SWOT discussions

Participants were split into themed groups (clinical services and non-clinical services) to conduct discussions looking at the strengths, weaknesses, opportunities and threats regarding current provision.

The tables below outline the feedback for these discussions:

Table 1: Clinical service

Strengths of current clinical service provision	Weaknesses/Threats of current clinical service provision	Opportunities
Research PrEP study: Newcastle is the biggest participant of PrEP in the North East. Patients also get full sexual health care if diagnosed HIV positive. Newcastle takes part in other people’s studies, which can generate income.	None stated.	Service could do more research and lead the way on various topics. Service could link more with universities.
Staff /Resources Appropriately trained clinical staff Committed, passionate clinical staff	Staffing resource requirements present a huge challenge. Limited resources can mean patients prioritise the main issues they have come into clinic for as there are not always time or resources to cover all requirements/requests in one visit.	None stated.
Partnership Working Excellent, specifically; • C card • Chlamydia screening • HIV Prevention (eyes open) • PRIDE	Service can be constrained by structures. Not enough resources to participate in all opportunities of partnership working.	None stated.

Strengths of current clinical service provision	Weaknesses/Threats of current clinical service provision	Opportunities
• Schools, youth services		
Training • EOHC training • Implant training • STIF Course • Medical training	None stated.	None stated.
Integrated service Good premises which are well located. Integration of HIV service from a user's perspective is seamless. Patients are diagnosed and can be treated in the main service. Express service (delivered by Health Care Assistants). Service is responsive to public health outbreaks i.e. Hep B, Syphilis.	Walk in is full by 9.am – and people can be turned away. Complaints received about waiting times. Waiting times can lead to negative behaviours from service users. Not enough clinical outreach or spokes in the city. Community Health Assistant role has been reduced, which has led to a loss of community development. Limited focus of prevention. Other sexual health services inappropriately refer patients to New Croft or patients from other local authority areas attend for EOHC at New Croft, this takes up available appointment that could be utilised for Newcastle residents.	Could be testing for mycoplasma genitalium but would require extra funding and it is more expensive to treat.
Pharmacy provision Accessibility of pharmacies over 50 pharmacies across the city trained to give EOHC to **ALL** ages.	Shortage of medicines due to stock not being available. Arrangements lack incentive to seek developments to help	Pharmacy could take more on to improve access to sexual health services and reduce pressure on main service i.e. (chlamydia treatments, quick start contraception and repeats,

Strengths of current clinical service provision	Weaknesses/Threats of current clinical service provision	Opportunities
Ella One first line treatment in line with national guidance. Good pathways for IUD from pharmacy to New Croft.	improve access and/or reduce demand on hub service. Barriers in pharmacy as don't have access to interpretation services including sign language.	C-card, pregnancy testing, LARCs – injections, HIV testing and other BBV testing – pharmacy currently testing for Hep C. Investigate and/or improve pharmacy footfall to maintain competency. Review of Pharmacy contract arrangements and improved links with Public Health directly.
Primary Care Provision	Referrals to New Croft that could be completed within primary care.	Review of GPs contract arrangements to understand referral pathways and responsibilities. HIV testing training for primary care. Opportunities regarding primary care networks.
Online testing DIY STI Testing kit has reduced demand on hub service. Training/provision of STIs testing kit to services working with vulnerable people.	Good as it identifies undiagnosed infection but increasing demand on service when requiring treatment.	None stated.
Learning Disability Sexual Health Nurse Excellent resource and identified as the only one nationally.	Working with other voluntary organisations.	Improvements to networking and partnership working across all sexual health services.
Targeted support for vulnerable groups • Pause • Mobile outreach • Young people's clinic • MSM outreach, saunas, pride DIY Testing	Service doesn't interact with as many people from BAME community as would expect. Some vulnerable users may feel highly visible when they access New Croft.	More opportunities to make service more inclusive of LGBTQ identities. Review provision supporting communities with high prevalence of BAME to support

Strengths of current clinical service provision	Weaknesses/Threats of current clinical service provision	Opportunities
• GP referral has enabled some BAME women to attend New Croft i.e. referred after FGM identified. • Sex work and sexual exploitation – good links with Map and Gap.	The service isn't perceived as inclusive for Trans or non-binary individuals. Need better links to drug and alcohol and homelessness services.	individuals to access services within their neighbourhoods. Opportunities for pharmacies to reach out to local BAME communities.
Information Technology Virtual tour of new croft on website	IT issues with electronic patient record. Service needs user friendly, accessible website. Issue to invest in a new IT system when contract is only 3 years. Collecting information for KPI reporting is cumbersome and utilises clinician time.	C-card finder app could be used better for campaigns. Opportunities to develop bespoke website. Extending telephone consultation i.e. repeat pills/sending out DIY testing kit. Westgate site being developed. Review contract KPIs with streamlining where possible.

