Cheshire East Council

Sexual Health Services Survey Results

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Introduction

Background and Methodology

Between 19th of September and 31st October 2018 Cheshire East Council conducted a survey to understand what sexual health services will be required in the future and what aspects of the service are important to people.

The survey was advertised on the Cheshire East website, social media and sent to Cheshire East's Digital Influence Panel (DIP).

Surveys were also available in a shortened format in paper copies which were handed out at the Pride in the Park event at Tatton Park on the 16th of September 2018.

The survey will also be used to inform the Equality Impact Assessment that has been developed to support the new Sexual Health Service.

In total 455 surveys were completed online and a further 3 were received in paper format giving a total of 458 respondents. Demographics for respondents are available in Appendix 1.

Figure 1: Example social media tweet from Cheshire East

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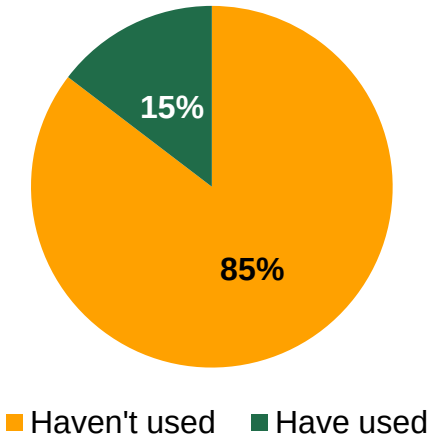
Analysis of Results

Current use of Sexual Health Services

66 (15%) respondents had used some form of sexual health services in the last three years leaving 385 (85%) respondents who had not (termed non-service users/non users for the rest of this report). The paper survey did not include this question.

Figure 2. Proportion of respondents that have used sexual health services in the last three years



Location

Of the 66 respondents who had accessed sexual health services in the last three years a range of locations were reported:

Please note respondents were able to select as many as applied so percentages will not sum to 100%

- Macclesfield Hospital 24 (36%)
- Eagle Bridge Health and Wellbeing Centre, Crewe 12 (18%)
- Congleton War Memorial 10 (15%)
- Waters Green Medical Centre, Macclesfield 5 (8%)
- Ashfields Primary Care Centre 3 (5%)
- Handforth Clinic 3 (5%)
- Alsager Primary Care Centre 2 (3%)
- Leighton Hospital 2 (3%)
- Other locations 3 (4%)

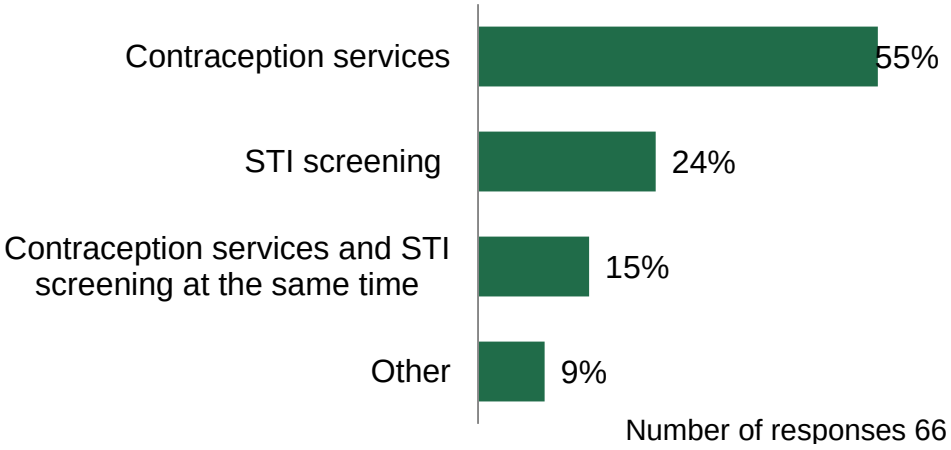
Of the generic locations respondents were most likely to have accessed sexual health services from:

- GP Practice 19 (29%)
- Online 5 (6%)
- Pharmacy 3 (5%)
- School/college 1 (2%)

Services

Respondents were asked which sexual health services they had used; over half had used contraception services specifically (55%).

