

Sexual Health Consultation

Phase One Results

Why were we consulting?

Wigan Council has an ambitious programme of growth and reform and clear aspirations to make Wigan a place that people want to live, work, invest and visit, where we improve life opportunities and independence for all people to start, live and age well. To do this we have set out a strategy for public service reform and improved health and wellness that is built on an asset based approach to working with communities called the Deal for the Future.

Councils have a responsibility to make sure that there are open access sexual health services for everyone in their area, this includes things like; contraception, sexually transmitted infection testing and treatment and supporting people to let their sexual partners know of any infections.

We recognise that there are some challenges for us in the current system. Sexual ill health affects some of our communities more than others, with rates of newly diagnosed sexually transmitted infections being higher in the most deprived communities. Young people in the Borough are not necessarily making the best choices in relation to sexual health, this is evidenced by rates of sexually transmitted infections in young people and how they access contraception. We think there are a number of opportunities to be working differently with places like GP practices, community pharmacies and schools to improve sexual health in the borough. In addition, the Council needs to make £60million of savings by 2018 and the grant we receive to fund public health services has been reduced. While this is challenging we believe there is a big opportunity to make Sexual Health Services better and more efficient for Wigan Borough's residents.

What were we consulting on?

We are keen to build sexual health services with our stakeholders and communities, offering people ways to voice their needs and wishes, and to influence plans, proposals and decisions.

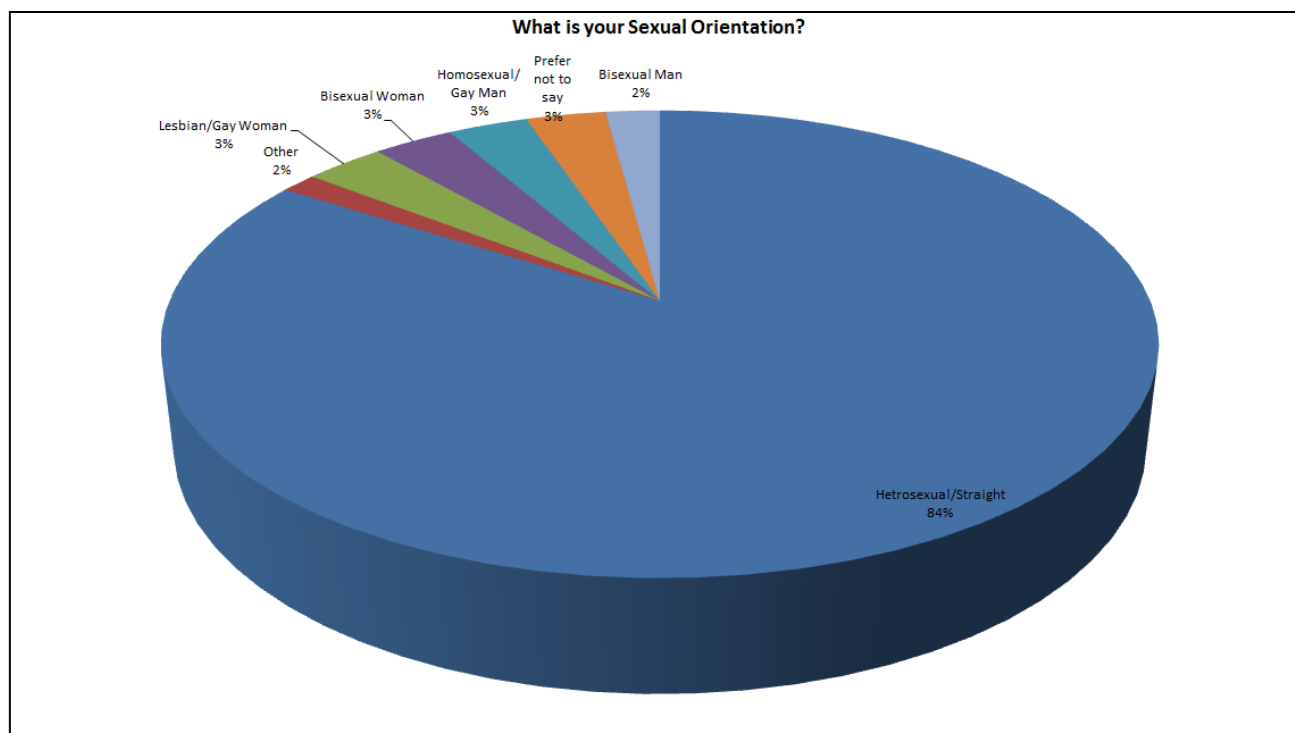
During phase one we consulted on how people would like to see services delivered. For example, how do people feel about an increased digital offer, new workforce behaviours aligned to the Deal and an asset based approach to support positive sexual health behaviours.

