



**Report on Findings from
the Healthwatch
Independent Survey on
Access to Sexual Health
Services in Middlesbrough**

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1. Background

1.1 What is Healthwatch?

Local Healthwatches such as Healthwatch Middlesbrough have been set up across England to create a strong, independent consumer champion. Healthwatch aims to:



- Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs
- Enable people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Middlesbrough works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. It will strive to ensure the best possible quality and choice in health, social care and wellbeing services for the benefit of all living and working in Middlesbrough.

1.2 What are Sexual Health Services?

Sexual health services are free and available to everyone regardless of sex, age, ethnic origin and sexual orientation.

Sexual health services and advice are offered by:-

- GPs
- Contraception clinics (also known as family planning clinics)
- Sexual health clinics
- Sexually transmitted infection (STI) testing clinics
- Genitourinary medicine (GUM) clinics
- Pharmacies
- Sexual assault referral centres
- Young people's services



Not all service providers offer the full range of sexual health services, and it's always best to check what's on offer in advance. Sexual health services cover things such as free condoms, condom card (C Card), Chlamydia screening, pregnancy testing, long acting contraception, HIV Screening and advice.

In Middlesbrough The Tees Sexual Health Service offers an integrated service which means

that patients can have all of their contraceptive and STI screening and treatment needs (with the exception of HIV treatment) met within one integrated clinic so there are no separate:

- Contraception clinics (also known as family planning clinics)
- Sexual health clinics
- Sexually transmitted infection (STI) testing clinics
- Genitourinary medicine (GUM) clinics

2. Aim of the Report

2.1. Background and Rationale

Tees Valley Public Health Shared Service (TVPHSS) are currently leading a review of sexual health services throughout Tees on behalf of the 4 local authorities. The services are to be re-procured in April 2016. Since the report has been produced TVPHSS have informed Healthwatch that the current service has been extended. A new contract will commence on 1st July 2016 following a competitive procurement process.

This independent report will be presented to TVPHSS and Public Health in Middlesbrough Council to be read alongside the commissioned consultation being undertaken by NWA Research, an independent research agency. It should however be noted that Healthwatch Middlesbrough, Redcar & Cleveland and Stockton all contributed to the NWA consultation.

2.2 Aims

The aim of the investigation by Healthwatch Middlesbrough was to look at the public's experience in accessing Sexual Health Services in Middlesbrough. We wanted to ascertain what is currently working well, identify any gaps in services and look at what could be improved upon. This information will be used to help to ensure future services better meets their needs whilst still meeting national and local quality standards by:

- Listening to the views of people who use local sexual health services, highlighting positives, negatives and possible gaps in service.
- Supporting people to tell us how they would like services to be delivered in the future to better suit their needs.

- Specifically listening to under-represented groups- young people and the asylum seeker and refugee communities.
- Collecting qualitative intelligence gathered from focus group sessions in which people are supported to give full and precise comments about how they see the service being delivered in the future.
- Collating findings to influence future commissioning.

3. Methodology

3.1 Intelligence Gathering

In order to reach a diverse and representative section of the community Healthwatch Middlesbrough conducted a survey structuring its questions around the current experience of using sexual health services. The survey was conducted over the period of February to March 2015. A total of 53 surveys were completed and collated on Survey Monkey. All of the surveys were conducted face to face. A copy of the survey can be found at appendix A.

In addition targeted focus groups were held with the following community groups:

- Straightforward (Female Genital Mutilation support)
- Regional Refugee Forum North East
- North of England Refugee Service (NERS)

Targeted sessions were designed to support people to evaluate their experiences of using the current services. People told us what worked, where there were problems and if there were any gaps in service. People were then encouraged to envisage and describe a sexual health services that better suits their needs. People were asked to focus on the delivery elements such as accessibility and privacy.

Healthwatch Middlesbrough confirmed areas of engagement with Public Health Middlesbrough and Tees Valley Public Health Shared Service (TVPHSS) prior to NWA consultation to avoid any duplication.

4. Findings

4.1 Survey Results

A comprehensive findings of the survey can be found at appendix B.

When asked how they found out about sexual health service the most common responses from the 53 responses were from college or the Life Store.

79.25% of people who filled in the survey stated that the current services met their needs with 11.32% reporting that the services did not meet their needs.

When asked if there was anything stopping respondents from using the services 47.62% said it was the location of services with 28.57% saying that it was due to confidentiality issues of the service. 28.57% stated that the name of the service put them off using it, 0% selected attitude of staff. Comments can be found in the appendix B.

When asked what was the most important to them when accessing sexual health services, confidentiality and location were key.

It is acknowledged that additional information would have been useful to TVPHSS for example naming of services, locations etc. This will be reflected in future work.

