

## North Yorkshire Integrated Sexual Health Service Consultation Report

### 1.0 Purpose of report

- 1.1 To inform Executive members of the public consultation feedback received on the proposed changes to the North Yorkshire Integrated Sexual Health Service via a Section 75 agreement from 1 April 2022.
- 1.2 A 60-day consultation went live on 4 August 2021 and ended on 4 October 2021, delivered in partnership between North Yorkshire County Council and York and Scarborough Teaching Hospitals NHS Foundation Trust.
- 1.3 The consultation consisted of on an online survey that was available during the 60-day period. In addition, two virtual workshops were facilitated inviting colleagues from across the wider sexual health system, to get focussed feedback from professionals.

### 2.0 Online Survey Response

- 2.1 In total 105 people responded to the online survey.
- 2.3 The following tables set out the responses received from the online survey in terms of locality, gender, age and the capacity in which respondents were completing the survey.
- 2.3 The responses indicate that the consultation was successful in reaching people in all areas of North Yorkshire in proportion to the populations of each locality. The respondents were predominantly female, a significant proportion of the service offer addresses women's health, particularly contraception. The largest age range that engaged with the survey were between the ages 40-59, although overall there was a good spread of ages.

Locality	Responses Received	% of Total Responses
Craven	7	7%
Hambleton & Richmondshire	21	20%
Harrogate/Knaresborough/Ripon	23	22%
Scarborough/Whitby/Ryedale	27	26%
Selby	21	20%
Did not answer	6	5%

Gender	Responses Received	% of Total Responses
Male	26	25%
Female	70	67%
Other	8	8%
Prefer not to say	0	0%

Age Group	Responses Received	% of Total Responses
10 - 19	6	6%
20 - 29	15	14%
30 - 39	17	16%
40 - 49	28	27%
50 - 59	26	24%
60 - 69	9	9%
70 – 79	2	2%
80+	0	0%
Prefer not to say	2	2%

Role completing survey	Responses Received	% of Total Responses
Resident of North Yorkshire	50	48%
Professional	55	52%

Any responses from a professional then prompted a further question asking them to identify whether they were answering as an individual or on behalf of an organisation.

Role completing survey	Responses Received	% of Total Responses
An individual	46	84%
On behalf of an organisation	9	16%

- 2.4 The survey was a set of six questions that covered the proposed changes to the North Yorkshire integrated sexual health service. The survey included four quantitative and two qualitative questions. There was space provided for further thoughts or statements from individuals for each of the questions. We have collated the responses to the quantitative questions in the following tables.

#### Question 1

We have learned from how we had to adapt during the Covid-19 pandemic, and in future, we want to further the online and telephone remote offer as part of the sexual health service. Do you support a more enhanced online and telephone service to complement face-to-face delivery?

Y/N Please give detail (max 150 words)

Response	Responses Received	% of Total Responses
Yes	87	83%
No	17	16%
Did not answer	1	1%

#### Question 2

Do you support a more personalised offer to sexually transmitted infections (STI) testing across North Yorkshire based on an individual's level risk and history?

Y/N Please give detail (max 150 words)

Response	Responses Received	% of Total Responses
Yes	92	87%
No	10	10%
Did not answer	3	3%

#### Question 4

Do you support a more coordinated approach between the sexual health counselling and HIV support services?

Y/N please give further detail (max 150 words)

<b>Response</b>	<b>Responses Received</b>	<b>% of Total Responses</b>
Yes	98	93%
No	4	4%
Did not answer	3	3%

### Question 5

Do you support a more responsive joined up clinical and community approach to engaging with those with greater levels of risk or need in relation to sexual and reproductive health?

Y/N Please give further detail (max 150 words)

<b>Response</b>	<b>Responses Received</b>	<b>% of Total Responses</b>
Yes	93	89%
No	8	8%
Did not answer	4	3%

## 3.0 Summary of online survey feedback and key issues raised

3.1 All of the questions asked as part of this online survey allowed for respondents to share their feedback. The following is a summary of key themes from the feedback for each question.