The consultation opened on the 7th December 2016 and ran for a period of five and a half weeks, closing on the 13th January 2017.

We used a questionnaire and focus groups with residents and professionals and promoted the consultation with our services and via social media.

What did the consultation tell us?

We received responses from each of the 16 communities. The majority of respondents were female (73.1%). Whilst most responses came from heterosexual/straight people (84.1%), we did receive some responses from people from other groups. Please see table below.



In order to improve Sexual Health services in the Borough we identified seven key things that we felt any future delivery model should include. We asked the stakeholders, service users and communities to rate the importance (Very important – Not important at all) of each of the different areas;

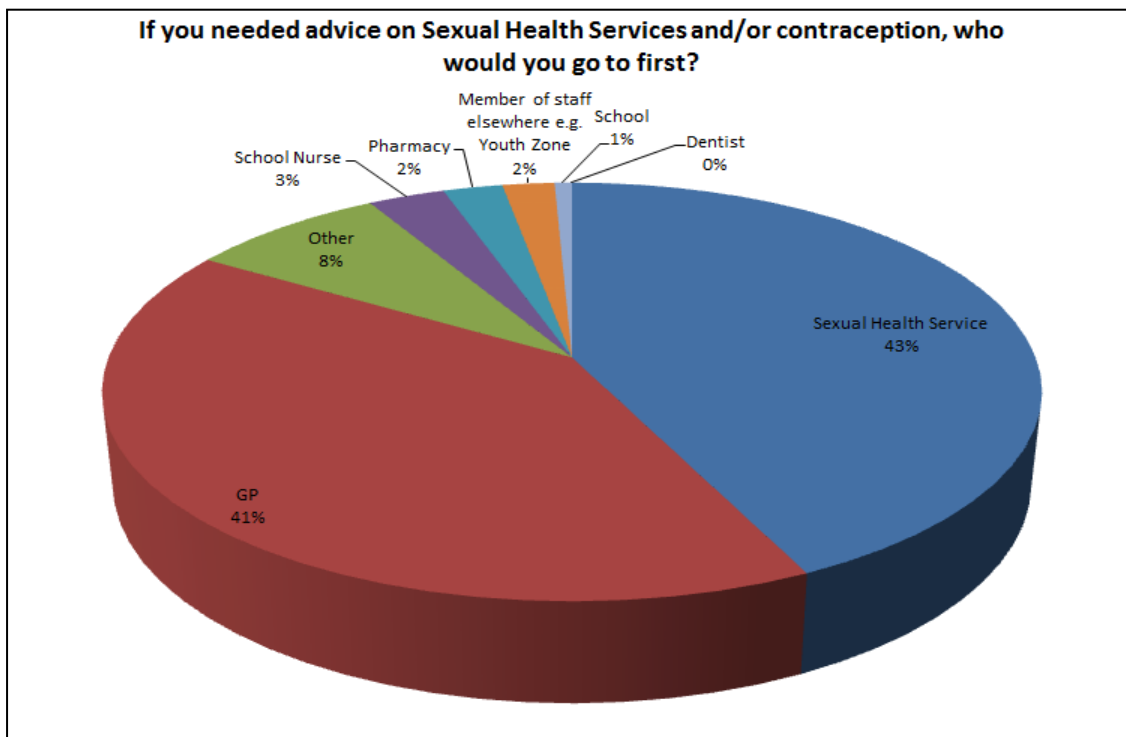
- One organisation will be responsible for the coordination of care; ensuring services are safe and effective and have appropriately trained and skilled staff across the workforce (90.2% very important or important)
- Staff will have different conversations, talking to people about their strengths and the things that matter to them, for example positive relationships and lifestyle factors (88.5% very important or important)
- There will be an increased opportunity to access information and advice online, book appointments and where it is safe to do so, order self-sampling kits to undertake tests at home (85.7% very important or important)

- There will be an increased outreach in communities, appropriate to need, to bring these services closer to you in your community (88.7% very important or important)
- There will be a single point of access to services with one phone number and website, helping to get people to the right place at the right time (86.3% very important or important)
- We will take an asset based approach to support positive sexual health behaviours, this means working more closely with places like Schools, GP surgeries, Pharmacies and Community Groups (91.7% very important or important)
- Where possible one person or service can help you with the things you need support with, to reduce the number of times you have to repeat information and wait between appointments (91.8% very important or important)