Table 2: Non-clinical SWOT discussions captured

Strengths of current non-clinical service provision	Weaknesses/Threats of current non-clinical service provision	Opportunities
Partnership Prevention and education outreach work well. Links and support from clinical service – New Croft (postal tests). Share stories in an informal way for HIV services. Peer mentoring and peer support.	Not many referrals from New croft for newly diagnosed people. Not many referrals to MAP/GAP. Work with MSM – access into saunas can be restrictive for non-clinical services. Barriers in accessing/working with	Giving people a platform to be heard especially within HIV services and within health and wellbeing not just clinical Try to build community capacity with people living with HIV. Student union could have permanent access to STI kits and contraception. Could attend partner meetings to promote services.

Strengths of current non-clinical service provision	Weaknesses/Threats of current non-clinical service provision	Opportunities
	refugees and migrants for sexual health support.	Fast track service for most vulnerable. Need to be able to offer long term support especially around trauma.
Vulnerable groups	Barriers within appropriate mental health services.	Sessions to inform people about what happens at different appointments. More education targeted at vulnerable groups. Identify ways to reach men and women who engage in online 'adult work' sites
Staff Passionate, dedication, commitment of staff in Newcastle. Huge strength.	Access to Interpreters. Complex issue – lack of confidence of interpreters, concerns true interpretation is not being relayed due to values/attitudes.	
Training Sexual health training works well	Some partners unable to contribute due to funding restrictions. Training restricted to days and early start	Consider training outside core hours and working week. Train the trainer sessions to deliver within own organisation to support flexibility of work patterns
Services Range of non-clinical young people's service across the City. Taking services out to community groups via bus/outreach. C card - good partnership working. Streetwise and CNE young people's services young people can access	New Croft as it is still having stigma attached for certain people. 0-19 contract and sexual health contract have same messages. Underlying level of anxiety in different roles and responsibilities. e.g. school nurse services, restricting school drop into compliment school nurse offer in schools	Review 0-19 offer in schools where there is overlap with sexual health. Referrals and signposting need to continue.

Strengths of current non-clinical service provision	Weaknesses/Threats of current non-clinical service provision	Opportunities
without worry or judgement. New Croft young people's clinic working well. Partnership working well together.	Element of competition with numbers e.g. c card	
Vulnerable groups	BAME communities – barriers, issues to STI/HIV testing Trans –missing individuals under 25 as not accessing mainstream services.	Engage BAME communities better.
Reducing inequalities	Reaching excluded young people (they are more vulnerable to county lines, sexual exploitation, grooming) Young people getting from school clinics need longer opening times to reach inequalities of access. There is no nurse led clinic in the east of the City. Some young people of different cultures won't go to New Croft. Pregnancy testing – process of introducing too drawn out.	Expand clinic times and reach to suit demographic and requirements. Target zero HIV diagnosis in 10 years' time some reference to this somewhere what's happening? Introduce nexus condom carriage. STI home testing kit could be introduced to outreach. Support M-card to end period poverty. Hotspot data need to address gaps in provision and respond in a timely way. There needs to be a clinical offer within voluntary sector services. Full screening offer. Make better use of high-quality VCS provision.

3.3 Session summary

Clinical service provision:

- Current premises are centrally located, and staff are well trained
- Partnership working is viewed as excellent in terms of C-card, chlamydia screening etc but can be restrained by current structures and resources
- Accessibility and availability of clinical hub service can be limited
- To reduce pressure on the main service at New Croft there need to be links to other resources and using these resources smarter
- Conflicting views on whether online testing/DIY testing reduces demand on main service or adds pressure by increase of testing
- Opportunity to understand more the sub-contracting to primary care services and use them more
- Opportunity to reach out and include BAME communities and vulnerable groups more within settings that they are more comfortable/confident accessing
- There is a perceived stigma when accessing New Croft especially for vulnerable groups with a need for more outreach community development
- KPIs should be streamlined and IT issues may need to be explored further

Non-clinical service provision:

- A strength is the passionate and dedicated staff, working closely on complex cases who may need long term work/support
- A need for a better offer to Trans community
- Roles and responsibilities for staff need to be clarified.
- There are links to the 0-19 contract and the current offer in schools
- Reaching vulnerable groups and BAME communities could be strengthened through improved engagement
- Reaching vulnerable young people needs more thought
- Gaps in provision for young people due to clinic times and availability of timely outreach
- Process of introducing pregnancy testing needs reviewing
- Opportunity to consider more training sessions outside of core hours and “train the trainer”
- Opportunity to introduce more online/DIY testing kits into community settings
- Build more community capacity and a louder voice for those living with HIV

4. Service user engagement sessions

Face-to-face sessions took place in July 2019 with three community-based groups; ASDAN Group, West End Women and Girls-One Stop Shop and Streetwise Young People Project. The focus of these consultation sessions was based around six questions which were used to steer and aid discussion. The six questions were:

1. Where do you go?
2. What’s good?
3. (a) What’s not so good? (b) What would make them better?
4. Anything else you would like but are not offered?
5. Is there enough provision in Newcastle?
6. Is there anywhere that you go for information and advice on sexual health?