4.2 Focus Group Findings-Regional Refugee Forum North East Focus Group

The full findings from this group can be found at appendix C.

One of the main points highlighted by the group was the need for better partnership working between Public Health and Sexual Health Services particularly around education and publicity of what services were available and what the different services offered. The cultural issues have a direct impact on how sexual health is viewed and how services may or may not be used. An example of this in the African community would be if a husband does not want his wife to use contraception then she will not use it. The group advised that one of the ways to help this situation would be to skill up community leaders on the benefits of contraception. However, it was noted that this training needs to be two way with community leaders working closely with Public Health to inform them of cultural and religious differences. Perhaps this could form part of future contracts?

As referenced on the full notes taken at the meeting (in appendix C) the group advised that the current AIDS/HIV service is not suitable for the African communities currently in Stockton and Middlesbrough. They felt that the current service is aimed more at the homosexual communities and this stops them accessing the help they need. One of their concerns was as Aids. They said that this is a problem in their country of origin and that this could become a problem here if not addressed with appropriate support.

Another important issue to come out of the discussions was the fact that in many countries it is taboo to talk to a daughter about sex. Some children access the education system after sexual health education has taken place therefore it is essential provision is made to ensure this education is given appropriately in “mop up” sessions.

4.3 Focus Group findings-Straight Forward Focus Group

The full findings from this group can be found in the appendix C.

The main concerns from this group of ladies was around the lack of understanding of female genital mutilation. They felt that a greater awareness on the physical and emotional aspect of this process would encourage victims to access sexual health services more readily. The ladies advised that due to their experiences they already have trust issues around sexual health. They felt that a joint service between sexual health services and a provider of appropriate counselling services would be beneficial.

4.4 focus Group findings-North of England Refugee Service (NERS) Focus Group

The full findings from this group can be found in the appendix C.

The group felt strongly that the main issue around sexual health services was that members did not know where to go to find information about available services. They simply did not know who to ask. It was acknowledged that part of this problem was cultural as it is not within many cultures to ask for help or information. Therefore it would be useful for information about sexual health services to be “taken” directly to the groups and community leaders. Healthwatch Middlesbrough have these contacts and would be happy to instigate meetings. It would also be preferable for a female to talk to females and vice versa. As a result of occasional abuse in the country of origin and possible cultural differences parents suggested that they should be involved in planning sexual health education in schools to ensure it is delivered in an appropriate manner.

5. Summary

The intelligence gathered via the face to face survey suggests that location, confidentiality and receiving the right service was key to having a good customer experience. Of those asked most people found out about existing services via their college or the Life Store.

The main points to come out of the focus groups were the cultural and religious differences that sometimes restrict the use of current sexual health services. The need for Public Health to work closely with the community leaders and to attend individual groups to provide education and highlight available services was highlighted.

The need for education for professionals regarding female genital mutilation and the possibility of combining mental health services for this group of ladies was suggested.

6. Recommendations

The following recommendations should be used in conjunction with the recommendations from Healthwatch Stockton, Healthwatch Redcar & Cleveland and NWA Research.

During the recommissioning process Healthwatch Middlesbrough make the following recommendations to Tees Valley Public Health Shared Service for comment and consideration:

It should be noted that 79.25% of people who filled in the survey stated that they were satisfied with current services and therefore good practice should be built upon.

1. As the majority of the people spoken to found out about current services via their college or from the Life Store this is obviously missing a large part of the population. We recommend Public Health and the providers be more joined up with the possible introduction of a Joint Communication Strategy to look at new innovative ways of publicising services. Most people we talked to were unaware of the service. In particular the people we spoke to requested face to face awareness raising with community leaders. It is not known if this currently forms part of the contract. It is suggested that ensuring new audiences are reached forms an integral part of any new contract; this may result in a greater uptake of services.
2. Further investigation be carried out by Public Health Middlesbrough and Tees Valley Public Health Shared Service as to suitable location, suggestions cited were in the shopping centre and near Middlesbrough College.
3. An education programme be introduced between Public Health Middlesbrough and community leaders around the use of contraception, female genital mutilation and school education. Healthwatch Middlesbrough would be happy to act as a conduit for this work.
4. Public Health work alongside the education system to ensure appropriate education is offered to Asylum Seeker and Refugee children ensuring parents are involved and a “mop up” session offered to those children missing the sexual education sessions.

The public have indicated that these small changes will enhance their experience of using sexual health services.

Sexual Health Services

Sexual health services cover things such as free condoms, C Card, Chlamydia screening, pregnancy testing, long acting contraception, HIV Screening and advice.

