DHIVERSE
PROMOTING SEXUAL HEALTH & WELLBEING

Focus Groups on Sexual Health Services

August 2013

Report

Objectives: to organise and facilitate a total of six focus groups, two 'open' groups, one held in Cambridge and one in Wisbech; two with People Living with or affected by HIV (PLWHIV),one with Men who have Sex with Men (MSM), and one with members of Black and Minority Ethnic (BME) Communities. For details see **Appendix A**.

Regional Coverage: The focus groups were designed to reach throughout Cambridgeshire (excluding Peterborough), therefore two 'open' groups were held, one in Cambridge and one in Wisbech, and two focus groups were delivered for PLWHIV, one in Cambridge and one in Huntingdon.

Organisation and Promotion: The focus groups were promoted electronically and by hard-copy flyer to over two hundred and fifty organisations and individuals in Cambridgeshire – this included universities and colleges of further education, Cambridgeshire Probation and YOS, Relate, providers of social housing and care throughout the county, BME networks, Mind in Cambridgeshire, Inclusion and other drug and alcohol services, GP Practices, and local libraries and gyms. Questionnaires were also disseminated electronically and by hard copy to all DHIVERSE contacts and partnership organisations. All events were attended, though with a relatively low turnout for the Wisbech and BME focus groups (4 and 5 individuals respectively). However the views of the attendees at the BME focus group were supplemented by 19 returned questionnaires.

Methodology: Each group was facilitated by two members of staff from DHIVERSE. All participants were informed of the historical background and context of the consultation process, and the program for the consolidation and integration of sexual health services in Cambridgeshire. They were also signposted to the online electronic form, 'Sexual Health Re-design'. Each group was framed by a discussion of confidentiality, and before the close of each session participants were asked to validate an explicit list of conclusions, and discussion points and confirm that the full diversity of responses had been recorded.

Topics covered:

The following questions, (as provided by Public Health Cambridgeshire) were addressed at each focus group:

Integration and range of sexual health services:

- *Should sexual health services be delivered alongside contraceptive services?*
- *Should they be expanded to cover a range of related lifestyle issues?*

- *If so, how and where should this integrated service be set up and how should people be able to access it?*

Access to sexual health services:

- *What do people think about current opening times at sexual health clinics, and do they think the times should be extended and if so how?*
- *What do people think about the way they currently have to contact the clinics to book an appointment? Views on whether this could be done better and iof so how?*
- *What do people think about the current waituing times for appointments at the clinics? Views on how this should be improved and if so how?*
- *Would having a range of small sexual health clinics (hubs and spokes) around the county which are linked to the main clinics be a good idea, and if so, why?*

General and Reflective

- *What do you think are the key qualities of a good sexual health service?*

<u>Description and analysis of individual focus groups</u>

People Living with HIV 20th July (DHIVERSE Office, Dales Brewery)

Participants were all living with HIV and accessing support services from DHIVERSE, some had been diagnosed recently, (within the last year) some had been diagnosed and living with HIV for more than ten years – all had accessed sexual health services in Cambridgeshire within the last year.

Integration and scope of sexual health services:

Participants were in agreement that it was important to provide sexual health services alongside contraceptive services. This was seen as playing a major role in encouraging individuals to access sexual health services, (a means of 'getting them through the door'), and also a first step in 'normalising' sexual health services, and putting them in the context of a broader range of health-care and 'life-style' focussed services. Participants agreed that it would be useful to provide at least some of these services (offering advice, support, further signpost) in a clinical setting, but that it was also vital to supplement these with a wide range of community outreach activities around sexual health. There was some diversity of response over the relationship of integration to confidentiality – some participants felt that while a service which integrated a wide range of life-style issues including sexual health and contraception would ultimately serve to diminish the stigma around sexually transmitted infections and HIV, however in the 'short term' People living with HIV might feel reluctant to access such services due to fears around confidentiality and 'visibility'.