4.1 Discussions and feedback

Question 1 – where do you go?

Attendees from ASDAN group and the West End Women and Girls group stated they would attend their GPs and attendees from the ASDAN group and Streetwise group said they would attend New Croft Centre. Other places mentioned were school, Streetwise, shops (to buy pregnancy tests) and looking online such as Google and the NHS website.

Question 2 - What's good?

GPs were identified as good as they are walking distance from home and the view that "doctor knows best". The privacy and confidentiality that a setting like the GP Surgery can offer was also identified as positive, with less stigma and embarrassment attached.

There was a positive of being able to book appointments than walk in and wait.

The New Croft centre was viewed as a "good service".

A positive identified regarding the Streetwise service from the Streetwise group was the educational aspect of the service, with views expressed that it provides "life lessons" and "changes opinions". The group stated that it "keeps you safe".

Question 3a - What's not so good?

The ASDAN group stated that waiting times for New Croft and the location were not good. Tying in with the theme of confidentiality, it was felt by this group that negatives were also the mix of people waiting for different services (contraception and STI testing) and the stigma and/or judgement that may be associated with going to a place known as the STI testing place.

Opening and appointment times were also mentioned as a negative.

The ASDAN group and the West End Women and Girls group identified that for GPs, getting an appointment when needed can be difficult.

The Streetwise group did not offer any negatives on the service.

Question 3b – What would make them better?

The ASDAN group stated that more information on other places to go within the City and the locations of services (close to home) would be an improvement.

For the West End Women and Girls group the guarantee of being able to see a female doctor to discuss sexual health/women's health was a possible improvement, as well as reading materials and TV being available for distraction when waiting to be seen.

The Streetwise group stated that more STI testing, a bigger venue and more visibility/ attendance in schools for sexual health would be an improvement.

Question 4 – Anything else you would like but not offered?

The ASDAN group and the West End Women and Girls groups both identified more information and advice (such as contraception advice and the pharmacy offer) as something they would like.

Both the West End Women and Girls and the Streetwise groups expressed a wish for STI testing.

The ASDAN group also mentioned a nurse drop-in at community group sites such as the Riverside would be something they would like.

Question 5 – Is there enough provision in Newcastle?

Both the ASDAN group and the West End Women and Girls stated there is a need for a community provision based in a well-known/well-used centre. ASDAN group specifically stated that there was a lack of provision between the city centre and the west of the city. Other points to do with location included wanting somewhere with parking.

Further views from ASDAN group were the option of a range of sessions (male only, female only, mixed). As with the West End Women and Girls group previously, ASDAN expressed a preference for female staff provision. Face-to-face provision was also preferred with interpretation and translations an important feature and the preference the complete DIY kits in the clinic before leaving. There was also some discussion over whether advice and leaflets to share with younger teenage members of the family were appropriate.

The Streetwise group were able to name two services and believed there were enough but could be improved.

Question 6 – Is there anywhere you go for information and advice on sexual health?

The ASDAN group mentioned going online for information such as the NHS websites, and receiving information via schools. The Streetwise group also mentioned school via school nurses, but the group stated it "feels scary" to ask the school nurse.

The West End Women and Girls group made no comments for this question.

4.2 Session summary

Key themes identified from the three group sessions included:

- Privacy and confidentiality with the possible use of outreach in community settings to deter some of the stigma of attending a known sexual health service seen as a possible solution.
- Ease of access and being able to secure appointments
- Female staff provision
- More information and advice being made available

5. Feedback from GPs and Pharmacies

As part of the sexual health services consultation GPs and Pharmacies within the City were invited to share their views on current sexual health provision. GPs and Pharmacies were contacted via email on 04 July 2019 and asked to feedback (GPs via email, pharmacies via PharmOutcomes) with a response deadline of 15 July 2019.

Feedback from both GPs stated a need to be able to refer patients on to hub service for emergency or urgent appointments to avoid delay and confusion in treatment.

One GP stated that there was a perceived difficulty for young people in their GP Surgery to access sexual health services in the area, but young people's clinics within the GP Surgery were poorly attended. This was attributed to the risk of running into people they know and mentions the needs for anonymity.

6. Feedback from other professionals

A response was received directly from a community project who outlined the evaluation of their work with migrants and communities in transition from November 2018. This highlighted the need for community engaging staff to engage those attending community provision to help understand how primary care works in England. In particular one

example refers to a woman taking the information she has learnt from one of these sessions in regard to the sexual health service and then passing on this information to her husband to share with other men in the community.