**Question 1:** We have learned from how we had to adapt during the Covid-19 pandemic, and in future, we want to further the online and telephone remote offer as part of the sexual health

service. Do you support a more enhanced online and telephone service to complement face-to-face delivery?

Y/N Please give detail (max 150 words)

### Key themes from responses to Question 1

83% of respondents supported a more enhanced online and telephone service.

***"Far easier then to access services, saves me time away from work/ personal life. In the privacy of my own home. I don't need to tell the nurse all my life story"***

There is clear support for having a more enhanced remote/digital offer will make accessing services easier and cause less disruption to individual's lives who need to access support (i.e. time off work).

***"This is how young people prefer to communicate and will encourage those reluctant to be seen going into a clinic. It also saves time and potentially will release more appointments."***

Some of the responses focus on the preferences of young people and that an improved online offer would be a better fit for how younger age groups access information and services.

***"Yes support increasing access for patients however not at the loss of face to face services"***

Although the majority of the responses are in favour of this change in service provision, there is an emphasis on ensuring that any telephone or digital offer remains as a compliment to face-to-face appointments.

There are important points raised about ensuring equitable access for young people or for those with learning disabilities, who may face barriers due to lack of privacy at home or with technology.

***"It is impossible to properly diagnose signs and symptoms and take baseline observations online or over the phone."***

Respondents suggest that clear communication will be required from the service to clarify how digital/remote offers would interface with face-to-face appointments.

### Joint response to key themes identified

The intention of the enhanced digital/telephone offer is not to displace individuals away from face-to-face appointments when clinically necessary. The overall purpose of the virtual offer alongside face-to-face services is to facilitate a wider sexual health service reach across North Yorkshire.

The triage process will ensure that people will be swiftly navigated to the right place this includes ensuring symptomatic individuals, or those requiring certain treatments, get access to face-to-face appointments in a timely manner.

Face-to-face services will continue to be delivered within the main sites and localities as agreed within the Partnership and following on from the feedback given at consultations. High-risk groups will continue to have an increased offer online for testing and condom provision.

The use of a central booking telephone line will continue to facilitate access to appointments for those without access to digital technology. The current service offer includes the use of a mobile phone text booking service for young people to offer alternative provision for those that may struggle to phone the service. This offer will be reviewed and adapted to ensure that this provision facilitates face-to-face care effectively for young people.

The outreach team will continue to deliver clinical care within the community to high-risk groups via professional referral. This offer will continue to support those who are within an at risk group to access sexual health clinical care alongside face-to-face and virtual provision.

This service offer will be subject to regular monitoring and review to make sure that it is effective at enabling equitable access to service provision. This will include service user feedback to ensure provision of service matches the needs of the population in relation to face-to-face/virtual offer.

**Question 2:** Do you support a more personalised offer to sexually transmitted infections (STI) testing across North Yorkshire based on an individual's level risk and history?

Y/N Please give detail (max 150 words)

#### Key themes from responses to Question 2

##### ***"It is fundamental that all care is individualised"***

87% of responses to this question are in favour of anyone accessing the integrated sexual health service to be involved in ensuring the offer of support is personalised in line with their circumstances. ***There is suggestion from the responses that the proposal is a logical approach of matching resources to need.***

***"Making sexual health services as person centred as possible is an approach that I wholeheartedly support. People are experts in their own lives. This is particularly true of most at risk populations such as LGBTQ people, sex workers and BAME people. Standard clinical services are often inaccessible and inadequate for the most marginalised. For these groups, a community based approach is essential run by people who are experienced in working with them and understand the health inequalities that they face."***

Whilst responses are in favour of the proposal, there are caveats suggested for more at risk population groups. Some responses advise that continuing to provide an assertive outreach or community-based model of support is essential to maintaining a good level of engagement with these populations. Engagement is essential to providing a more personalised offer of care.

***"I disagree with the proposal to reduce access to certain tests through gatekeeping based upon individual risk. People may not feel comfortable being honest about their sexual history. Introducing this barrier may result in harm"***

A few of the responses have focused on the importance of honesty from individuals in this situation concerning their sexual history. Responses stress the need to look at safeguards that could mitigate any potential misrepresentation of personal circumstances or how to ensure individuals feel comfortable enough to share.