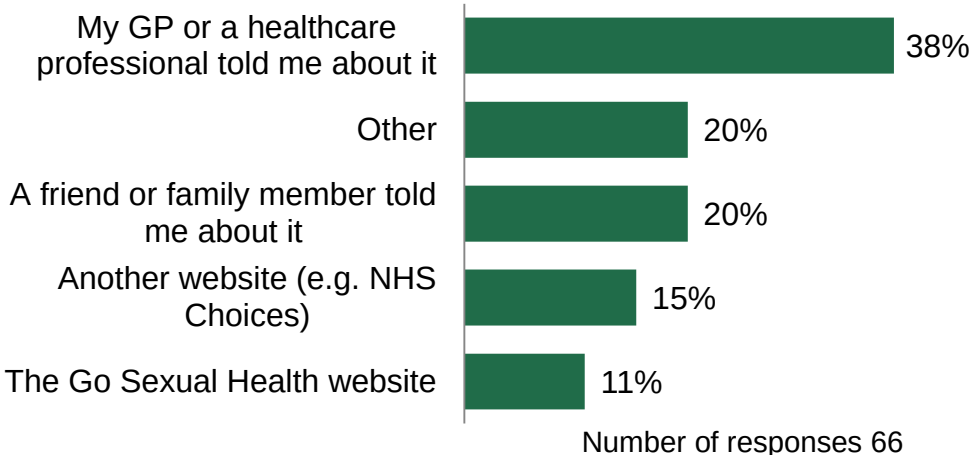
Figure 3. Which of the following sexual health services have you used?



'Other' responses covered a wide range of services such as vasectomies, smear tests, vaccines or post menopausal concerns.

Respondents were asked how they found out about the sexual health services they had used; being told by a GP or healthcare professional was the most common answer (38%).

Figure 4. How did you find about about the sexual health service you used?



'Other' respondents included Google searches, Body Positive in Crewe, professional links (nurse or teacher), or a familiarity with the service through previous use.

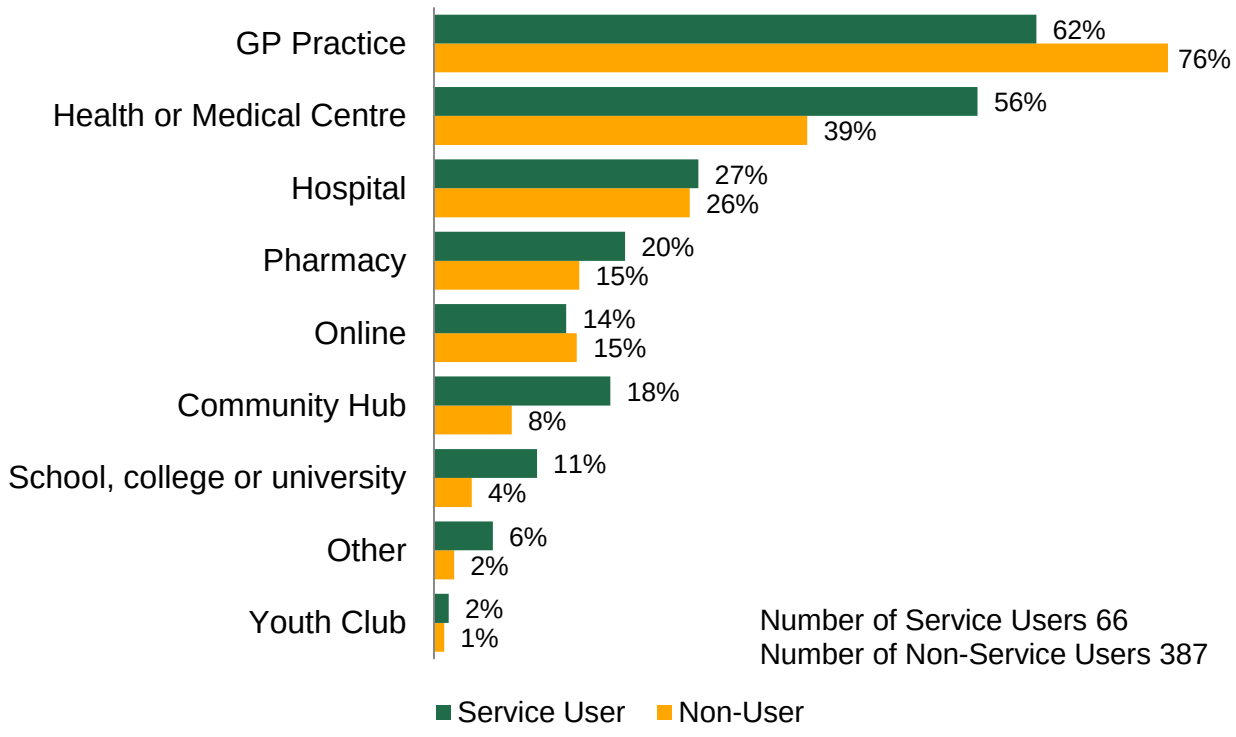
No respondents had found out about sexual health services through an advert/poster, telephone advice line or the council's Live Well website.