This response also highlighted the potential loss of connection to sexual health services in the West of the City since the move to the city centre hub had on females particularly from South Asian communities. As New Croft is perceived as difficult for this population to attend.

7. Let's Talk Newcastle survey analysis

A wider public survey was conducted as part of the consultation, available via the Let's Talk website from 11 June 2019 to 15 July 2019 (34 days). Questions included use of sexual health services, preferences in terms of opening times and service content, perceived barriers to accessing the current service and respondent characteristics (age, gender, sexual orientation etc). Paper copies of the survey were also left in a number of community and sexual health settings.

There were 331 responses collected in total; please note however not each respondent answered each question and therefore total responses for each question may fluctuate slightly. Where percentages have been given these are given as whole numbers for ease of reading and are calculated as a percentage of 331 responses even if the question had blank answers.

7.1 Demographics

Gender

There were 281 responses to the question "Are you…(Male, Female, Prefer not to say, Prefer to self-describe)" and 50 blanks. Table 4 details the responses broken down by each option. Table 4 shows that the most responses (just over half) were received from those identifying as female. Of those responses who preferred to self-describe; one response was gender fluid; two responses were non-binary (born female) and 3 responses were non-binary.

Table 4

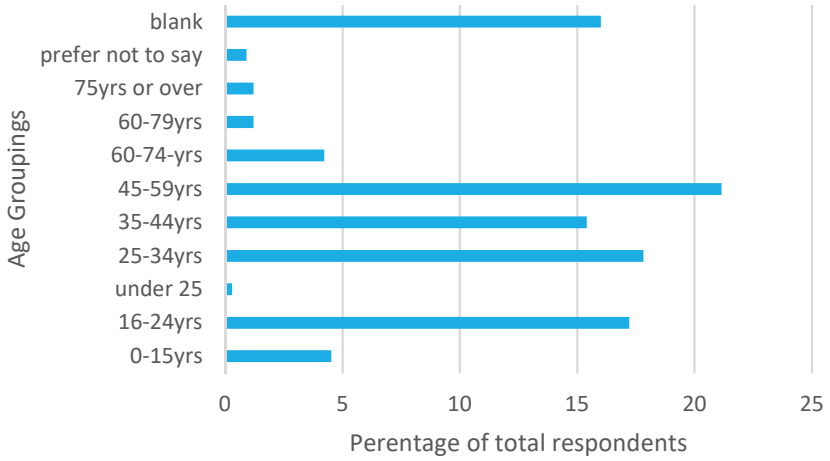
Option	Count of Responses	Percentage of Total Responses
Male	92	28%
Female	180	54%
Prefer not to say	3	1%
Prefer to self-describe	6	2%
Blank/no response	50	15%
TOTAL	331	100%

Age

There were 227 responses to the question "How old are you?". There was a small discrepancy spotted with thin the options on the survey where two of the options stated "60-79yrs" and "75 or over". It should be noted that due to this there may be some

responses aged 75 or over who chose “60-79” rather than “75 or over”. Graph 1 shows the responses by categories.

Graph 1



Ethnicity

There were 292 responses to the question “What is your ethnic group?”, and 39 blanks. The majority of responses were “white, white Irish or white British”. Of those responses who chose “other”; four described themselves as “other white”, two as “other-mixed”, one as “other white African”, one as “other black white African”, four as “Afghanistan”, one as “Syria”, two as “Africa” and two did not give a further response. Table 5 shows the responses by answer options.

Table 5

Option	**Count of Responses**	**Percentage of Total Responses**
White, White Irish or White British	251	76%
Asian or Asian British	11	3%
Chinese	0	0%
Black or Black British	4	1%
Mixed Ethnicity	8	2%
Prefer not to say	1	0%
Other (please describe)	17	5%
Blank/no response	39	12%
TOTAL	331	100%

Self-reported Disability or Long-Term Condition

There were 272 responses to the question “Do you consider yourself to have a long-term health problem or disability?”. Table 6 shows responses by answer option. Most responses did not consider themselves to have a disability or long-term condition.

Table 6

Option	Count of Responses	Percentage of Total Responses
Yes, limited a lot	18	5%
Yes, limited a little	44	13%
No	204	62%
Prefer not to say	6	2%
Blank/no response	59	18%
TOTAL	331	100%

Sexual Orientation

Respondents were asked to indicate their sexual orientation. There were a mix of responses with most indicating their orientation as “heterosexual/straight”. Of those six responses who preferred to self-describe; two indicated they were “Queer”, one “Asexual”, one “Pansexual”, one “sometimes gay man and sometimes heterosexual”, and one did not elaborate further. Table 7 shows the response counts by answer option.

