

A network diagram consisting of various colored circles (nodes) connected by thin grey lines. Some lines are solid, while others are dashed. The nodes are scattered across the left and top portions of the page, with colors including pink, blue, orange, green, purple, and red.

**Summary Report of
Public Consultation and Engagement:
Have your say on Sexual health services in
Leicestershire and Rutland**

1. Acknowledgements

We would like to take this opportunity to express our gratitude and sincere thanks to everyone who has taken the time to speak to us and provide their views and feedback as part of the consultation process.

2. Purpose of the report

This document provides a summary of the findings of a public consultation undertaken between 16 January 2023 and 12 March 2023, on the recommissioning of sexual health services in Leicestershire and Rutland.

This report reflects the findings of informal early engagement, the formal consultation questionnaire, and engagement events, meetings and briefings undertaken during the consultation period.

3. Background

Sexual health services for Leicestershire and Rutland comprise of the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS).

The Integrated Sexual Health Service (ISHS) is currently jointly commissioned by Leicester City, Leicestershire County and Rutland County Councils.

This service has main clinics (hub clinics) alongside several smaller (spoke) clinics.

Hub clinics are:

- Haymarket Centre (Leicester)
- Loughborough Health Centre

Spoke clinics are:

- Rutland Memorial Hospital
- Hinckley Health Centre
- St. Luke's Hospital (Market Harborough)
- Coalville Community Hospital

The service provides:

- sexually transmitted infection testing and treatment
- a specific young people's service
- psychosexual counselling
- contraceptive services
- outreach and health promotion
- professional training
- network management
- sexual health leadership role across LLR

The service also provides new technologies making it easier for individuals to take their own tests for sexually transmitted infections. These tests can be ordered online or collected from a vending machine. Tests are then posted to a laboratory for analysis and the results are given to the individual via a text message or a phone call.

Vending machines allow access to free self-testing kits for sexually transmitted infections, condoms and pregnancy tests, where people are not required to see a doctor or nurse.

Community Based Services are commissioned individually by each authority and provide contraceptive services in communities. This may be delivered by either your GP or a local pharmacy.

Both the Integrated Sexual Health Service (ISHS) and Community Based Services (CBS) contracts end on 31 March 2024. As a result, Leicestershire and Rutland need to set up new contracts for these services.

4. Approach

New contracts provide an opportunity for us to review whether our services are meeting the needs of the people who use them.

We held a period of engagement on current sexual health service provision in August 2022 with a range of stakeholders including, commissioners of sexual health services, providers of sexual health services, OPCC, district councils and GPs. A specific workshop was also held with young people to seek their views.

This early engagement combined with demographic and performance data was used to develop proposed changes to the model for sexual health services.

Formal consultation was undertaken between 16 January 2023 and 12 March 2023. This consultation period was used to provide information on any planned changes we had for recommissioning of the sexual health services and sought the views of Leicestershire and Rutland residents on what the sexual health services should offer, how they work and how these changes may affect them.

5. Consultation and Engagement Methods

The consultation was promoted via known stakeholders, it was also shared with district councils for promotion locally. A consultation questionnaire was distributed across Leicestershire and Rutland via Leicestershire County Council's website or as a paper copy upon request. The website also held a copy of the easy-read documents for download.

A press release was sent to the local media mid-way through the consultation period to publicise the consultation.

A number of partnership meetings were attended during the consultation period to promote and discuss the proposals with stakeholders.

A full list of engagement activity can be found at Appendix A

6. Overview of responses and themes from consultation

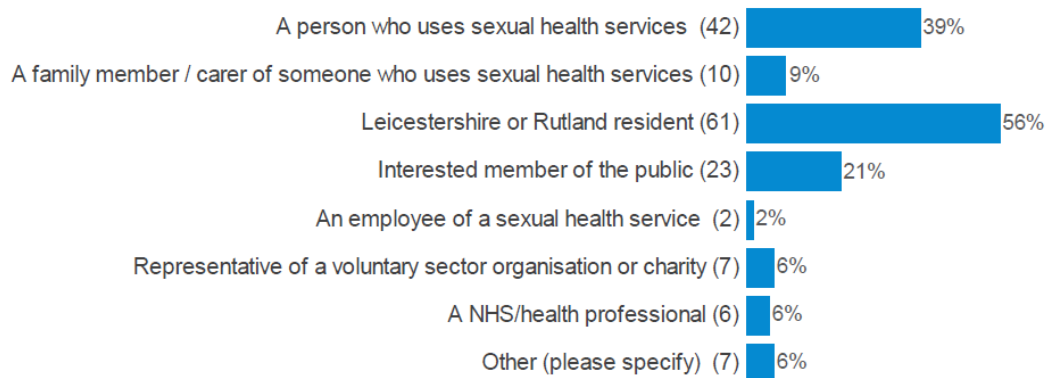
There was a total of 119 individual consultation responses and 8 partnership meetings were attended to seek feedback on the proposals.