Access to sexual health services:

Participants were in agreement that sexual health services should be provided outside week-day 'office-hours'. They felt that it was crucial to have a range of mechanisms for booking appointments, including on-line facilities but retaining the option of contacting individual clinics by phone. They pointed out that the feeling of having contact with a specific service, sometimes a service which had already been accessed, was crucial to some individuals. On-line and central booking services could seem overly impersonal to some individuals and might increase fears around confidentiality. Participants felt that waiting times should be as short as possible and were strongly in favour of at least one 'walk-in' clinic in Cambridgeshire. Participants

also suggested that offering a (texted) 'reminder' service for appointments would be extremely useful. Participants felt that a hub/spoke system would be useful if it could ensure that everyone would have to travel up to 10 miles to a 'spoke', or 20 miles to a 'hub'. Participants felt that there was a strong need for 'emergency' support and advice around sexual health and HIV and that if a local helpline could not be supported, national helplines should be better advertised through current NHS services.

What do you think are the key qualities of a good sexual health service?

Participants were in general agreement over issues around expanded access, booking times and booking process. They supported an on-line booking service with the proviso that telephone bookings with individual clinics should also be on offer, as some potential service users might not have internet access, or might perceive this process as too impersonal. It was also felt that fears around confidentiality were overwhelmingly important as a barrier to accessing sexual health services, and although participants had no complaints around the confidentiality of services which they had received, they emphasised the importance of promoting the confidentiality of sexual health services, and this was part of a general awareness of the importance of extended outreach and support in enabling people to access clinical services. As participants had visited sexual health clinics recently they were aware of the importance of the physical lay-out of the waiting rooms, and the need to have some mechanism to promote awareness of confidentiality on arrival.

Participants felt strongly that specifically clinical sexual health services could only work in an environment where sexual health was promoted more actively (particularly in schools and other institutions of learning), and where general medical staff were better trained around the issues faced by people living with HIV, and about the HIV epidemic in the UK. There was a wealth of anecdotal evidence concerning delayed HIV testing and diagnosis caused by inappropriate assumptions on the part of GPs ('you don't need to worry about HIV as you aren't gay/ a drug user/black African .. etc'). Participants were all aware of the impact the Chlamydia testing campaign had made on perceptions and attitudes towards sexual health – that it had helped to drag sexual health issues from an exclusively clinical and somewhat frightening environment – and felt that the development of community testing strategies for other sexually transmitted infections including HIV, could have a major impact on reducing stigma and promoting the general uptake of testing.

People Living with HIV 23rd July (Maple Centre, Huntingdon)

Integration and range of sexual health services:

Participants at the Huntingdon group were all currently accessing DHIVERSE and sexual health services within Cambridgeshire. They were extremely concerned about confidentiality and the delivery of sexual health services – more so than their peers at the Cambridge Focus Group (see above). They were much more concerned that sexual health services should be delivered in isolation from other services – as they didn't want to be seen accessing such services. They were in favour of more 'integrated services' in principle, but thought that such integration should take the form of better signposting, and promotion between independently delivered services.

Access to sexual health services:

Participants were satisfied with waiting times, and with the system of booking appointments, but felt that opening times should be extended, particularly given the vagaries of public transport in rural areas. There was some disagreement over a 'hubs and spoke' system. Some participants felt that a range of smaller clinics would help alleviate problems of transport and rural isolation while others felt that there was an issue around confidentiality and it would be easier to be 'spotted' when accessing such a local service.

What do you think are the key qualities of a good sexual health service?

Participants felt that knowledgeable and supportive staff with good communication skills formed the key component of an excellent sexual health service. In particular medical staff needed to be aware of the support issues which might be faced by someone living with HIV, and services which might support someone facing such issues.

Participants also stated that the environment in which sexual health services was delivered was crucial: waiting rooms should be clean, friendly and easy to access, with easy access by public transport and at least some clinics taking place outside weekday office hours.

Men who have sex with Men 27th July Huntingdon, Maple Centre

Integration and scope of sexual health services:

Participants had ambivalent feelings on this issue. They felt that contraceptive advice should logically be delivered alongside sexual health services, and acknowledged that segregating sexual health services from other health issues helped to perpetuate the stigma and fear around sexually transmitted infections. However they were worried about confidentiality in the setting of service delivery and particularly about the physical design of an integrated service – the layout of waiting rooms and signage. They felt it was key that people attending the service should not in any way be able to distinguish between those accessing contraceptive services only and those who were accessing services dealing with sexually transmitted infections.