Table 7

Option	Count of Responses	Percentage of Total Responses
Bisexual	25	8%
Gay women/Lesbian	4	1%
Prefer to self-describe	6	2%
Gay man	52	16%
Heterosexual (straight)	185	56%
Gay	1	0%
Prefer not to say	14	4%
Other	4	1%
Blank/no response	40	12%
TOTAL	331	100%

7.2 Service use

The survey first asks respondents to indicate if they have used any sexual health services in Newcastle. The list below shows the options ranked from most to least “ticked”, i.e. services most to least used by respondents in this survey. There are more “ticks” than respondents indicating that many respondents have used more than one of the listed services. Those who chose “other” listed other specific sexual health services.

1. New Croft Centre (147)
2. GP practice (a doctor) (121)
3. MESMAC/SHINE (74)
4. Hospital (48)
5. Streetwise (46)
6. Walk-in centre (44)
7. C-card outlet (34)
8. Community Pharmacy (32)
9. I have never used these services (29)
10. DIY STI testing (24)

11. College, school or university (23)
12. Chlamydia or Gonorrhoea online testing (18)
13. Sexual Health service for people with learning disabilities (18)
14. Blue Sky Trust (15)
15. Young People's Services (formerly known as WEYES) (13)
16. Other (8)
17. Map and Gap (7)

Respondents were asked if their visit(s) were more likely to be planned or unplanned. 58% of those surveyed stated their visit was planned, 19% were unplanned, 3% stated they had not used any of the services, and 20% left a blank/gave no response.

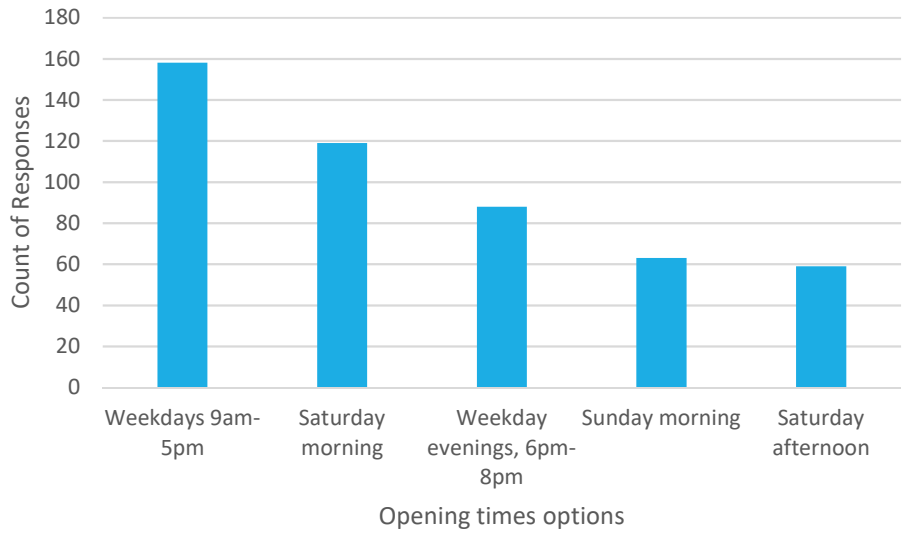
Respondents were asked what services they received from a list of options. The list below shows these options ranked from most to least used.

1. Sexual health screening (check-up) (133)
2. Contraception (implants, pill, IUCD, coil) (125)
3. Condoms (102)
4. Advice on STIs (86)
5. HIV information, advice and testing (73)
6. Cervical screening (over-25s) (62)
7. Emergency contraception (morning after pill) (44)
8. Counselling for sexual health (37)
9. Relationships advice (30)
10. Pregnancy testing (27)
11. Chlamydia and gonorrhoea screening (26)
12. C-card (19)
13. Pregnancy options and advice (19)
14. Long-term HIV treatment and care (15)
15. Learning disability and sexual health nurse (11)
16. Other (11)
17. PEP (7)
18. Mobile outreach (2)
19. PREP (1)

7.3 Preferences and opinions

Respondents were asked to pick from a list of options their preferred opening times for sexual health services in Newcastle. There were 487 "ticks" indicating that some respondents picked more than one option for this question. Graph 2 shows opening times preference. Weekdays 9am-5pm and Saturday mornings were the most popular opening times.

Graph 2



Respondents were asked via a free-text box to give ideas of ways in which the sexual health services in Newcastle might be improved. 92 comments were received which can be loosely grouped into three themes; Flexibility, Visibility and Staffing. Common comments around flexibility included the availability of appointments across wider choice of hours and different locations. In terms of booking appointments responses stated they would like to be able to book same-day appointments, and to have an online booking service or via text/mobile. For visibility, responses stated that more advertising of the service and increasing the Service's profile in the community would be beneficial. Some stated that available information need to be updated. For staff, comment stated the perceived need for more staff, feeling the service was understaffed, and some mentioned training for staff too.