10 responses were from residents of Leicester city, these responses have not been included in the overall findings and have been provided to Leicester City Council for inclusion in their own consultation summary. Likewise, there were 20 responses to the City consultation which were from Leicestershire and Rutland residents which were made available for analysis.

The key themes that emerged in relation to each question within the questionnaire are detailed below. This is followed by a section reflecting additional feedback provided through attendance at partnership meetings and events.

39% of responses were from people who currently use sexual health services.

Q. In what role are you responding to this consultation? Please tick all that apply.



Where respondents chose 'other' the following detail was provided

- Early Help Worker supporting young people
- Employee of Public Health Leicestershire
- Manager at a college working with learners 16+ with severe learning difficulties
- Member of partner organisation
- Northwest Leicestershire District Council
- Support workers for adults with Learning Difficulties
- Teacher with responsibility for pastoral care

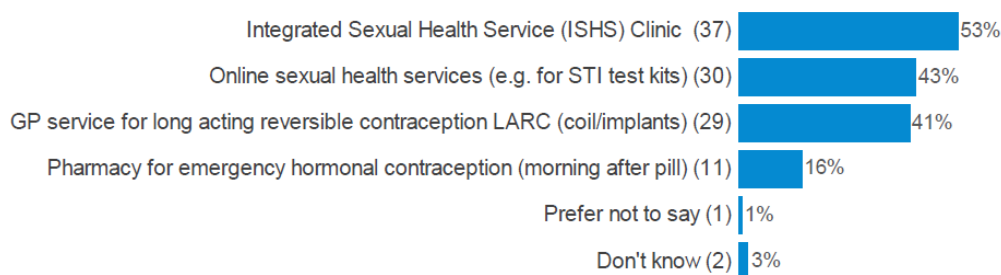
The majority of respondents were from Hinckley and Bosworth. The response rate was low from Melton and Oadby and Wigston residents despite additional attempts from the communications team to promote specifically in these areas via the neighbourhood app.

Section 1 Current Service

Section 1 of the survey focused on the current service. We sought feedback on each of the services people had tried to access, asking about ease of contact and ease of use. Responses are summarised below.¹

Over 60% of Leicestershire and Rutland respondents have either used or tried to access services at some point. Details of the services accessed are displayed in the graph below.

Q. Which, if any, of the following sexual health services have you used or tried to access? Please tick all that apply.



Integrated Sexual Health Service (ISHS) Clinic

37 respondents (53%) had used or tried to access the Integrated Sexual Health Service (ISHS) Clinic.

When asked about ease of contact, 57% of respondents that had used this service did not find it easy to contact the service with 35% stating it was “not at all easy”. Only 14% had found the service “very easy” to contact.

Likewise getting an appointment at a venue that suited appeared to prove difficult, with over 60% answering that it was not easy. Getting a time that suited also appears difficult with 60% not finding it easy of which 41% of these respondents felt it had not been easy at all. Other challenges reported include:

- Issue with locality
- Age limitations on certain services
- Waiting times
- Poor access to PrEP

¹ N.B - Where tables and percentage rates are provided below these have been calculated using response rates to each specific question.

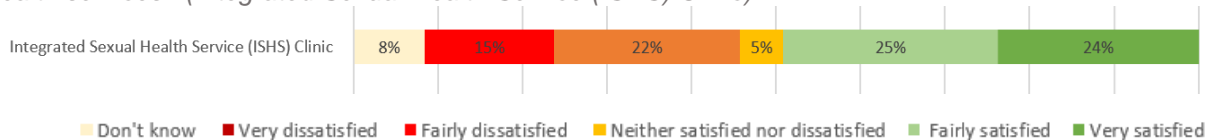
- Lack of privacy

Additional comments received regarding experience of the ISHS were regarding difficulties getting appointments and needing to travel across the county for appointments. The website was a repetitive theme with remarks that it is difficult to use, required information is difficult to find and on occasion not up to date, and people were unclear how to book appointments online. These website difficulties combined with lack of access to services in more rural areas were perceived as significant barriers for young people who may give up when finding access via the website difficult or be unable to travel to services privately/alone.

Although people reported having difficulties in accessing the ISHS, 49% of respondents were satisfied with the service received once they accessed it.