Access to sexual health services:

Participants agreed that expanded access times was a good idea, (particularly during weekends), and that 48 hours was a reasonable time within which appointments should be offered. Participants were generally satisfied with waiting times and booking systems as they exist but felt that it was absolutely crucial that appointments be offered outside weekday office hours. Participants also favoured a 'hubs and spokes' system but raised several issues around confidentiality and the delivery of services from the 'spokes'. They noted that service users might be particularly afraid of being identified in small local delivery settings and that they should be free to use 'spokes' other than the one which was geographically nearest. Consideration should also be given to the exact placement and layout of 'spokes', both in terms of good public access, and confidentiality.

What do you think are the key qualities of a good sexual health service?

Participants stressed the importance of well-trained, welcoming, non-discriminatory staff who were knowledgeable around issues of confidentiality. Staff should be trained in support issues around sexual health in both 'hubs' and 'spokes'. Participants also noted that there tended to be a lack of male staff in sexual health clinics, and that the layout of waiting rooms could be improved so as to appear more friendly and less 'sterile'.

Open Group 24th July Meadows Centre, Cambridge

Integration and scope of sexual health services:

Participants felt that contraception should indeed be offered alongside sexual health services in a clinical context, but that this should be part of a general package of services involving advice, counselling and further signposting which should be offered on-site, in addition to community sexual health outreach activities

Participants emphasised that access needs to account of 'seldom heard' groups – travellers, people with learning and physical disabilities, older people, and people whose first language is not English.

Access to sexual health services:

All agreed on the importance of expanded access times – but felt that fears around confidentiality acted as a greater barrier than some of the practical difficulties in making appointments. They did feel that appointments should be available within 48 hours, and that a variety of booking mechanisms should be offered. They stressed that online booking services should not be the only mechanism available, as they had experienced worries around on-line confidentiality, and noted that visitors/students from states with relatively rigorous internet surveillance might be reluctant to book online, feeling that it might leave some form of 'trace'.

Participants stressed that all service delivery centres, whether 'hubs' or 'spokes' need to be accessible to disabled users, including those with hidden disabilities, and there needs to be ready access to materials such as - health promotion materials in languages other than English, easy to read leaflets and flyers, and that Braille usage is in the currently recommended format.

Participants were also strongly in favour of expanded community testing as long as this was backed up with appropriate support and counselling and viewed this as one of the forms which 'spoke' services might take. They also noticed that it was important that individuals be able to access 'spokes' other than their nearest service, to alleviate fears around confidentiality

What do you think are the key qualities of a good sexual health service?

Participants felt that confidentiality (and good promotion of confidentiality), non-judgemental staff and ease of access were the three key elements of good sexual health care in a clinical setting, but that this needed to be supplemented with extensive outreach to challenge the barriers which were preventing individuals from seeking help from medical services.

Open Group 9th August Ferry Project, Wisbech

Integration and scope of sexual health services:

The participants strongly supported the delivery of sexual health services alongside advice around contraception and further emphasised the importance of good local partnerships between sexual health services, and support around sexual violence, rape and domestic abuse – particularly in making sure that victims receive prompt and appropriate support and treatment and do not have to wait for up to a week for sexual health tests. The availability of post exposure prophylaxis for HIV and Hepatitis B also needs to be much more intensively promoted.

Access to sexual health services:

Participants spent some time discussing the location of Wisbech within a catchment of fairly isolated small rural towns and villages, with poor public transport links, and considered various 'smart' strategies to enhance access to sexual health services. They generally supported a 'hub and spokes' model for service delivery, but felt that planning the location and timing of 'spoke' services needed careful deliberation to ensure good access.

Wisbech itself was considered a reasonable location for a 'service hub' particularly if located close to the Horsefair Shopping Centre/Market Square, with good access to such local public transport networks as exist.