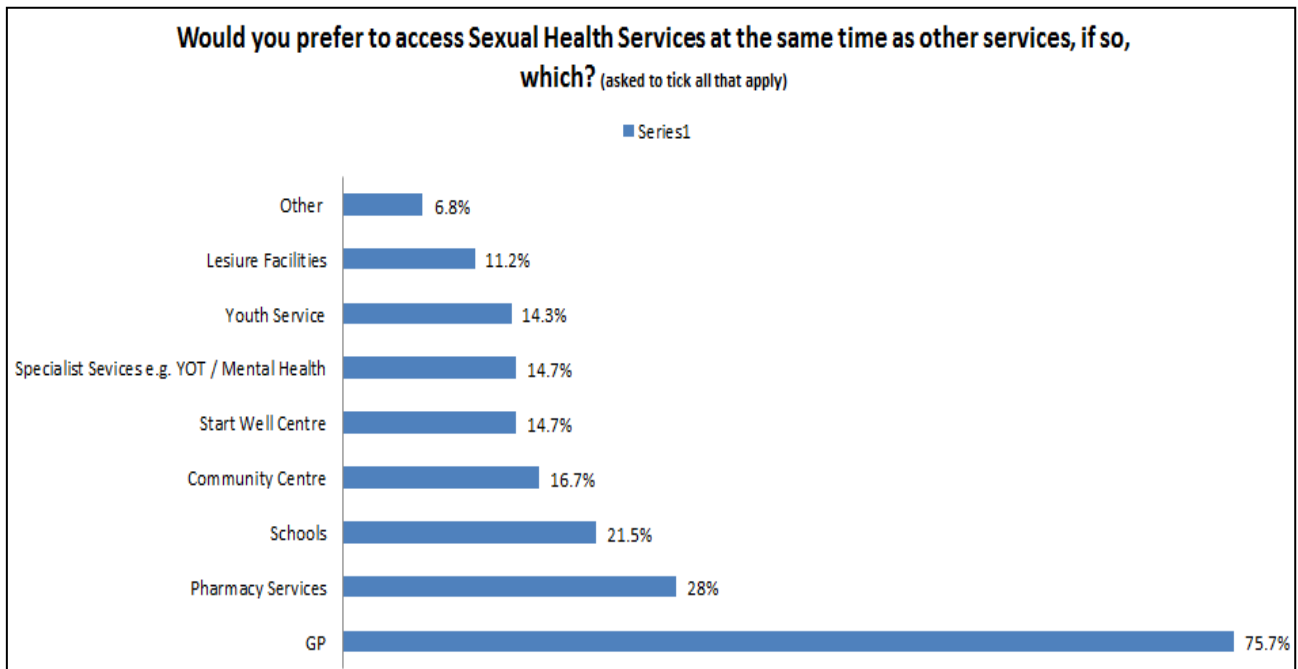
The main findings of the data so far show that people would prefer a service that is in an area local to where they live (58.1%). However a significant number would still like to access a service centrally in Wigan (32.3%) or Leigh (9.6%).

Nearly half of people were happy to access services at any time during the week (46%), with a proportion stating that their preference would be after 6.00pm (21.5%) and a further 18 % requesting weekend services.