Satisfaction with Integrated Sexual Health Service (ISHS) Clinic

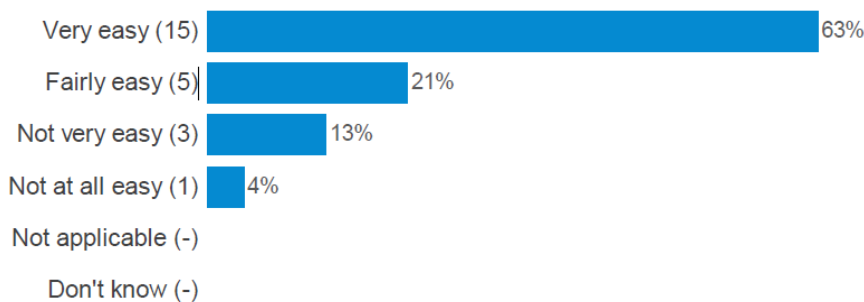
Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (Integrated Sexual Health Service (ISHS) Clinic)



Online Sexual Health Services

25 respondents commented on the online service. 84% reported that this service was easy to use.

Q. How easy, if at all, was it to..? (Use the online sexual health service (e.g. for STI test kits)



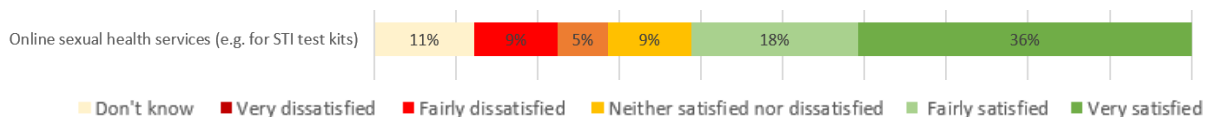
Key themes of additional comments include:

- Ease of ordering,
- Ease of access - not having to make an appointment; service is quick and efficient
- Age limitations mean there is a barrier to accessing the service
- Online sexual health services are the only option available locally
- Preference towards having an array of options to meet differing needs

54% of respondents were satisfied with the online sexual health service.

Satisfaction with Online sexual health services (e.g., for STI test kits)

Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (Online sexual health services (e.g., for STI test kits))



GP services for long-acting reversible contraception LARC (coil/implants)

29 respondents commented on the GP services for long-acting reversible contraception LARC.

59% of those felt it hadn't been easy to contact their GP service. 68% of respondents felt it had not been easy to get an appointment for long-acting reversible contraception at a venue that suited them and 72% hadn't found it easy to make an appointment with their GP at a time that suited them.

It is worth noting these issues are not only related to the provision of long-acting reversible contraception LARC and appears to be in line with the difficulties people face in contacting and making appointments at GPs generally.²

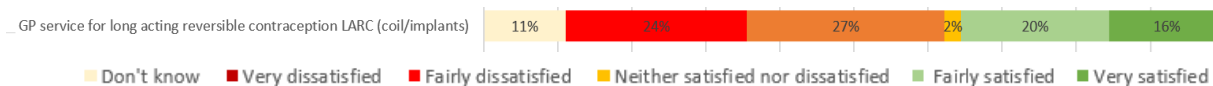
Key themes of additional comments include:

- Lack of availability of clinics
- Appointments not available outside working hours.
- Long telephone queues
- Not being able to access the service locally
- Local GP service provides a reminder to individuals of the expiry of their implant
- Good GP service within their own village.

Dissatisfaction was higher for this service. 51% of respondents were dissatisfied with only 36% reporting satisfaction with access being the key issue.

Satisfaction with GP service for long-acting reversible contraception LARC (coil/implants)

Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (GP service for long-acting reversible contraception LARC (coil/implants))



Pharmacy services for emergency hormonal contraception (morning after pill)

Eleven individuals responded with the majority stating it had been easy to contact and access the pharmacy services for emergency hormonal contraception (morning after

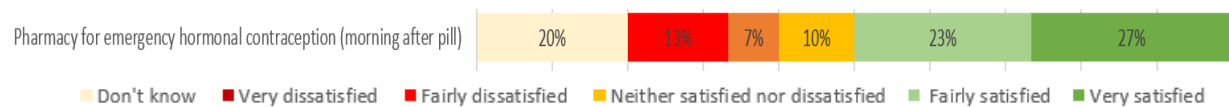
² <https://www.kingsfund.org.uk/press/press-releases/2022-gp-patient-survey-results#:~:text='Many%20of%20the%20challenges%20patients,staff%20simply%20don't%20exist.>

pill) There were two further comments, one regarding the age limitations on accessing free EHC and the other about having the confidence to approach the pharmacist and ask for a private consultation room.

Generally, respondents were satisfied with this service with 50% reporting satisfaction. However, the number of “don’t know” responses could indicate people are unsure of the offer.