#### Joint response to key themes identified

It is encouraging to see such an overwhelmingly positive response to this proposal. However, we acknowledge some potential concerns expressed in the responses.

The focus of this proposal is to carry out appropriate testing, rather than restricting access to testing. If there is no risk identified, or re-testing is not required, then there is often no reason to test.

The aim of the service is to be able to direct resources to the people and communities that require it most and tests will still be accessible for those that need it. All public services have a duty to make sure that they remain cost effective and expenditure applied accordingly.

The new triage process for the integrated sexual health service will direct individuals through the service to the required level of support. It will identify the level of support required for each individual to create a personalised package of care.

The service continues to offer, and values the role of, community based support as an integral element of the continued partnership working that strengthens the work across the wider sexual health system. There have been significant changes in sexual health prevention and risk reduction since the original contract, awarded six years ago. We will develop our community partners to facilitate appropriately targeted testing.

The community based support offer will include the aspect of prevention via supporting the use of PrEP as part of a health based approach to risk reduction. The need to change the testing previously utilised within the community requires some consideration and will form part of the new community offer.

All sexual health staff are experienced both on the telephone and in face-to-face services in creating an open and honest forum to facilitate difficult and sensitive conversations with people.

**Question 3:** Free contraception and advice will continue to be available from the sexual health service. The sexual health service will be able to start an individual on a new contraception method where appropriate; however, people aged over 19 years old will not be offered basic repeat prescriptions. Instead, individuals will be signposted to their GP.

What do you feel we need to consider as part of this change? Please give detail (max 150 words)

### Key themes from responses to Question 3

This question prompted good discussion in the feedback. The consensus is that a cautious approach is required to be able to implement this proposal in to the wider sexual health system in place in North Yorkshire.

***"Ensuring the GP services are ready to meet this change in practice. Ensure there is a robust communication pathway between YSH and GPs to ensure a seamless transition for users"***

Co-production and communication was a theme throughout the responses. The need to ensure that GP's are involved in the development of any changes to the delivery of this service was a point that was re-iterated in several responses.

***"GP needs to be more accessible"***

Concerns around capacity in GP practices flagged numerous times – from both professionals and members of the public. There was acknowledgement that the current system for getting an appointment in a GP practice might make accessing repeat prescriptions difficult. There were also several responses asking the question of how the wider system may support primary care settings to be able to meet this need.

***“Personal circumstances might mean that the local GP is not best placed to offer this service. I think there should be some flexibility to this rule to account for this.”***

Other potential barriers raised to the proposal, highlighted difficulties that may make accessing a GP practice difficult for some population groups. In a rural area and smaller GP practice, young people may not feel comfortable accessing what is their family practice. There could equally be barriers for members of the LGBTQ+ community who perhaps are not comfortable sharing all aspects of their life.

***“I think it’s a great idea. Over 19’s should be given the responsibility to make follow ups with their GP for contraception the way they would with any other medication”***

There were responses very much in favour of this proposal. Communication was a recurring theme in the answers to this question. These responses indicate that there would need to be clear dialogue between the integrated sexual health service and the GP practice to ensure timely continuation of medication. Ensuring that young people are made aware of the transition in offer of service from 18 to 19 was highlighted as well.

#### **Joint response to key themes identified**

Women access contraception from a range of sources, with preference for source and method of contraception varying by both age and deprivation. Whilst GPs are the most popular source used by 6 out of 10 women, sexual health clinics and community clinics are also commonly used, particularly by younger and more disadvantaged populations (Health matters: reproductive health and pregnancy planning - GOV.UK (www.gov.uk))

This proposal focuses on the offer of basic repeat prescriptions for over 19’s only – problems with method of contraception, changes to method of contraception and emergency contraception for reassurance will still be accessible via the integrated sexual health service. Contraception is already part of the core GP offer to issue contraception to individuals registered at their practice.