Future use of sexual health services

Respondents were asked where they would prefer to access sexual health services in the future. For the non-service users there was a strong preference expressed for a GP practice (76%). This was also the preferred option for service users (62%); however they were more accepting of alternatives than non-users such as health/medical centres (56%) or community hubs (18%). See figure 5 for full detail.

Please note respondents were able to select as many as applied so percentages will not sum to 100%

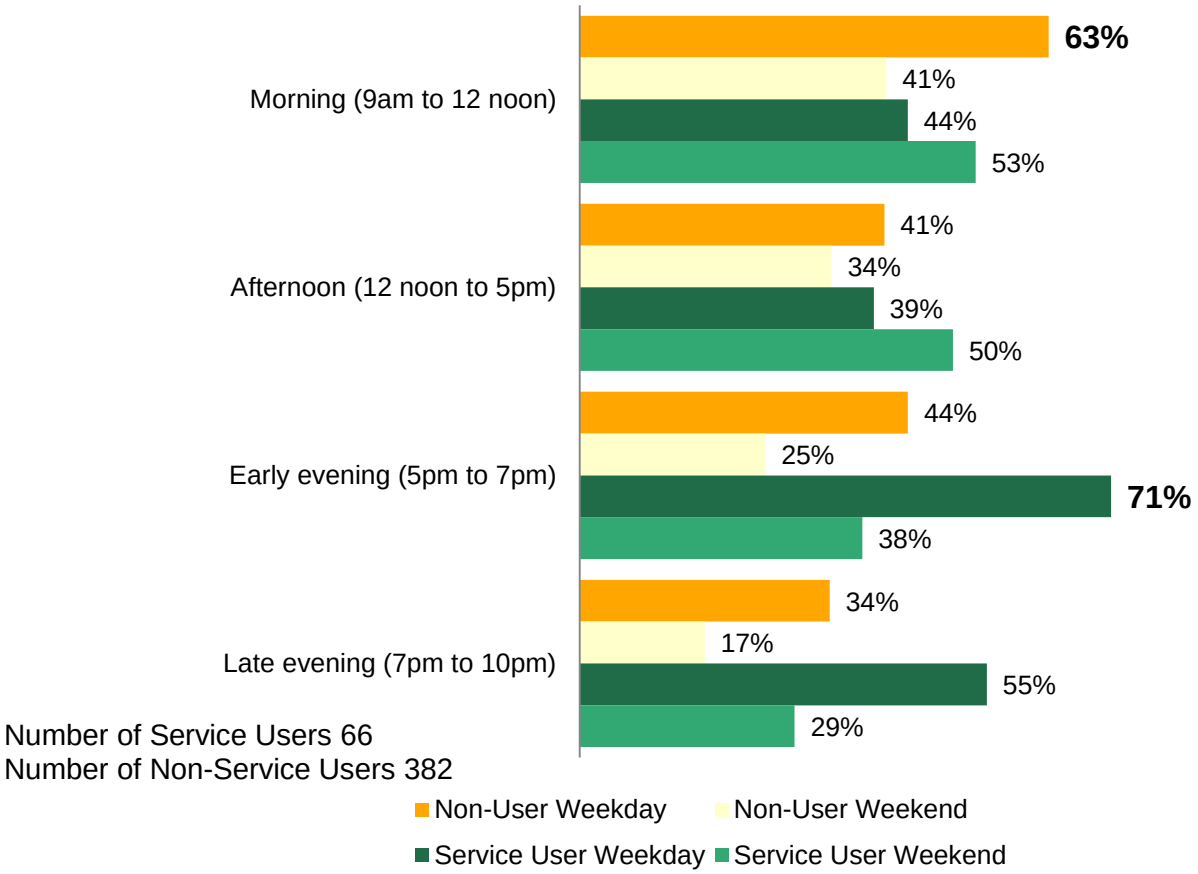
Figure 5. Where would you prefer to access sexual health services in the future?



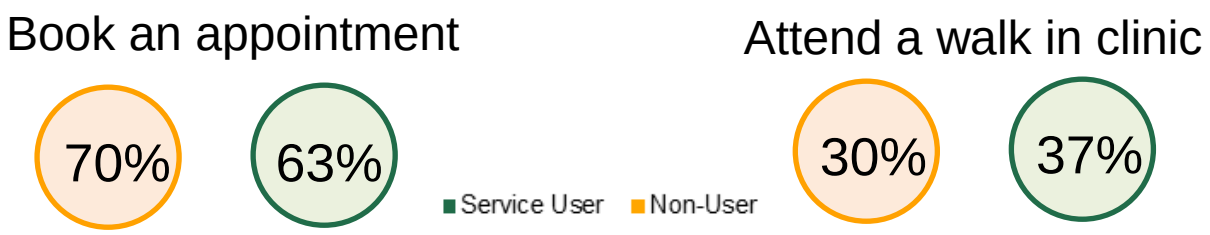
Respondents were also asked what day and time of day they would prefer to access sexual health services in the future. Non-service users expressed a preference for a weekday morning appointment (63%) with lower support for weekend appointments than weekday. Service users expressed a preference for an early evening weekday appointment (71%). Service users expressed higher preference rates for weekend appointments than non-service users, especially in the morning (53%) and afternoon (50%). See figure 6 on the next page for full detail.