Satisfaction with Pharmacy for emergency hormonal contraception

Q. To what extent were you satisfied or dissatisfied with the service provided by the following sexual health services? (Pharmacy for emergency hormonal contraception (morning after pill))

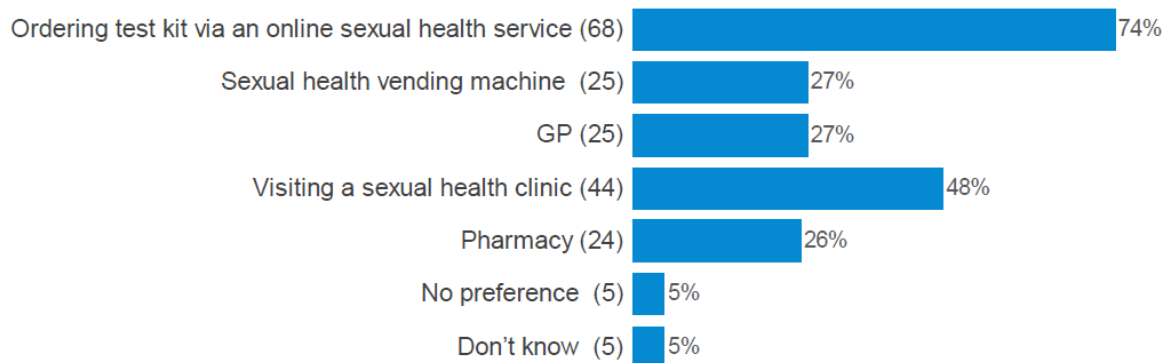


Section 2 Accessing different types of sexual health services

Section 2 asked about preference on accessing services for sexually transmitted infections (STIs) and contraception.

The preferred method for accessing testing for sexually transmitted infections (STIs) was via the online sexual health service. The next preferred option was via the sexual health clinic.

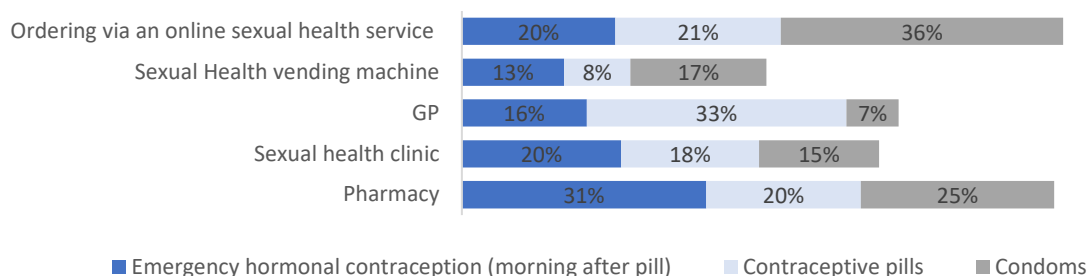
Q. What would be your preferred method/s to access testing for suspected sexually transmitted infections? Please tick all that apply.



When asked why they made those choices privacy was the main reason for choosing online as the preferred method. Accessing professional support was also a popular response. This recognises the importance that clinic based professional support can provide.

The preferred methods for accessing contraception services were via the online sexual health service and via the pharmacy.

Q. What would be your preferred method/s to access the following contraceptive services Condoms, Contraceptive pills, and Emergency hormonal contraception (morning after pill)?



When reviewing preference by age, the under 25's preference was the ISHS clinic and vending machines, those 25-44 would prefer to order online or use their GP and respondents over 44 would prefer to use the ISHS clinic or their GP.

The preferred method for accessing long-acting reversible contraception LARC (coil/implants) services is via GPs (61%)

General comments made by respondents in relation to accessing different types of sexual health services include:

- Lack of local services in Rutland
- Difficulty getting GP appointments
- Lack of availability and suitability of clinic appointments. There were also a number of comments regarding locality of services again Rutland services were cited.
- Equity of offer - need to improve access for people with learning difficulties, provision of information in multiple languages
- Need to recognise the expertise provided within the ISHS clinic services.

Section 3 Your preferences for accessing sexual health services

Section 3 explored preferences for the way sexual health services are accessed. The Covid-19 pandemic and the availability of new technologies have changed the way people access services. For example, some people prefer to access services without having to leave their home, while others prefer to use face to face services. Some people also have preferences on the time of day that they would like to access services, while others have preferences on whether they want to speak to a health professional or not.

We asked how important locality of services was to people. Over 75% of respondents felt it was important for them to have a service they could access from their own home. Over 90% of respondents felt it was important for them to have a service they could access **near** to their home and 65% of respondents felt it was important for them to have a service they could access close to their place of work college or school.