A review of sexual health services throughout Tees is currently being undertaken. Healthwatch Middlesbrough would like to make sure future services meet your needs. Answering the few questions below will give you an opportunity to influence the shape of future services.

The type of thing we need to know is

- What is important to you
- How services could be improved
- What is working well

1. How do you currently find out about sexual health services?

How would you like to hear about services, how could more people be reached?

2. Do current services meet your needs?

Yes

No

Not Sure

Comments: please tell us why the services do not meet your needs.

3. Is there anything stopping you from using the services?

Thinking about the name of the service, location, finding out what is available

Location of services

Confidentiality of the service

Attitude of staff

The name of the service

Comments:

4. What is most important to you when accessing sexual health services?

5. Please use this space to tell us about anything to do with sexual health services you want us to pass on for you.

Please provide your contact details below if you would like to find out about the results of the consultation or more details about being a member of Healthwatch.

- Please inform me of the results of the consultation.
- Please send me details on how to become a member of Healthwatch Middlesbrough/Redcar & Cleveland

Contact details:

Name.....

Address.....

Email.....

Phone.....

Health Service Survey Results

1. How do you currently find out about sexual health services? For example, how would you like to hear about services, how could more people be reached?

- at school
- my sexual health is good I don't have any problem
- I didn't hear this before
- my sexual health is very good I don't have any problem
- my GP talk about that
- I didn't hear about them before reading this leaflet. By doing this meetings with people
- my sexual health is very good I don't have any problems
- college
- friends, own knowledge, college, school
- friends
- walking by - only uses Life Store
- college
- online
- college - Middlesbrough
- school - kings academy and friends
- through sister telling of services
- school, Eaglescliffe
- walking past Life Store
- from Life Store
- walking past Life Store
- word of mouth
- through friends found out about Life Store local chemist
- mam told about Life Store
- came into store walking past
- college
- college
- college
- through school and college
- training/awareness in schools
- college
- word of mouth, walking past
- Friends
- college
- college
- Friends
- Always knew about Life Store
- Friendly
- Work and word of mouth (friend at work mentioned a C Card)
- Parents
- School
- College, Middlesbrough
- walking past

- Friend told about Life Store Middlesbrough
- through work
- I attend Redcar sexual health clinic every 6 months
- posters in college
- Internet Doctors
- word of mouth
- college
- Doctors
- I don't because I don't need to
- Doctors Clinics People
- walking past

2. Do current services currently meet your needs?

Yes	79.25%	42
No	11.32%	6
Not Sure	9.43%	5
Total		53

3. Is there anything stopping you from using the services? Thinking about the name of the services, location, finding out what is available.

Location	47.62%	10
Confidentiality	28.57%	6
Attitude of staff	0%	0
Name of the service	28.57%	6
Total		22

Question 3 was left blank by the other 31 people who completed the survey. However, the following comments were received.

- none
- because is my life I don't want any person know my situation
- situation I want my be confidentiality
- situation. I want my be confidential
- n/a
- n/a
- n/a
- no
- n/a
- none
- unaware of other services
- n/a
- easier to use Life Store
- uses Life Store because it's convenient, is aware of other locations
- n/a

- n/a - prefers Life Store, convenient and confidential, always offer support
- opening times
- north Ormesby
- n/a
- unaware of other services
- see comments
- don't know where they are
- confidentiality at North Ormesby is not good. Staff passing on information to members of the public about people going into the sexual health clinics
- happy with services provided
- some are alright at NOHV but some staff are snobby
- North Ormesby too far - lives in town
- Life Store is easy to use when at college
- Life Store is best location
- the signs in doctors pointing to the clinic
- confidentiality at North Ormesby is not good. Staff passing on information to members of the public about who been into the sexual health clinic
- No I will use them once I am married
- It's a little embarrassing yet they display the services in public spots. Be a bit more discrete
- don't know of any other

4. What is most important to you when accessing sexual health services?

- location
- this service we talk about the health I am concern
- I have a pain in my vaginal and every time I went to the GP they said it is normal and I'm not comfortable to make sex with my husband.
- I would like to say women like normally take to women
- any pain on the upper part of the tummy with the period
- the service
- making sure I get the advice I need
- getting what I need e.g. condoms
- free condoms, location/times
- n/a
- confidentiality
- location is ideal at Life Store
- use Life Store because of location
- location of services
- feel comfortable with staff and handy location
- location, easily accessible
- information, confidential
- confidentiality
- confidentiality
- location