Please note respondents were able to select as many as applied so percentages will not sum to 100%

Figure 6. What day and time of day would you prefer to access sexual health services in the future?

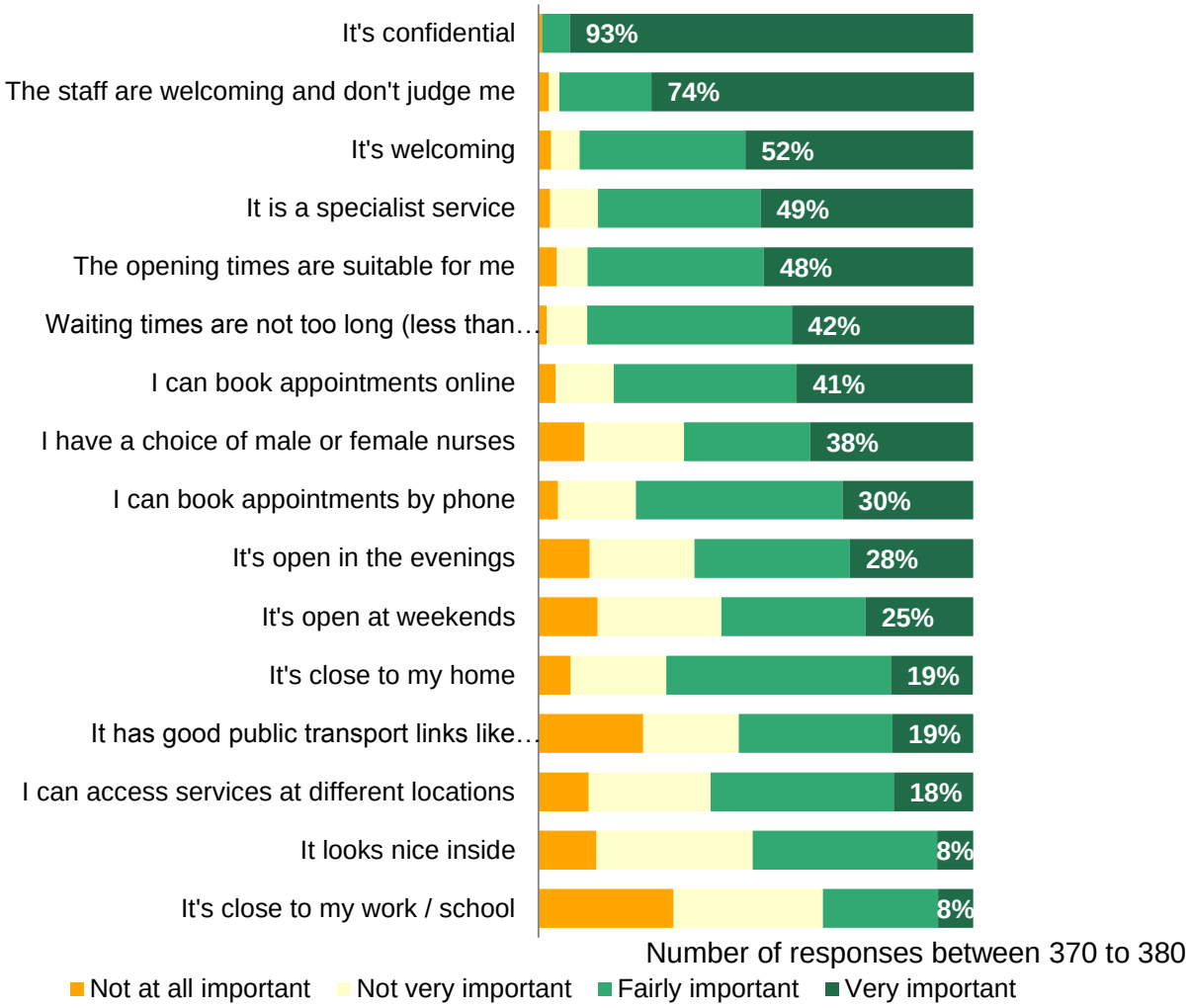


Respondents were asked how they would prefer to access sexual health services in the future if they needed to. For both service users and non-service users the preference was to book an appointment with a stronger preference for these expressed by non-service users (70%).