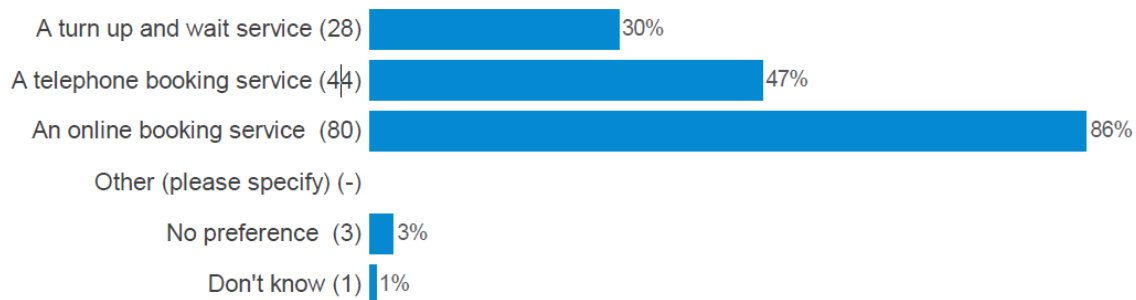
We know anonymity is valuable to some who use services and wanted to ask if accessing services outside of their local area was important. Only 12% stated it was important to have services they could access outside of their local area.

Having a variety of accessible hours is important to respondents with over 90% stating that daytime, evening, and weekend appointments are important.

We wanted to understand people's preferences on the form of contact they would like to receive when accessing sexual health services. While 69% of respondents felt that the ability to access self-care options is important, over 90% of respondents felt it was important to have the opportunity to speak to a health care professional when needed.

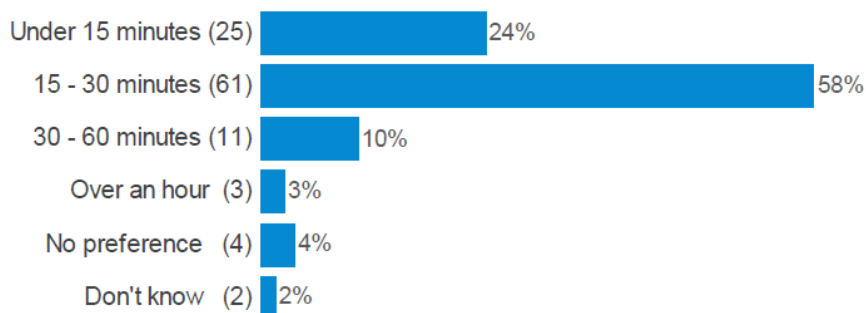
When asked how people prefer to access face to face services, the preferred method was via a booking service. The main reason given for preferring this option is the convenience of having an allocated time slot. A number of respondents chose multiple options which reinforces the need to have a variety of access options.

Q. How would you prefer to access face to face sexual health services? Please tick all that apply.



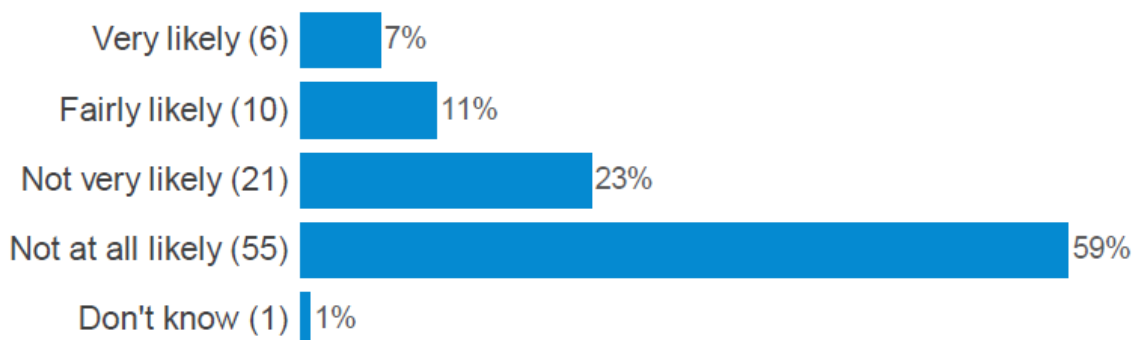
In terms of travel, most respondents reported that they would be willing to travel 15-30 minutes to access a face-to-face service.

Q. How far would you be willing to travel to access face to face sexual health services?



There are a number of county residents who currently use the city based Integrated Sexual Health Service (ISHS) Clinic. 82% of respondents reported that they would be unlikely to use the city clinic if there were local options available to them. The main reasons given for this preference was travel time and distance.

Q. How likely, if at all, is it that you will use the face-to-face clinic based in Leicester City if you have local options available to you?



Self-service options have increased, and so we wanted to understand residents' preferences around utilising self-serve options. We asked where preferred locations were for accessing vending machines that provide STI test kits. The preferred option was pharmacies (29%) followed by sexual health clinic sites (19%). Other options put forward included large shopping centres, GP practices and specialist services.

Some respondents felt that it would be helpful to make vending machines as accessible as possible in numerous everyday settings, while others were concerned about privacy, data security and lack of input from a health care professional.