- friendly and comfortable environment
- accessibility
- easy to access, beside Mypalce
- easy to access, besides Myplace
- very accessible
- confidentiality and availability
- very accessible
- Location of Life Store and having the equipment and staff willing to help and friendly staff as in Life Store
- easy to get to
- easy for me to get to the Life Store cause it's in town
- easy to get to
- easy access
- getting what I need
- Life Store is easy to get to because it's easy to get to town
- First time coming to a sexual health clinic, very easy and understanding staff
- getting protection when needed and in a location suitable
- good location/good service
- location
- easy to get to Life Store
- confidentiality
- free condoms
- no one knowing what I'm going in for besides the adviser
- confidentiality
- confidentiality
- Being understanding and friendly
- Time
- that me and my husband have access to free condoms and advice
- having advice available
- getting condoms

5. Please use this space to tell us about anything to do with sexual health services you want us to pass on for you.

- good service
- problem with the bladder all the time I'm making sex I feel I want to wee
- n/a
- n/a
- no
- n/a
- n/a
- n/a
- I was speaking to a client yesterday who would like the following comments noted for North Ormsby sexual Health Clinic. "He made an appointment for sexual health screening, he attended the appointment and was told the testing could not be done because the nurse did not have

enough experience to test a homosexual male”. Surely the same clinical procedures should be followed regardless of sexual orientation? The clients postcode: TS1 I have sent him the ICA details and advised that the comments would be passed onto yourselves

- waiting times at North Ormesby were really bad, had to wait 3 weeks for the injection (North Ormesby Sexual Health Clinic)
- Improving confidentiality at North Ormesby sexual health clinic
- none
- only go to the Life Store, the service is brilliant no problems
- NA
- NA
- NA
- no
- NA
- NA
- more places around the area besides college

7.3 Appendix C

Notes from Regional Refugee Forum North East on 13.3.15 Refugee and Asylum Seeker Community's health issues Marlborough House Stockton

- African - no contraception - husband does not want so woman would not use. Where could this info come from? Train communities as to what is? Talk to leaders what is available re sexual services. Skill up community leaders - currently communities do not know.
- Professionals need training around religion/culture - most trust GP. GP talk to each individual as man may talk openly in public, ladies will not. Then ladies will tell ladies - GP told me this.
- Stockton African - AIDS/HIV current service is not suitable for communities currently in Stockton and Middlesbrough. It was felt sometimes money is a factor for paid staff - give condoms - go home. However communities are doing this for free - support them to do this better.
- Public Health to have 'how to engage with communities' - this needs to be written in to the contract and be measured on an ongoing basis.
- Give the community leaders the job of helping with policies - don't just use us to tick a box. Invest in community leaders. Pay the community leaders to do consultations and train them and pay to do the job. Pay community leaders to produce leaflets and how to pass on the message. Pay them to learn and teach - don't expect it to be for free. It takes time, effort,

money to hire rooms, make calls etc. Small community groups be able to access small pots of money.

- Taboo to talk to daughter about sex
- Children who arrive here after sexual health training - ensure all caught in system
- We want commissioners to come and talk to us not just Healthwatch
- Use people in solution and delivery of service
- No South African BME support group commissioned. AIDS/HIV support groups. Current supplier of the service does not know how to engage with the community they do not understand. Most are gay. This subject is taboo for us so we cannot go to this service. Needs to involve people from communities/leaders. Currently not meeting- fully engaging with Ass + Refugees. Went with family member got no help only condoms. James Cook - reception not good
Teesside Positive do not have any African services
Need funding for support group - very strong
- Not spoken about openly due to culture - Asian - arranged marriage so if the community is not supported then this problem will become more wide spread.
- Sexual health services - to educate in Stockton Riverside and Middlesbrough College

Straight Forward Community Group Event
6th March 2015
Newport Settlement
Sexual Health and Screening

Female Genital Mutilation (FGM)

- Public Health and sexual health services need to be aware of Female Genital Mutilation (FGM)
- I fled my country with my daughter to stop FGM it happened to me.
- I fled my country but could not bring my daughter I now fear for her as she is at risk
- Gambia we were not aware of the risks or what is going on. FGM is a real problem and any girl from the age of 8 is at risk. The procedure is normally carried out between the ages of 8-10.
- Feel not believed about FGM
- Can't go to MIND as no child care and I have been affected by FGM and feel it would help to talk to someone about it

North of England Refugee Service (NERS)
13th March 2015 Meeting

- I do not know where to go to find out about sexual health services or what is available
- I don't know what is on or who to ask
- I would not ask for help or information as it is not my culture - can they raise the subject with me?
- Schools need to talk to parents about sexual health education as it is our culture to tell children later. Some of this is down to abuse suffered in countries we have fled. It is important for children to know what is right and what is wrong regarding sexual advances from adults.
- If not female GP and I have asked for lady - midwife, health visitor
- It would be good for Public Health to come and talk to us - would need to be a lady