Survey respondents were asked to indicate which option they would be willing to use regarding home testing. Most respondents chose DIY testing, followed by Self-completing an order for a home testing kit before leaving the clinic, and using own device to order a kit after leaving the clinic was least popular.

Survey respondents were asked to think about how important the following were to them when thinking about using a sexual health service. Table 8 shows each option and ticks for each one by importance. Please note not each respondent answered each question and therefore figures may not equal the same each time. From Table 8 same day appointments, walk-in appointments and anonymity were the options deemed most strongly important by respondents.

Table 8

Being able to…	**Very**	**Fairly**	**Not very**	**Not at all**	**Don't know**
make appointments at weekends	120	80	49	21	8
make an appointment online	111	86	54	17	10
make an appointment by text message	72	71	83	38	9
speak to someone (face to face or telephone) to make an appointment	125	86	53	16	3

walk in without an appointment (drop-in)	**147**	84	30	13	3
book appointments in the evenings	120	100	30	14	11
remain anonymous	**142**	62	47	19	9
take a friend	100	58	70	41	8
get same day appointments	**148**	92	27	9	5

The survey asked respondents to indicate how important they felt certain features of a modern sexual health service were. Table 9 shows each feature and ticks for each one by importance. Staff knowledge and attitude, confidentiality and staff making service users feel welcome were most strongly important for respondents.

Table 9

	Very	**Fairly**	**Not very**	**Not at all**	**Don't know**
Being close to home	101	108	54	11	1
Being far from home	17	40	98	83	15
Confidentiality	**245**	26	4	1	1
Having a range of services in one venue	180	70	20	2	6
Having good transport links	167	80	23	3	3
Having information about the service	195	64	10	0	4
Having information about waiting times	145	105	19	2	3
Having information to allow for bookings to be made online/through mobile	143	88	25	4	8
Refreshments and magazines being available in waiting rooms	53	46	113	54	7
The buildings being comfortable	111	112	40	6	2
The staff having a good attitude and knowledge	**255**	23	1	1	3
The staff making you feel welcome	**229**	42	7	1	3

7.4 Barriers to access

Most responses indicated that there were no barriers to them accessing sexual health services in Newcastle; 71% (234 responses) said there was not anything stopping them, 14% (47 responses) indicated there was and 15% (50 responses) did not answer the question.

Those who said that there were barriers stopping them were then asked to pick from a list of options those barriers which applied to them. The list of barrier options from most ticked to least is shown below with the number of "ticks" in brackets:

1. The opening hours are not convenient (21)
2. Other (19)
3. I would be embarrassed to attend (14)
4. They are too far from home (12)

5. I don't think they would be inclusive of my identity (10)
6. I don't know what they provide (9)
7. I'm worried about confidentiality (8)
8. I don't know where to find them (7)
9. I've had a bad experience in the past (6)
10. They are too close to home (1)

Of those who chose "other" for the above question, there was an option to submit a free-text response. Most detailed previous bad experiences with sexual health services, waiting times or barriers due to caring/childcare.

7.5 Access to Information

Respondents were asked to pick from a list of options their preferred ways to find information about contraception and sexual health. Respondents could tick more than one option. Below options are listed from most to least popular with the number of ticks in brackets. Of those who chose "other", common free text responses was they would find out information from someone in person e.g. a GP.

1. Search engine (e.g. Google) (183)
2. NHS Choices (98)
3. Newcastle upon Tyne NHS Foundation Trust website (89)
4. NHS Direct (75)
5. GP website (60)
6. LGBT community/networking websites (59)
7. Facebook (44)
8. Newcastle City Council website (28)
9. Other (27)
10. Youth project websites (18)
11. Twitter (13)
12. None of the above (12)

7.6 Survey summary

The analysis of the Let's Talk Survey has identified the following key points from respondents' views:

- Service users would like a sexual health service that gives flexibility in terms of opening times, and appointments (booked and walk-in appointments)
- A range of ways to be able to book appointments (online, mobile, telephone) would be preferable
- Confidentiality and trust in staff were deemed important; both in their knowledge and skills but also in their attitude and making service users feel welcome
- Barriers to accessing the service were perceived to be opening hours and embarrassment to attend. This links back to the perceived needs above for the service to be flexible and for staff to provide a welcoming and confidential service.

8. Market engagement session

After consolidating the above exercises and wider work around the re-procurement, a second market engagement session was held 05 September 2019. The aim of the session was set out the proposed new model for services that would go out to

procurement including background, findings from the consultation and the priority areas of focus for the new service. Attendees were then asked for further feedback around the new proposed model in the form of two roundtable discussions and a further discussion regarding social value. Both roundtable discussions had several questions attached to them which were used by facilitators on each table to generate and steer discussion.

26 attendees from 17 organisations attended the market engagement session. The following sets out the key feedback and messages from participants.