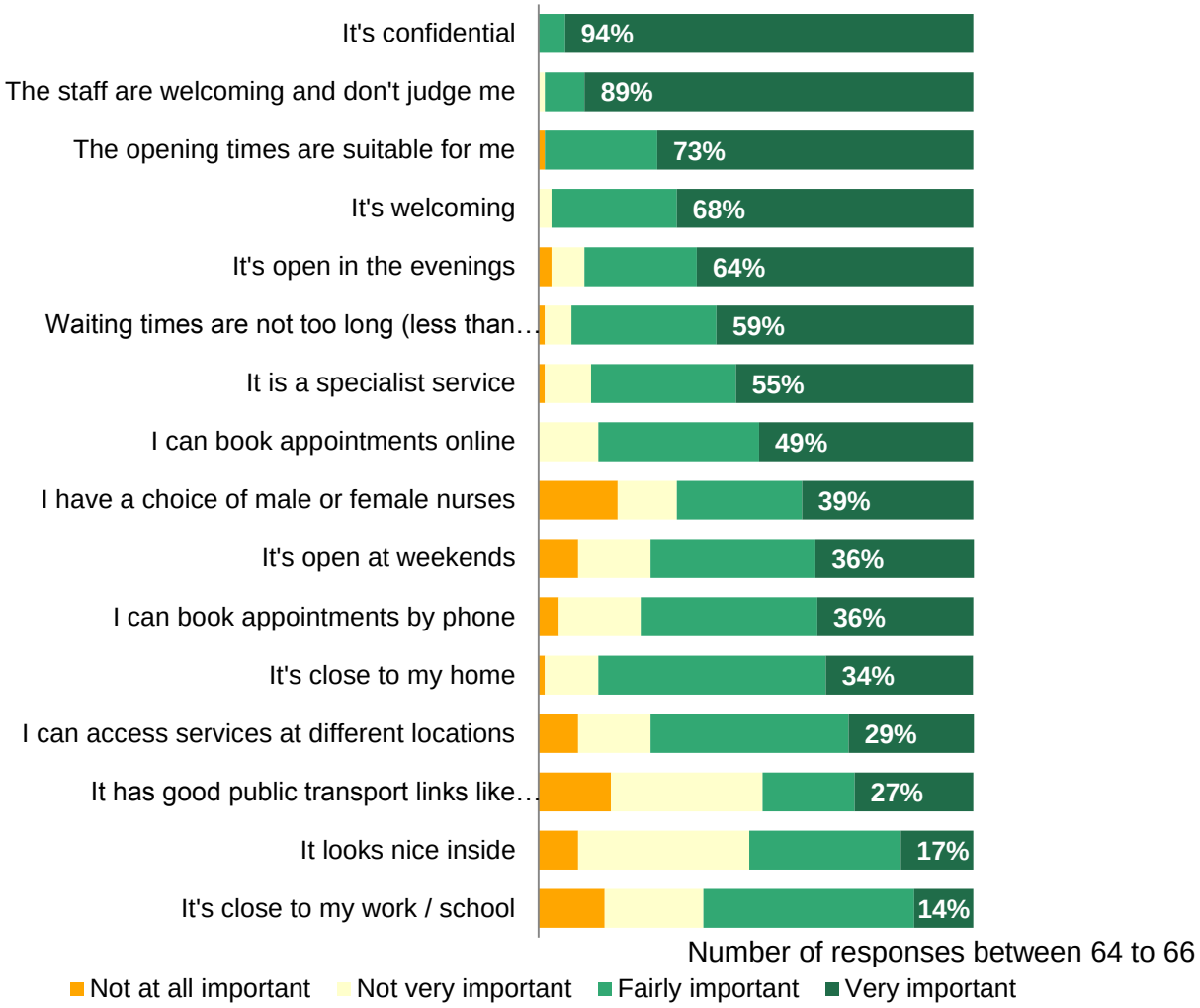
Respondents were asked to consider how important 16 statements were in regards to accessing sexual health services in the future. These covered a range of aspects such as: the building where the service is provided, practical considerations to the service and choice of service. See figure 7 and figure 8 for the full breakdown of responses.

Figure 7.If you needed to access sexual health services in the future, how important would each of the following be to you? (Non-Service Users)



Most important to non-service users was that the services were confidential (93% very important) and that the staff and welcoming and don't judge (74% very important). Non-service users felt that the least important aspect of the service was that it was close to their work/school (8% very important).