General comments made by respondents in relation to preferences for accessing sexual health services include:

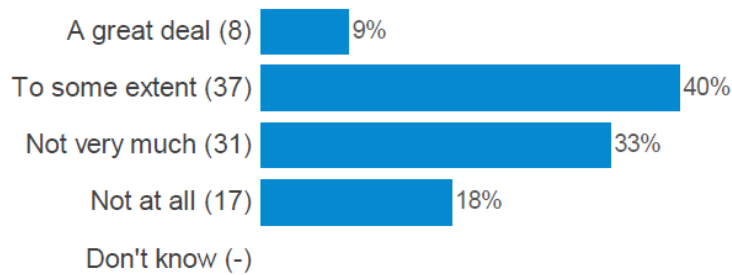
- Importance of locality of service
- Importance of accessibility of services
- Need for support for specific groups such as young people, people with learning disabilities, LGBT, people living with HIV and identifying modern slavery and human trafficking.

Section 4 Sexual health awareness, advice and health promotion

Section 4 looked at the provision of information on sexual health services, seeking an understanding of how aware people currently are of the services available and their preferred options for obtaining information.

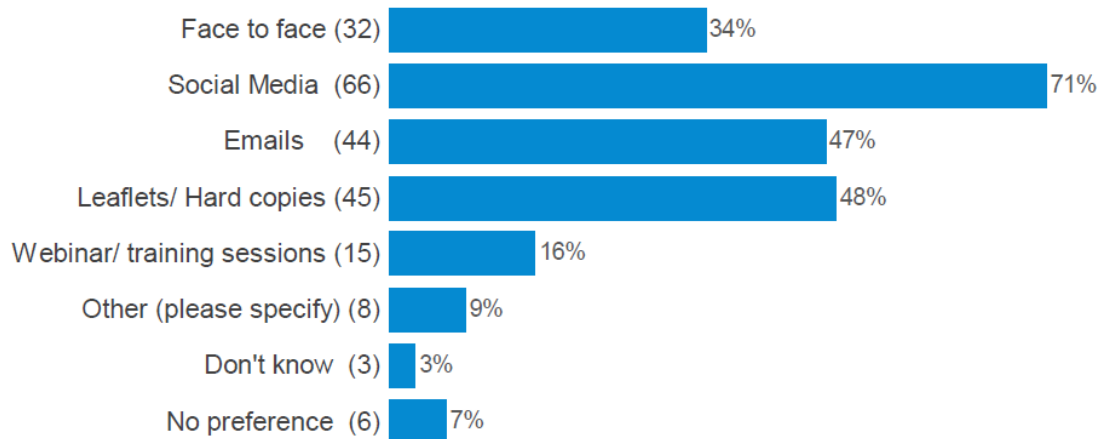
When asked to what extent people are aware of the services in Leicestershire and Rutland, the majority of responses showed people knew some or little information about the service.

Q. To what extent, if at all, are you aware of sexual health services in Leicestershire and/or Rutland?



To inform the way we provide information in future we asked how people would like to be made aware of sexual health services. Social media, leaflets and emails were the most popular options. Another preferred option was through key websites such as NHS provider websites and websites belonging to educational establishments. The preferred locations for this information to be provided included existing health & wellbeing services, community venues and educational establishments. Other suggestions also provided were public places such as pubs, nightclubs, supermarkets and cafes.

Q. How would you like to be made aware of sexual health services (such as STI testing, STI treatment and contraception)? Please tick all that apply.



Those that had indicated social media as a preferred awareness route preferred to see the information on Facebook, Instagram and TikTok.

62% of respondents reported that they would use a telephone service to access support and/or advice to manage their sexual health.

General comments made by respondents in relation to sexual health awareness, advice and health promotion include:

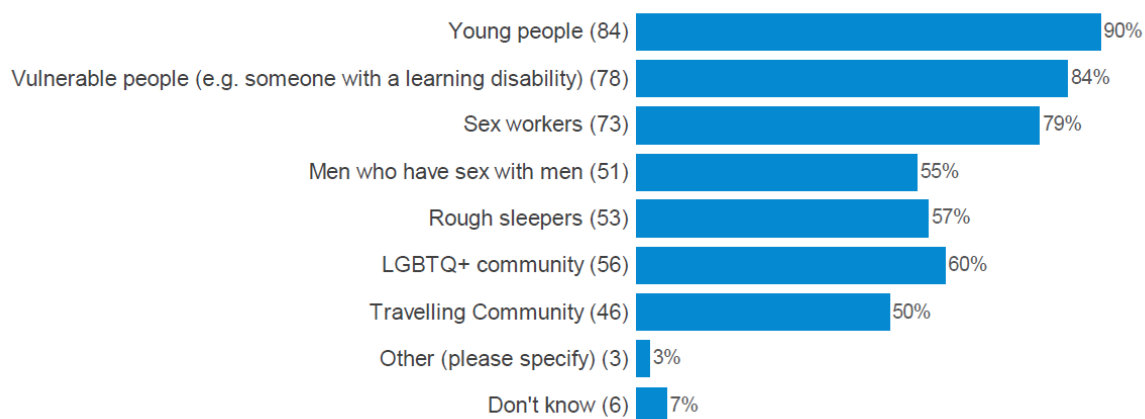
- Current lack of service information
- Increased venues where face to face services are provided
- Increasing awareness of PrEP
- Need to focus on reducing stigma associated with accessing sexual health services

Section 5 Outreach service provision

Section 5 explored thoughts around outreach services designed to break down barriers and deliver sexual health services closer to the communities at risk.