8.1 Part 1: Sexual health in Newcastle – discussions and feedback

The first roundtable discussion asked participants to consider the challenges and opportunities of the proposed new model and thoughts on whether the priority areas of focus were the right areas to focus on.

Roundtable discussions:

What are the challenges and opportunities you envisage for sexual health services in Newcastle?

Challenges	Opportunities
• Online Services require a longer contracting term (5-year minimum) unless embedded now. • Understanding privacy and confidentiality within certain communities • Young male BAME – employing BAME workers to improve uptake from this population. • Trans – need more trans workers in services. • More diversity need reflecting within staff posts/workforce – training and recruitment issues. • Schools – difficulty in access • GPs and Pharmacy –develop these settings to remove stigma and improve safeguarding. • If shift focus onto more outreach there is a risk of shifting resource from core service. • Outreach needs to be opportunistic – difficult in setting up and maintaining.	• Exploring online support for younger people. • BAME population – opportunity for "train the trainer" to ensure best placed people deliver support – require skills/knowledge for working in certain community areas i.e. mosques – learning opportunities • Need to work across the partnership and share resources • Schools – awareness campaign for roles/careers open to them to encourage different young people to apply/train up • Imbedding autism awareness across services • Including emotional resilience into service, information and support • Friendly clinical space for vulnerable groups • Opportunistic – extending pharmacy offer, links with drug and alcohol services • Shift in student population location • Linking in with voluntary sector for fast track referral pathways • To work effectively with school nursing services – extend and develop.

Do you agree with our priority areas of focus?

Participants did generally agree with the priority areas of focus, comments from discussions were:

- Online services could free up resources but there needs to be a planned focus on need and best use to not lose sight of vulnerable people who may fall through the gaps.
- Smoother patient journey
- Ensure TOP service is streamlined – including providing contraception
- Improved links between clinical and non-clinical

What other priorities should we be considering?

- People with autism are missing from the themes.
- Could abortion rates be segregated to identify the numbers of those within vulnerable groups?
- Operation Sanctuary – what could findings from this be included in the priority focus?
- Online contraception and treatment
- More emphasis on self-care
- More reliance on community pharmacy to free capacity up in core service
- Primary care networks – long term goals – but bearing in mind huge other demands and targets.

How can we better engage with people who use our services to develop our commissioning plans?

- Better engagement with Healthwatch
- Need an integrated site for all services and how to access
- Looked after children and young people – need to engage via LAC nurse
- Universal offer not just targeted groups.

8.2 Part 2: Service model proposals – discussions and feedback

The discussion in Part 2 was around the proposed offer of the clinical and non-clinical services.

Roundtable discussions: Clinical service

Do you agree with maintaining an integrated clinical offer as is?

Participants generally agreed with maintaining an integrated clinical offer, comments from discussions were:

- Other local authorities are quite envious of Newcastle set up – in danger of losing very skilled workforce if it is changed.
- If it isn't broke don't fix it.
- An understanding of the pressures in the clinical budget envelope for greater community and outreach provision.
- Agreement with ambition and aspiration
- Demand for services means that services have to "cut their cloth" accordingly
- There is still a human workload to achieve ambitions
- Services need to be equitable and proportionate at a universal offer level as the demographics up of the City is not largely BAME, there could be an uneven focus on this population for the clinical offer.

What do you think are the strengths and weaknesses of an integrated offer?

- Need to bring GPs and Pharmacies more on board and work better together
- Shared skill base
- Good current partnership working with Streetwise, MESMAC, etc for young people
- KPIs have to match the challenge/ambition in relation to online services.
- Clear online structure, purpose and target audience
- Testing where appropriate – don't use online as a default for inappropriate testing.
- Need to set targets to approach all community pharmacies – not targets to have to sign all of them up.
- Need specifics of outcomes but not stipulate the methods.
- Some good pharmacies who tap into the advice of existing service
- Collaborative commissioning across the sexual health system
- Finance to subcontract is tight within the budget envelope
- Sub-contracting within the service feels onerous and "without teeth"
- Enhanced pharmacy services – good appetite in pharmacy management for this
- Tepid response from workforce, can be limited skills
- Turnover of pharmacy staff can be an issue
- GPs are overwhelmed and send to L3 service
- The LA has more clout within the Healthcare System – i.e. direct contracts with.

Is there anything else we need to consider, or, based on your experience, a need that would not be met through this proposed model?

- Need agreement between clinical and non-clinical – push/pull at present.
- End-to end mobilisation plan for roll out of online services
- Clear rationale of clinical and non-clinical separated out – examples in other areas of single points of access (NGOs in GUM Bristol)
- Longevity of services
- Risk assessment processes of changes in pharmacy dispensing guidance
- Better streamlining within GPs / Pharmacies
- More specific details in outcomes
- To increase ambition to supply we need to see a greater shift to L2 service in GP practices and pharmacies setting and we can use more online self-tests
- There is a risk if we shift activity to online self-tests we still need a clinical response – there is a danger that too much focus on online widens the inequality.
- If too more focus on an outreach approach there is less inequality.