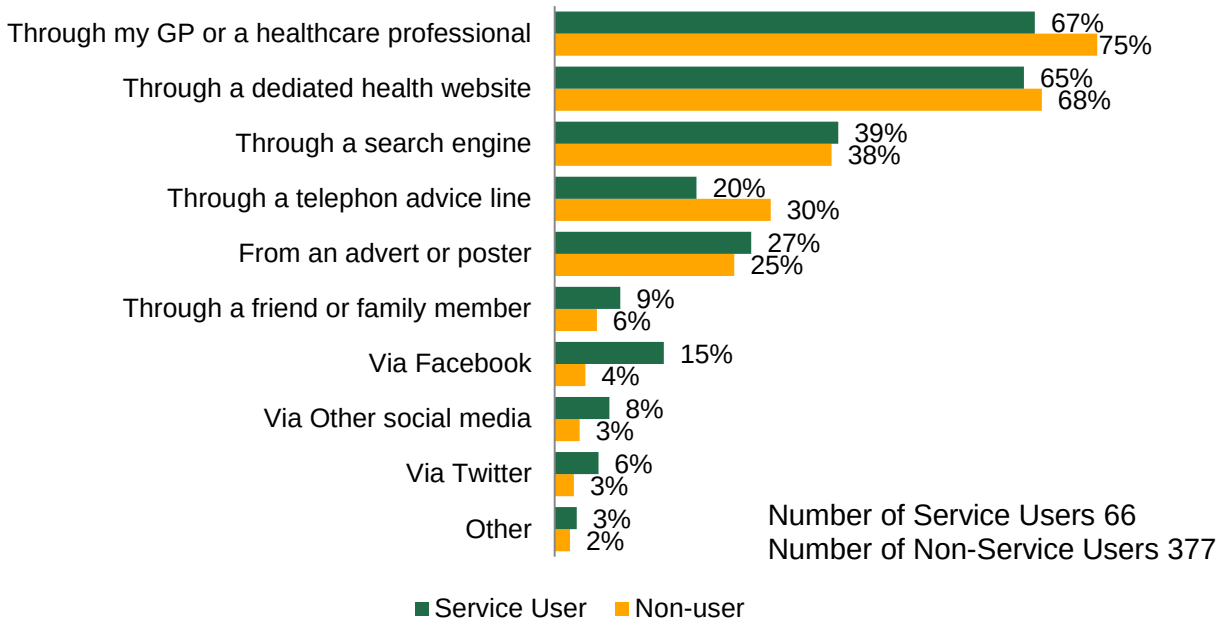
Figure 8.If you needed to access sexual health services in the future, how important would each of the following be to you? (Service Users)



Similarly an important factor for respondents was that the services were confidential (94% very important) and that the staff were welcoming and don't judge (89% very important). Service users gave more importance to practical factors of the service such as opening times (73% very important) and evening opening (64% very important) than the non-service users.

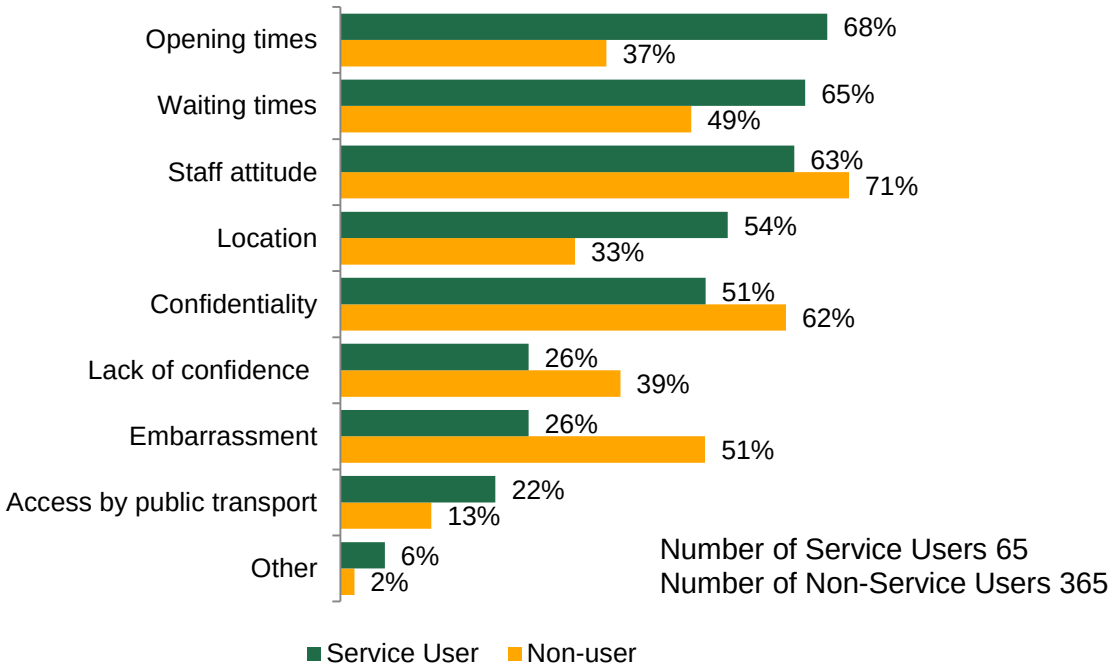
Respondents were asked how they would prefer to find out about sexual health services in the future. For both service users and non-service users the preferred method was through their GP or a healthcare professional (67% service users, 75% non-service users). Other popular options were through a dedicated heath website or through a search engine. See figure 9 for a full breakdown.