By ensuring that primary care partners are able to provide this level of care, it creates greater capacity for the integrated sexual health service to provide the specialist care that they are required to deliver. The integrated sexual health service will also remain available to offer advice, guidance and training for primary care partners.

The sexual health service will work alongside the well-established primary care contraception offer and sexual health provision to ensure access to care. This will enable the sexual health service to focus on an enhanced level of specialist care for more complex patients who require this level of service. This will facilitate and support primary care to continue with ongoing contraception. We will support our primary care colleagues through the timely sharing of information to support continuing contraceptive needs for North Yorkshire residents. We will also continue to support our Primary Care colleagues with access to high quality training and development that has equality, inclusion and confidentiality at its core.

**Question 4:** Do you support a more coordinated approach between the sexual health counselling and HIV support services?



Y/N please give further detail (max 150 words)
<b>Key themes from responses to Question 4</b>
<p>93% of responses to this question were in favour of a more coordinated approach outlined in this proposal.</p> <p><b><i>"Sounds a good plan; there is a mental health element to all long-term conditions which needs supporting"</i></b></p> <p>There was recognition in a number of responses of how beneficial a holistic service would be for those that require this support. Coordination of care is an area of focus across the healthcare system and this proposed shift in the integrated sexual health service is reflective of this.</p> <p><b><i>"I feel it is already coordinated. I hope this does not translate in a reduction of local counselling services."</i></b></p> <p>The responses to this question reinforce the need and importance of clear communication with people living in North Yorkshire regarding what these proposals will translate to in actual service provision.</p>
<b>Joint response to key themes identified</b>
<p>To reassure there will be no reduction in the provision of counselling services in the integrated sexual health service. The intention is to share skills across teams that will be able to enhance the service offer and meet the needs of a larger number of individuals requiring this element of service offer.</p>

<b>Question 5:</b> Do you support a more responsive joined up clinical and community approach to engaging with those with greater levels of risk or need in relation to sexual and reproductive health?
Y/N Please give further detail (max 150 words)
<b>Key themes from responses to Question 5</b>
<p>Overall, 89% of respondents to this question are in favour of this proposal as a means of engaging those who may be in greater need of support from the service.</p> <p><b><i>"This is very important as those at risk are often reluctant to access sexual and reproductive health care from a clinic setting and therefore community outreach is an essential means of reaching such individuals/groups"</i></b></p> <p>The feedback references how some of the most at risk and marginalised members of society may benefit from a coordinated approach. However, respondents felt this should remain a</p>

bespoke service offer based upon individual needs, as different people may need different approaches for them to be a success.

#### **Joint response to key themes identified**

There would be tight governance of this proposal, with regular reviews to make sure that it continues to meet the needs of those individuals who require this service. It will be subject to monitoring that will identify required service improvements.

The service will continue to facilitate community/face to face and virtual sexual health care that will meet the needs of people with greater sexual health risks and needs. The service offer will be reviewed using a combination of service user/professional feedback and KPI monitoring. The clinical and community approach acknowledges the specific access needs and preferences of those groups and will offer the flexibility and responsiveness required to facilitate access and participation in both prevention and care.

**Question 6:** Finally, what are the most important issues for you and your sexual and reproductive health? (max 150 words)

#### **Key themes from responses to Question 6**

This question prompted a large number of responses with a number of key themes highlighted.

***“Regular availability of free, friendly, face-to-face testing and treatment.”***

Perhaps the most consistent response received for this question was ensuring that the service continues to be accessible for all across the county. The timely delivery of care and support is an important aspect of service provision and it is key that this element remains regardless of location within North Yorkshire.

Responses also emphasised challenges linked to rurality. Encouragement was given for the service to consider proximity to transport links, schools/colleges and other nearest clinic to try to provide equitable provision.

***“Access to up to date, non-judgmental and friendly integrated services.”***

A key theme throughout the responses to this question was for an integrated sexual health service to remain inclusive and representative. The responses suggest that this is important to engaging with often-marginalised population groups such as members of the LGBTQ+ community, sex workers and people living with HIV. The responses directly mention that this could be health professionals based in primary care, as well as the integrated sexual health service, but providing an open service for all is vital.