Roundtable discussions: Non-clinical services

Do you agree with the four themes we have proposed for non-clinical opportunity (young people, sex workers, HIV+, learning disability)?

Participants agreed with the four themes identified. It was stated the need within the young people services aspect to have a focus on hard to reach young people such as Looked After Children (LAC). The importance of the findings from Operation Sanctuary were also highlighted as key component of the themes.

Have we missed any opportunities, or, based on your experience, a need that would not be met through this proposed model?

- Education and prevention needed with young people in all areas and not just high deprivation areas.

- Need to check what aspects cross into what the 0-19 service are commissioned to deliver.
- Interface with the main service needs to be seamless.
- Improved links with homeless people, trans and non-binary, LGB, drug and alcohol services
- Universal proportionality as dis-proportionate focus on groups that have a louder voice
- Opportunities at L2 and pharmacy and online self-tests – caveat it will increase demand.
- Finances across all community sector organisations is tight, there needs to be clear rationale on contract values.

What do you think success could look like in this proposed service system?

- Strength in partnership – lots of complex needs to meet.
- Consideration of how clinical and non-clinical services should be linked to be as seamless as possible whilst reflecting the disparity in funding. Don't make the system onerous for those with tiny budgets – comparable expectations within contracted organisations.
- Non-clinical providers meeting together to better link and avoid duplication, share good practice, success to increase seamlessness across the sector.

Roundtable discussion: Social Value commitment

An outline was given to inform and highlight the importance of Newcastle's commitment to Social Value when designing service opportunities. Participants were asked:

How do you think we could support maximising Social Value within these opportunities?

Think Newcastle: Maintain provision of a central hub within the City centre – local employment opportunities, easy reach for patients, maintain a central presence in Newcastle. Training opportunities for clinical and non-clinical staff.

Ethical leadership: Living wage verse minimum wage – ensure organisations have ethical wage offers (non-clinical), volunteer opportunities are supported and opportunities for up-skilling/training are available – specially to ensure strengthened SH partnership. Education budget within bidding organisation to train clinical and non-clinical staff.

Community focus: Analysis could direct the need of outreach provision within community settings. Uptake of training available, support in communities and pro-active with engagement in community setting/community organisations as conduits for information and advice/ signposting

Green and sustainable: Consideration of practices and sourcing to off-set impact on environment.

8.3 Session summary

Overall the participants agreed with the decision to keep the clinical and non-clinical services separate, the proposed new model for the sexual health system and the priority areas of focus identified.

- Discussion highlights were:

  - The importance of using and embedding online services appropriately
  - Services being proportionate for the population they are serving whilst being mindful of those who need targeted support (priority groupings) and understanding of influence in investigations such as Operation Sanctuary
  - Keeping the clinical service universal whilst taking part in targeted work
  - Consider the sub-contracting responsibilities within the clinical contract
  - Consideration on the impact of more emphasis on community outreach within the available budget
  - Improved collaborative working across clinical and non-clinical services
  - The need to grow partnerships and communication across clinical and non-clinical services
  - Importance of realistic timelines and consider the ability of interested parties to respond to the requirements of the clinical opportunity, especially with expectations of maintained City centre base and improved online services

9. Next steps

We will consider and collate feedback from all engagement outlined above to publish a final service design proposal. This will act as a final consultation opportunity with the market prior to us publishing the tender opportunity in Autumn 2019.

Appendix 1: Consultation and engagement attendees – Sexual Health Services

Session	Organisations attended	No. of overall attendees at session
Initial provider engagement event **Held:** 11 June 2019 The purpose of the session was to: • To understand what is happening with sexual health services in Newcastle. • To share views on the strengths, weaknesses of the current services • To consider future opportunities	Blue Sky Trust Changing Lives Children NE Local Pharmaceutical Committee Newcastle City Council Northumbria University Newcastle upon Tyne Foundation Hospital Trust Places for People Streetwise YHN	22
Service user engagement **Held:** July 2019	3 face-to-face sessions held capturing a range of service users and priority groupings.	38
Market engagement event **Held**: 05 September 2019 The purpose of the session was to: • Review needs assessment data • Outline findings from	Barnardo's Brook Changing Lives Children NE County Durham and Darlington NHS Foundation Trust Family Health Care Group HumanKind Local Pharmaceutical Committee Newcastle City Council – MESMAC Newcastle City Council – Public Health Newcastle Gateshead CCG	26

the consultation • Illustrate proposals for re-commissioning	Newcastle upon Tyne Foundation Hospital Trust Northumbria Healthcare NHS Foundation Trust Preventx Limited Public Health England SH:24 Skills for People Streetwise Virgin Care Services Limited	