Figure 9. How would you prefer to find out about sexual health services in future?



Respondents were asked to select from a number of issues what might put them off accessing sexual health services in the future. Non-service users were more likely to be put off by person based aspects such as: confidentiality (62%), embarrassment (51%) or lack of confidence (39%). This contrasts to service users who were more likely to be put off by practical aspects such as: opening times (68%), waiting times (65%) or location (54%). Staff attitude was a potential deterrent for both service users (63%) and non-service users (71%).

Figure 10. Which of the following might put you off accessing sexual health services in the future?



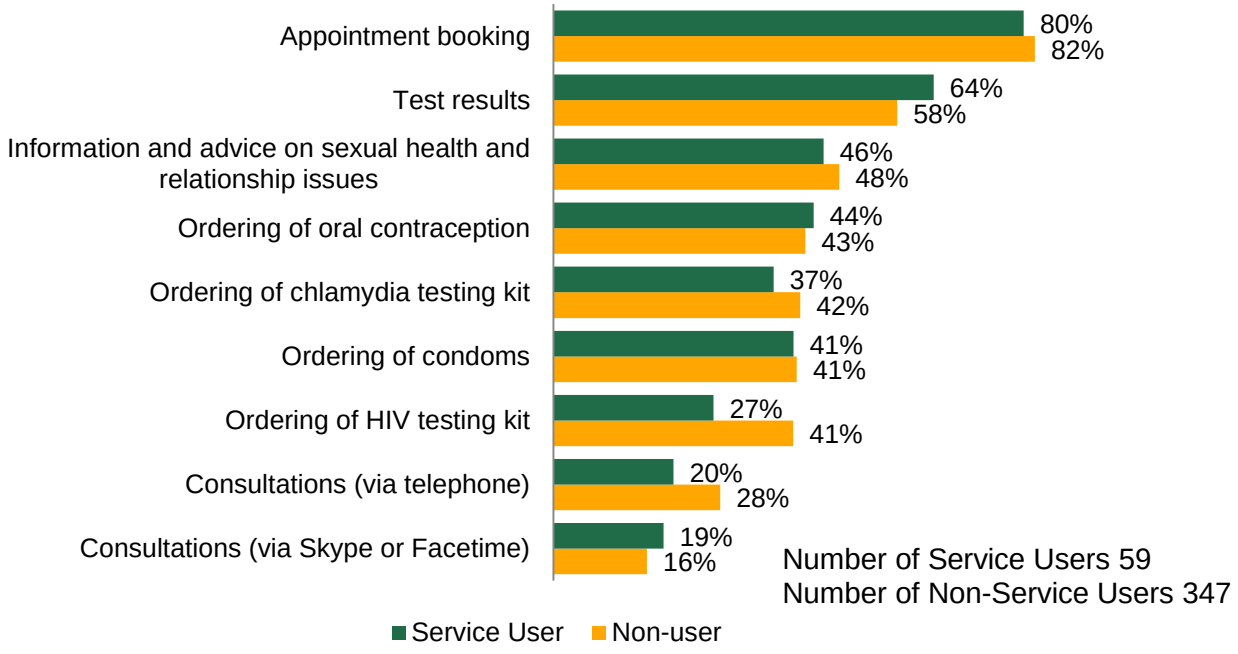
Digital Sexual Health Services

Respondents were asked how they would prefer to access sexual health services in the future if they needed to, with an option to access them digitally included. For both service users and non-service users a preference was expressed to attend a clinic in person (79% non service users, 86% service users). Current service users expressed a lower preference rate for accessing services online (14%).

Respondents were asked which services they would prefer to access digitally rather than in person. For both service users and non-service users the most popular answer was appointment booking (80% / 82%) followed by test results and information and advice. The least popular options were consultations in both forms, via telephone or Skype/Facetime. Service users were generally less receptive to accessing services digitally than non-service users. See figure 11 for full detail.