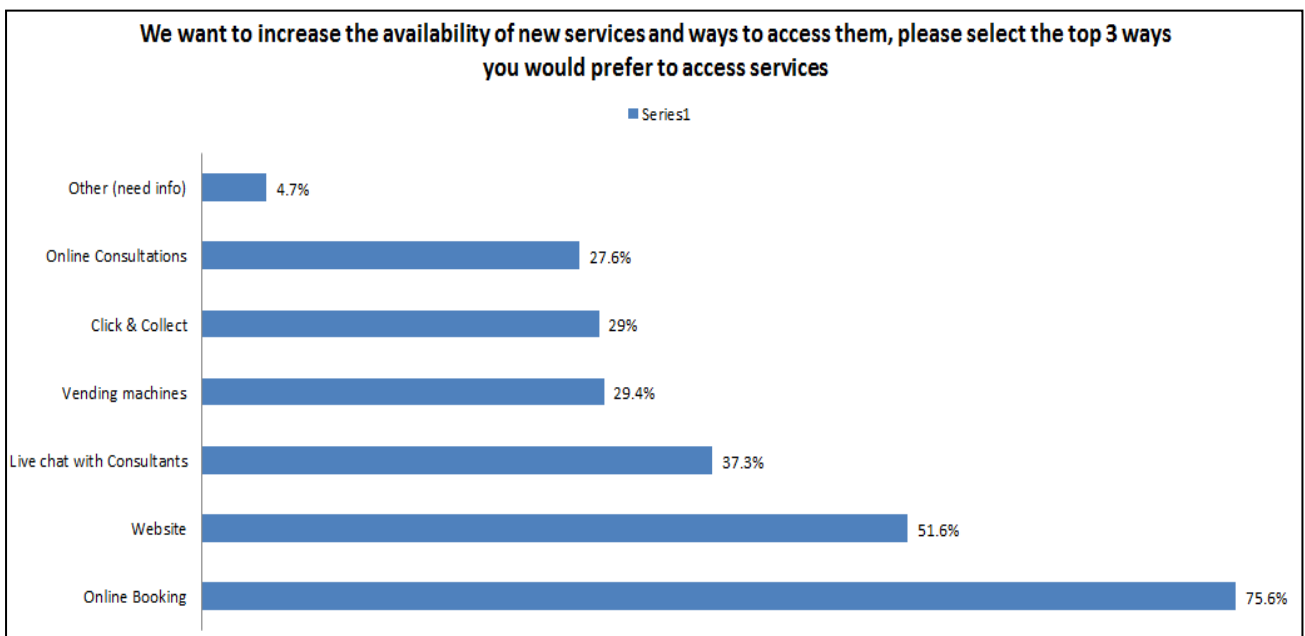
When asked where you would go first if you wanted information or advice on sexual health and or contraception 42.9% of people stated a sexual health service and 40.8% stated a GP. There were smaller numbers of answers indicating other services as shown in the table below.



We then went on to question ‘would people prefer to access Sexual Health services at the same time as other services?’ The main place they would like to access this would be from a GP (75.6%). Although pharmacy was low in terms of where people would go to access advice and information in the first instance, 28.3% of people said that they would prefer to access sexual health services at the same time as other pharmacy services if this was possible. Schools also ranked highly (21.5%).



We asked a specific question in order to get people’s views on a digital offer for sexual health services. People were asked to rank their preferences, which showed broad support for a range of digital options. 75% of respondents selected online booking, 51.6% of respondents selected a website and 37.3% of respondents selected live chat with consultants. Responses to other aspects can be viewed in the chart below.



We have analysed all of the feedback provided as part of the public consultation process, including the questionnaire responses and the stakeholder discussions and grouped these in to key themes.

Theme 1	Location <ul style="list-style-type: none"> • Preference for services in communities but need to retain central provision. • Travelling/Transport to access services can sometimes an issue • Would like to see more services being delivered in General Practice • Would like more of an outreach offer in a range of settings, for example making use of existing community assets such as pharmacies
Theme 2	Digital <ul style="list-style-type: none"> • Support for a digital offer, although people would still like a face to face option • Digital offer will support in signposting and distribution of testing kits and could have a key role in supporting repeat EHC • Like the idea of virtual tests and smart phone applications • Suggestion of how training can be incorporated • People felt being able to access information on line and over the telephone would be really helpful (some concerns around wait times)
Theme 3	Access & Treatment <ul style="list-style-type: none"> • People want the right treatment at the right time by the right people and are supportive of accessing services through a single point of access • There should be a standard offer across the whole life course, better linked with wider services • Some people don't want to access at the same time as

	<p>other ages/genders</p> <ul style="list-style-type: none"> • Some concerns that if services were spread widely within communities then they would be ‘diluted’ or ‘limited’ • Services need to be more flexible in terms of their operating hours – would like a service to have more availability in the evenings and weekends • People like being able to ‘walk in’ or ‘drop in; to services without an appointment • People like the idea of being able to access services at the same time as others e.g. leisure centres and to link with existing sports clubs • More advertisement needed about sexual health services and where these are available e.g. a service guide • Services could be more nurse led, with SH specialist services based in practices • Could have pharmacy health champions and link to healthy living dentistry • By being consultant led there will be better referral pathways and messages through the system • Link in with protected groups e.g. support for asylum seekers • Working with other people in communities such as hairdressers, tattooists, healthy routes
<p>Theme 4</p>	<p>Information, advice and education</p> <ul style="list-style-type: none"> • Feedback around Education and schools/colleges having a key role to play in supporting young people (advice/information) • Education to support with wider messages linked to sexual health e.g. healthy relationships • An accessible education offer – how can we support parents? Education needs to be appropriate for people with learning disabilities

	<ul style="list-style-type: none"> • Promoting the services and advice available is important, more should be done to ensure quality information is available from professionals and via websites
Theme 5	<p>Current Sexual Health System</p> <ul style="list-style-type: none"> • People feel the current service is fragmented • Confusion about referral routes / which service to refer to • Feel that GP's tend to only see the older generation about sexual health • Challenges meeting contraceptive needs of users • Smear test issues: carers de- consenting on behalf of others/those they care for • Learning Disability barriers • Limitations on services e.g. free condom distribution • Most services are closed at weekends and this is when most risk taking behaviour takes place • Consultation and training is key • Communication back from services is not always helpful • Need to consider risk of people access EHC at different locations throughout the system.