Participants noted that it was difficult to identify particularly appropriate fixed sites for service 'spokes' in the rural catchment area around Wisbech, and felt that it might be useful to have mobile units linked to local market days, and bus timetables – perhaps linked in with other public health services such mammograms. In addition to the potential geographical barriers to accessing services, participants drew attention to the high number of migrant workers and service users for whom English was not a first language – they felt it was key that sexual health materials be available in a range of appropriate languages, and that clinical services need to be supplemented by more intense and targeted outreach work with community groups, ESOL centres, and so on – this was considered at least as important as good 'physical' access to dispersed 'spokes' of service delivery

Participants noted the relatively high levels of social deprivation and inequality in their catchment area – and felt that good access to sexual health services meant reaching out to 'seldom-heard' groups, including migrant workers, and also homeless people, victims of sexual violence and exploitation, and that this required particularly intense sexual health outreach and partnership with social support services.

What do you think are the key qualities of a good sexual health service?

Participants felt that confidentiality, ease of access and a 'friendly, non-judgemental, non-intimidating' service were the key aspects of sexual health provision.

BME Group August 3rd DHIVERSE, Cambridge

Integration and scope of sexual health services:

Participants and respondents all felt that it would be sensible to link sexual health and contraceptive services, they felt that some of their peers were confused as to the difference between them, and that it was vital to supplement sexual health advice/treatment with information and access to contraceptives and vice versa. Participants also noted that many of their peers were completely unaware of the existence of sexual health services, and of the fact that they were free and confidential. They strongly recommended that there be better promotion of sexual health services in, for example, GP practices, and that there should also be better promotion of the fact that services are free and confidential.

Access to sexual health services:

As noted above, participants felt that simple lack of knowledge of the existence of sexual health services was a major barrier to accessing them, and that such services needed better promotion in GP Practices, community centres, libraries and other public and commercial venues. Participants and respondents within this group strongly emphasised the importance of flexible opening hours in accessing services. They and their peers often held down multiple jobs, or had shift patterns which were not known well in advance – so a range of opening times embracing standard weekday office hours and evening/weekend appointments was crucial. They also felt that given the general lack of knowledge of sexual health services, and the fear and stigma around STIs, national helplines and support services should be strongly promoted, and that if possible, there should be drop-in clinics for advice, support, and if possible, testing. Participants were in favour of a 'spokes' and 'hub' system - particularly if the 'spokes' could be used to enhance flexibility (a wider range of opening times, possible drop-in or support/advice services).

Participants were unhappy with waiting times as they exist at present, and would like to see the 'spokes' used to promote short appointments for advice/consultation/support, offered as drop-ins or with a maximum

48-hour waiting time - complemented by longer appointments at the 'hubs' with correspondingly longer waiting times, for testing and ongoing treatment.

What do you think are the key qualities of a good sexual health service?

Participants stated that a good sexual health clinic should have knowledgeable friendly staff with good communication skills, a friendly demeanour, and an awareness of cultural diversity and some of the factors which might discourage people from accessing sexual health treatment. They should ensure that all appropriate standards of care are met, and that patients are actively involved in treatment choices.

Comparisons, Conclusions and Recommendations

Certain questions tended to elicit universal assent in all the focus groups – everyone felt that contraceptive services should (at leat, in principle) be offered alongside sexual health; that opening hours should extend beyond Mondays to Fridays, 9am to 5pm; that 48 hours was a 'reasonable' time within which appointments should be allocated; that there should be a diversity of booking mechanisms – however in each group participants also noted that for there to a fully 'integrated' provision of sexual health services these have to be linked to a much wider web of community health promotion and outreach activities. Participants felt that this 'wider web' of activities would improve access to sexual health services through two significant and different mechanisms

- They would increase awareness of services, how to access services, and knowledge of confidentiality around services (that is, increased knowledge would lead to increased access).
- 'Mixing in' of sexual health services with a wide range of other health care provision (including, but not limited to contraception) would help to 'normalise' sexual health, and reduce the barrier to accessing services which is posed by stigma and taboo.

In each group discussion of access issues would invariably broaden from opening times, and booking mechanisms – to the importance of confidentiality and the promotion of confidentiality. The importance of retaining a variety of booking mechanisms was invariably linked to the diversity of needs among service users – some might welcome the anonymity of online booking, others feared it might leave some sort of 'trace', others welcomed the 'personal touch' of direct phoneline contact with a human voice, others noted that this contact could be an important mechanism to gauge needs and allocate appointments on the basis of urgency.