There wasn't a clear preference towards a particular vulnerable group.

Q. Which groups do you feel should be provided with outreach services? Please tick all that apply.



Other groups identified by respondents included:

- Ethnic minority groups
- Older people
- International students
- People with disabilities

The majority of respondents were unsure which geographical areas had a greater outreach need. Responses appear to be in line with respondents' own place of residence therefore it is difficult to draw a conclusion from this. Rationale for choosing specific geographical areas include:

- Lack of existing local provision
- Rurality
- Wide reach for groups such as young people, LGBT and MSM
- Desire to base provision on level of need identified through data

General comments made by respondents in addition to the ones mentioned already include:

- Importance of linking in with Relationships & Sexual Health Education
- Importance of services linking up with each other
- Provision of information for groups where English is not the first language
- Provision of easy read information
- Willingness of individuals to travel to access specialised services.

Demographic information of respondents

73% of respondents were female, 53% were aged between 25 and 44 years, 97% of respondents were from a white ethnic group, 26% of responses came from respondents who do not identify as straight or heterosexual and 19% of respondents indicated they had a long-standing illness, disability, or health condition.

7. Feedback from face-to-face engagement with partners

The following meetings were attended to inform stakeholder groups about the consultation, promote dissemination of the consultation and for feedback.

- Health Overview and Scrutiny Committee
- MPFT staff meeting
- Staying Health Partnership Board (sub-group of the Leicestershire Health and Wellbeing Board)
- NWL GP federation meeting
- Trade staff meeting
- East and West GP federation meeting
- BAME workers group
- Hinckley and Bosworth GP locality meeting
- Autism Partnership Board

Generally, there was a good interest in the consultation, groups were interested in the wider work around sexual health and how it links to other areas of work. All agreed to share and promote.

Feedback raised in groups was in line with the consultation findings there were additional comments were raised regarding.

- Ensuring availability of appointment where face to face services are required
- Concerns that current Leicestershire Hub is Loughborough and may not be accessible for all Leicestershire residents
- Ensuring joint working relationships continue with city colleagues
- Greater links with schools

8. Feedback from consultation conducted by Leicester City Council

There were 20 responses from Leicestershire and Rutland residents received to the Leicester City consultation which ran at the same time as the Leicestershire and Rutland consultation. The responses mirrored our findings. Additional information captured included:

- Concern that increases in vending machines would mean reduction in face-to-face services
- Support for gay women consider name used for service to help destigmatise,

Respondents were predominantly white British slightly older age group of 36-55 were main respondents followed by 18-25's there was a good mix of sexual orientation among respondents

9. Thematic summary of the consultation

The information gathered from this consultation will be used to shape future service delivery.

Key themes include:

- Difficulty accessing ISHS and GPs for sexual health services currently
- Preference for local services with availability of appointments outside of working hours
- Ease of navigation of services is currently poor due to lack of information available and ISHS website being difficult to use
- There is a willingness to travel for specialist support
- Preference for different options to access services to account for differing needs
- Preference for greater promotion of sexual health services within local settings/services
- Concerns over age limitations for certain sexual health services
- Greater focus needed on underserved cohorts
- Greater focus needed on reducing stigma associated with sexual health services

Appendix A: Engagement activity

| Date | Recipient Name | Summary of communication | Contributor |
|-------------|---------------------------------------|--|-------------------------------|
| 07-12-22 | Key Stakeholders | Emailed Dec to make aware consultation due in new year, offered NJ to attend meetings as and where required. | Gemma Andrews |
| | MNIB | | |
| 16-01-23 | All Stakeholders on distribution list | Emailed on launch of consultation | Gemma Andrews |
| 16-01-23 | Facebook | Have your say message | Comms Team |
| 20-01-23 | LRALC's Round Robin email | Consultation information included in round robin email and newsletter | Gemma Andrews Nicki Jarvis |
| 27-01-23 | Facebook | Cllr Richardson video | Comms Team |
| 30-01-23 | Instagram | Cllr Richardson video | Comms Team |
| 01-02-23 | Twitter | Have your say message | Comms Team |
| 02-02-23 | MPFT Staff | Meeting Attendance | Nicki Jarvis |