Please note respondents were able to select as many as applied so percentages will not sum to 100%

Figure 11. Which services would you prefer to access digitally rather than in person?



Open comments

A total of 57 comments were left by respondents under the 'any other comments' section. Service users left 17 comments and non-service users a total of 40 comments.

Service Users

The most commented on theme by service users was the difficulties they faced in getting an appointment. Frustrations here stemmed from being unable to book in advance, the closure of local clinics and barriers caused by limited opening times (8 comments).

> *Simply not being able to book an appointment is the biggest failing. For myself and many people I know means that you risk having to go several mornings in a row to actually be seen.*

Service users raised concerns around the name of the services especially in regards for those accessing contraceptive services or smears. They felt services should be discreet as possible and with no stigma attached to them (7 comments).

> *I also think the name is misleading and I would not naturally think as contraception as sexual health. Sexual health would actually put me off going along.*

Service users felt it was equally important that the services were tailored for young people (4 comments) and older people (4 comments).

> *I realise STI clinics & well women clinics have merged but as a middle aged woman just attending for a smear I felt v uncomfortable sat in a mixed sex room with posters exclusively on STIs*

Service users felt that sexual health services should be widely available with good public transport links (3 comments) and one respondent felt that more education was needed in schools.

Non-service Users

The most commented on theme by non-service users was that they felt services should be as discreet as possible with no stigma attached to them (10 comments). Non-service users expressed concerns around embarrassment and felt that staff should be non-judgemental.

> *Had a difficult experience as a teenager with judgemental staff, when all I had was thrush from taking anti-biotics - never forgot it.*

Non-service users also stressed that while they haven't currently used this service they recognised it as an important one to offer (7 comments). They felt it should be widely available at a number of

locations with good public transport links (6 comments) and that the services were required for both young (6 comments) and older people (4 comments).

Non-service users felt there should be more education in schools (3 comments) and that the services could be better advertised (3 comments).

Finally two respondents raised concerns about how LGBT+ inclusionary the services were and raised additional concerns around the service.

> *I would like the service to be openly welcoming LGBTQI people, I would need this to be included in the advertising and service description-I need to feel confident the advice is relevant to my sexual orientation and there is no judgement. I also expect professionals not to make any assumptions about my needs or lifestyle before asking me.*

Summary and conclusions

From the survey there is evidence to suggest that sexual health services are being accessed at range of locations such as Macclesfield (42%), Crewe (18%) or Congleton (15%) for example. A range of sexual health services are being used with contraception being the most commonly accessed (55%) by respondents.

For people who have used the service before the preferred access path to sexual health services would be a booked appointment (63%) on a weekday early evening (71%) at their GP practice (62%).

For people who have not used the service before the preferred access path to sexual health services would be a booked appointment (70%) on a weekday morning (63%) at their GP practice (76%).

Respondents were understandably more likely to consider practical aspects of the service important or a put off from accessing services in the future. These included factors such as opening times, waiting times and location. Evening opening was of high importance to service users, especially those with 9am-5pm working hours.

Stand alone online services did not attract much support with a high percentage of both service users (86%) and non-service users (79%) preferring to attend a clinic in person. However, there were aspects of digital services that were liked such as booking appointments, getting test results and accessing general information.

From the open comments it is clear that a non-judgemental and welcoming service is required with some call for separate clinics for older people/younger people to be introduced to help reduce embarrassment for those attending smears.

Appendix One: Demographic Tables

Gender	Count	%
Male	180	50%
Female	177	49%
Prefer not to say	4	1%
Grand Total	**361**	**100**

Age Group	Count	%
Under 25	17	5%
25-34	16	4%
35-44	40	11%
45-54	61	17%
55-64	81	22%
65-74	116	32%
75-84	22	6%
85 and over	1	>1%
Prefer not to say	8	2%
Grand Total	**362**	**100**

Sexual Orientation	Count	%
Bisexual	8	2%
Gay/Lesbian	10	3%
Heterosexual	336	93%
Prefer not to say	7	2%
Grand Total	**361**	**100**

Ethnicity	Count	%
Any other White Background	8	2%
Asian/Asian British	3	1%
Other Ethnicity	3	1%
Prefer not to say	4	1%
White British / English / Welsh / Scottish / Northern Irish / Irish	344	95%
Grand Total	**362**	**100**

Disability/ long term limiting illness	Count	%
Yes	62	17%
No	290	80%
Prefer not to say	8	2%
Grand Total	**360**	**100**

Religion	Count	%
Christian	194	53%
None	136	37%
Other Religious Belief	17	5%
Prefer not to say	15	4%
Grand Total	**362**	**100**