General (Universal) Recommendations:

- Sexual health services should be integrated with contraceptive and other relevant 'lifestyle' services where appropriate. However due attention needs to be given to the layout, planning, and environment of delivery centres to ensure confidentiality and an atmosphere of friendliness and security
- Services are only truly integrated if combined with intensive and extensive sexual health outreach to challenge stigma around sexual health. There also needs to be better signposting between services – a wider range of simple resources, leaflets and fliers would help.
- Participants were in favour of a 'hub' and 'spoke' system, if this were genuinely to increase ease of access to sexual health services. In order further this aim:

    - The siting and timing of 'Spokes' should be carefully linked to questions of local access – public transport, bus timetables etc
    - Spokes should have a wide range of appointment times, including weekday office hours, evening and weekend slots
    - Individuals should be able to access any spoke – not simply the nearest
    - Spokes should have a maximum 48 hour waiting period for appointments
    - If possible, there should be a drop-in advice/support service at Spokes
    - Spokes should promote the fact that sexual health services are free and confidential
    - Spokes should contain a wide variety of health promotion resources (including easy to read leaflets, and leaflets in languages other than English).
    - Spokes should vigorously promote national and local support/helplines
    - Spokes should promote awareness of post-exposure prophylaxis for HIV and Hepatitis B
    - Spokes should not necessarily be confined to static delivery centres – mobile units and community testing events might also fulfil at least some of their functions
- Staff at hubs and spokes should be friendly and communicative, in addition to having excellent up-to-date medical skills. They should have some training and awareness around issues of equality and diversity – particularly as to how these issues may impact on the choices which individuals make when choosing to access sexual health services or not.

Conflicts/Ambivalence

Although participants and respondents recognised the importance of 'integration' in developing and delivering efficient sexual health services, two groups expressed some concern that this might raise issues around confidentiality; PLWHIV (particularly in rural areas outside Cambridge) and MSM. In response to these concerns we would recommend that

- Staff at all services, but particularly 'Spokes' located in rural areas (where concerns around confidentiality seem to be most intense), should have adequate training on some of the issues faced by PLWHIV and some of the barriers which prevent people from testing for HIV. They should also receive training on sexual orientation/gender identity and how this might affect access to services. Resources aimed at MSM (leaflets and flyers) should be generally available.

Regional Diversity/Group Diversity

The focus group in Wisbech raised several geographically specific issues around sexual health services which were of concern, notably – the need for 'Spokes' to reach out adequately to a dispersed rural community with very limited public transport; the need to address the needs of migrant communities; and the need to focus on the link between sexual health and social inequalities. In this light, the group made the recommendations that

- The time, place and venue which 'spokes' may take needs to be carefully planned in relation to target groups and the 'micro-details' of local transport networks, market days etc.
- Clinical services need to be backed by a strong network of community outreach work
- Spokes should be strongly promoted and linked to social support services
- Sexual health promotion resources need to be available in a range of appropriate languages.

BME participants and respondents were particularly keen to see that

- Sexual health services are promoted through GP practices and at a range of community venues and events – furthermore the fact that such services are free and confidential should be strongly emphasised
- Appointment times should include slots during the weekends and evenings
- There needs to be easier access to support/advice to enable BME individuals to engage in accessing public sexual health services - this might take the form of outreach/training at BME community venues and events and/or short drop-in sessions at Spokes, where individuals could ask question on issues around sexual health and sexual health services.

Appendix A Date and Location of Focus Groups

Target Group	Date	Venue	Number attending
1. PLWHIV	Saturday 20th July	DHIVERSE, Cambridge	15
2. PLWHIV	Tuesday 23rd July	Maple Centre, Huntingdon	6
3. Open	Wednesday 24th July	Meadows Centre, Cambridge	8
4. MSM	Saturday 27th July	Maple Centre, Huntingdon	8
5. Open	Friday 9th August	Ferry project, Wisbech	3
6. BME	Saturday 10th August	DHIVERSE, Cambridge	5

(plus 19 returned questionnaires from BME respondants)