***“Availability of information. Proactive promotion of accessible advice and support available”***

Regardless of what service is in place, ensuring that the local population is aware of what support is available was another theme that came out in this question. It is important that the local population know where to turn for information and advice when needed. Some responses also suggest the need to undertake local promotional work with the public and professionals.

#### **Joint response to key themes identified**

The integrated sexual health service will continue to be free, accessible and available for those that require support, as and when they need it. The proposals identified as part of this survey are in place so allocation of provision reflects level of need. As an NHS Provider, YorSexualHealth is required to demonstrate to its regulatory body, the Care Quality Commission, that it discharges its statutory obligations for equality and inclusivity.

The benefit of adopting a more integrated community and clinical approach is that we work closely with our community assets who reflect, represent or campaign on behalf of, our diverse communities. Through this grass roots collaboration, we will identify a greater range of needs and preferences and be able to shape and target provision more effectively.

A key part of the service will be a shared communications plan that will deliver key messages regarding service offer, access and advice.

#### 4.0 **Workshop Feedback**

- 4.1 Two workshops held on 14 and 21 September respectively, co-facilitated by a panel of representatives from North Yorkshire County Council and York and Scarborough Teaching Hospitals NHS Foundation Trust. The link to this workshop shared widely across professional networks in North Yorkshire and various partnership meetings.
- 4.2 The facilitated workshops included professionals working as part of the sexual health system across North Yorkshire and professionals working in Primary Care. In total, seven people attended the workshops.
- 4.3 Overall, the feedback from these events were in line with the responses generated as part of the online survey. There was a consensus amongst participants that they were happy with the proposals outlined in the consultation.
- 4.4 The workshops did generate good discussions that provided feedback to consider as part of the development of the integrated sexual health service model.
- 4.5 Potential challenges posed by rurality came up in response to a number of the proposals. Professionals reflected that it is important for clinics to be positioned strategically on main transport routes, as well as across each locality as to not isolate individuals who may require specialist sexual health support.
- 4.6 The panel facilitating the workshops acknowledged the challenges that rurality poses to offering an equitable and accessible service across such a large county. There have been no final decisions made in relation to community clinic locations and there is a desire to work with professionals and communities to use local knowledge to ensure best fit across localities.
- 4.7 There was feedback from a professional currently working in Primary Care that indicated support of the proposal to work closer as partners across the system – particularly in relation to directing over 19's to Primary Care for repeat prescriptions. This support followed with emphasis on the need for the integrated sexual health service to clarify that this proposed change would not then lead to other contraceptive processes defaulting to Primary Care. The representatives on the panel from York and Scarborough Teaching Hospitals NHS Foundation Trust assured attendees at the workshop that it is only the intention of this proposal to direct basic repeat prescriptions of contraception to Primary Care. Any emergency contraception needs, problems arising from contraception and contraception changes would fall under the remit of the integrated sexual health service.

- 4.8 Communication was a recurring theme from attendees during the workshops in response to several questions. This is not only in advertising clinic locations and times, but also ensuring that individuals requiring support know where to turn and when. There will be a robust communications plan at each stage of the development of the integrated sexual health service. This will encompass any further planned consultations.
- 5.0 **Consultation Summary**
- 5.1 This consultation has generated a strong public and professional response from a wide range of respondents across North Yorkshire.
- 5.2 There was an overwhelmingly supportive response to the proposals in this consultation. 90% of respondents gave support across all of the proposals where a Yes/No answer was posed.
- 5.4 Whilst there is excellent support in the responses on the direction of travel proposed there have been some issues that this consultation has identified which have been addressed in the joint responses and will continue to be considered as part of implementation.
- 5.4 Pathways of care; effective communication of the final service provision to the public and professionals alike; and the location of community clinics are all discussion points generated in the responses.
- 5.5 There was a general agreement as part of this consultation that the proposals support organisations effectively working together to create a whole system approach for sexual health across North Yorkshire.
- 5.5 To conclude the 60-day consultation feedback supports the proposed changes for the North Yorkshire Integrated Sexual Health Service.