So what are we proposing and how was that influenced by the consultation?

The proposed model will incorporate the aspects below;

- **One organisation will be responsible for the coordination of care, ensuring services are safe and effective and have appropriately trained and skilled staff across the workforce**
- **Staff will have different conversations, talking to people about their strengths and the things that matter to them, for example positive relationships and lifestyle factors**

- **There will be an increased opportunity to access information and advice online, book appointments and where it is safe to do so, order self-sampling kits to undertake tests at home**
- **There will be an increased outreach in communities, appropriate to need, to bring these services closer to people in their communities**
- **There will be a single point of access to services with one phone number and website, helping to get people to the right place at the right time**
- **We will take an asset based approach to support positive sexual health behaviours, this means working more closely with places like Schools, GP surgeries, Pharmacies and Community Groups**
- **Where possible one person or service can help you with the things you need support with, to reduce the number of times you have to repeat information and wait between appointments**

The vast majority of people agreed that the above aspects were important; we have therefore reflected them in the proposed model in relation to; how services are delivered, who they are delivered by and where they are delivered.

The service will be led by a consultant and offer central walk in provision in Wigan and Leigh and will have a role around safety, quality and development of an integrated, sustainable system.

The majority of respondents (90.2%) agreed with the principle that one organisation should be responsible for co-ordinating activity across the sexual health system; therefore we are proposing a clinical hub that manages the full offer.

32.3% of respondents and 9.6% of respondents in Wigan and Leigh respectively stated that they would like to access services in central locations. People felt it was important in terms of; access via public transport, anonymity and best use of clinical specialist staff. A cohort of our most vulnerable young people also stated this as their preference. Therefore we are proposing to retain two central specialist clinics.

The central service will link to 7 nurse led sexual health clinics, co-located in Primary Care, in our areas that face the most challenges in relation to sexual health.

88.7% of people agreed that there should be an increased outreach in communities, appropriate to need. A very similar proportion of people stated a preference to access these services from a sexual health service (43%) or a GP Practice (41%). We also received qualitative feedback that suggested there was opportunity for enhanced roles for nurses in a future model. We therefore feel there is a strong case to base nurse led clinics in primary care.

An information and advice offer in all communities, delivered from places like GP Practices, pharmacies and schools, supported by a digital offer.

91.7% of respondents felt it was important that we take an asset based approach to support positive sexual health behaviours, this means working more closely with places like Schools, GP Surgeries, Pharmacies and Community Groups.

Aspiring to a model in which the amount of activity delivered in communities, via Primary Care increases and are therefore seeking to identify a lead GP Practice in each of the GP Clusters to become part of the networked approach to sexual health services.

Feedback told us that there is scope to base these services in primary care and to upskill practice staff to deliver more sexual health services. 75% of people would like to access sexual health services at the same time as visiting their GP Practice. In addition 91.8% of people felt that it was important that where possible, one person or service can help you with the things you need support with.

What else did we consider and why is this our preference?

We considered offering the same level of speciality in each community, but with a difference, based on need, in how often more specialist services are available. This was discounted as it was thought unlikely to effectively address our sexual health inequalities or be cost effective.

We also considered sexual health services in our communities facing the most challenges but not necessarily co-located with GP practices. This was discounted as there was strong support from the consultation demonstrating resident's desire to access sexual health services from their GP and from primary care to have an increased role in the delivery of these services.

We considered not retaining two central walk in centre provisions. This was discounted as the consultation demonstrated that whilst the preference is for people to access services in their community, there is a significant number of people that think accessing a central, standalone sexual health provision is important.

Phase Two Consultation

We are now opening a second phase of consultation, to gain stakeholder views on what we are proposing. The consultation will open on 6th March 2017 and close on 19th April 2017.

Please take the opportunity to complete the [online questionnaire](#) to give us your views on our proposals.

If you have any questions or require and further information, please contact Charlie Bracher C.Bracher@wigan.gov.uk 01942 857957.