Appendix C Summary of key themes from the qualitative comments and amendments to the strategy/ service.

strategy/ service.			
Service area	Themes in qualitative comments	Amendments as a result of the themes	
Chlamydia screening/ Online self STI testing service	Some agreement with the proposal but concerns that the online model would not be accessed, a reduction in overall access to the service (including those with learning disabilities), the risk of increased STIs, losing a preventive approach to sexual health and the impact on sexual health providers. Results from the consultation re: the online STI self-screening service suggested concerns re accessing the service if you have limited internet access (i.e. vulnerable groups) and confidentiality for young people who live at home with parents.	It is acknowledged that the proposal is likely to reduce access to opportunistic chlamydia screening to some young people. However the service will still be available from the core services such as the specialist sexual health service and from GPs (if you have symptoms.) The online element of the service is has also been running for several years and is currently experiencing the greatest growth in use and provides the highest positivity rates. Commissioners will ensure pick up points are available for people who do not want the kit to be sent home.	
Contraceptive services	Key concerns for primary care delivering more uncomplicated sexual health services included concerns regarding GP capability and training, ensuring that services were confidential and young people friendly to ensure young people access the service and difficulty in getting a GP appointment. Some responses confirmed that many GPs already deliver this service.	Commissioners appreciate there are significant demands on primary care. The aim of the strategy is to support patient choice and for the whole of primary care to deliver their current sexual health	

Teenage pregnancy	Although 61% of people agreed with the changes in teenage pregnancy approach, 34% strongly or tended to disagree. The main reasons for this disagreement included concerns about changing an approach that is	effects from specific methods). This will reduce demand for follow up appointments in both primary care and the specialist service. New models such as federation models will be reviewed for service delivery of long acting reversible contraception. Significant progress has been made over several years on reducing the teenage pregnancy rates. The new strategy provides the opportunity
	working and needing further clarity as to how services would be delivered in the future.	to further embed these services and approaches into other core areas of public health to ensure the work is sustainable in the longer term. Clarity on how the services will be embedded will be discussed with partners as part of the strategy implementation plan.
C-card	Although most responses to the C-card proposal were positive about increased access; some concerns were also highlighted in around ensuring the service meets the needs of under 16s (including safeguarding).	Commissioners will
Other	The other qualitative answers in the survey also included the need to prioritise prevention, maintain some community based approaches, supporting vulnerable patients to access services (i.e. those who don't have easy access to the internet) and the opportunity for additional services through pharmacy.	Prevention will remain a key theme through all sexual health services. Community services such as those in saunas etc will be maintained as part of the specialist service. Pharmacy will continue to be a key provider for emergency hormonal contraception.