| | | | |
|--------------------------|---------------------------------------|--|------------------|
| 02-02-23 | Staying Healthy Partnership | Meeting Attendance | Nicki Jarvis |
| 08-02-23 | Facebook | Cllr Richardson video reminder | Comms team |
| 08-02-23 | Twitter | Cllr Richardson video reminder | Comms team |
| 15-02-23 | Facebook | Have your say reminder | Comms Team |
| 15-02-23 | Twitter | Have your say reminder | Comms Team |
| 15-02-23 | GP Federation NWL | Meeting Attendance | Nicki Jarvis |
| 17-02-23 | TRADE | Meeting Attendance | Nicki Jarvis |
| 21-02-23 | GP East and West Federations | Meeting Attendance | Nicki Jarvis |
| 21-02-23 | BAME Workers Group | Meeting Attendance | Nicki Jarvis |
| 22-02-23 | Facebook | Have your say message | Comms Team |
| 22-02-23 | Twitter | Have your say message | Comms Team |
| 23-02-23 | Locality Meeting | Meeting Attendance | Nicki Jarvis |
| 28-02-23 | Autism Partnership Board | Meeting Attendance | Nicki Jarvis |
| 01-03-23 | Facebook | It's not too late to take part message | Comms Team |
| 01-03-23 | Twitter | It's not too late to take part message | Comms Team |
| 06-03-23 | Facebook | One week left reminder | Comms Team |
| 06-03-23 | Facebook | Have your say reminder | Comms Team |
| 08-03-23 | Facebook | Have your say reminder | Comms Team |
| 08-03-23 | All stakeholders on distribution list | Not long to have your say email sent | Gemma Andrews |
| 09-03-23 | SLT members | Emailed and request share & promote | Nicki Jarvis |
| 10-03-23 | Facebook | Have your say reminder | Comms Team |
| 10-03-23 | Facebook | Last chance – Have your say | Comms Team |
| 12-03-23 | Facebook | Last chance – Have your say | Comms Team |
| Third Party Posts | | | |
| 16-01-23 | Twitter | Have your say | @hinkandbos_bc |
| 10-02-23 | Twitter | Have your say | @sportalliancehb |

Stakeholder contact list 183 individual contacts from the following organisations.

- Active together
- Armed Forces Lead on HWB
- Blaby District Council - Communities engagement & Youth Voice
- Blaby District Council - planning

- Blaby District Council Health and Wellbeing
- BPAS
- Charnwood Borough Council - Communities
- Charnwood Borough Council - Equalities
- Charnwood Borough Council - Health and Wellbeing
- Charnwood GP Federation
- Citizen's Advice Oakham
- Clinical Quality and Performance Directorate
- East & West GP Federation
- East Midlands Sexual Health commissioners
- ELR GP Federation
- EMIS (Pharma Outcomes)
- First Contact Plus
- H&B GP Federation
- Harborough District Council - Communities Engagement Team
- Harborough District Council - Health and Wellbeing
- Health Watch Leicestershire
- Health Watch Rutland
- Hinckley & Bosworth BC - Equalities
- Hinckley & Bosworth BC - Health and Wellbeing
- Hinckley & Bosworth BC -Communities Engagement
- ICB - Maternity lead
- Inform Health
- Integrated Care System - Engagement
- Justice and Care -Modern Day Slavery
- LCC - Care Leavers Team
- LCC - Children In Care Team
- LCC - Community Recovery Team
- LCC - Effectiveness in Education team
- LCC - BAME Workers Group
- LCC - Child Sexual Exploitation team
- LCC - Comms team
- LCC - Communities Team
- LCC - Health Improvement
- LCC - Health Protection
- LCC - Health and Wellbeing Board
- LCC - LGBT Worker Group
- LCC - PH Consultants and Strategic Leads
- LCC - PH Contracts Team
- LCC - PH Wider Determinants of Health
- LCC - Research and Insight

- LCC - SENCo
- LCC - Youth Engagement
- LCC - Youth Offending
- LCC ASC
- LCC Community Safety Team
- LCC Disabled Workers Group
- LCC PH Director
- LCC PH LACs
- LCC Lead Members
- Leicestershire Police
- Leicester City Council – Lead Commissioner
- Leicester City Council - Consultant
- Leicestershire Equalities Challenge Group
- Leicestershire Learning Disability Partnership Board
- Leicestershire Partnership Trust
- Leicestershire Police
- LHS
- LLR Local Pharmaceutical Committee LPC
- LLR PCL (Patient Care Locally)
- Loughborough University
- Melton Borough Council - Communities
- Melton Borough Council - Health and Wellbeing
- Melton Borough Council Equalities Officer
- Midlands Partnership Foundation Trust
- New Dawn New Day
- NHS England (HIV)
- North West Leicestershire District - Health and Wellbeing
- North West Leicestershire District - Communities Engagement
- Nottingham City Council
- NWL GP Federation
- Oadby & Wigston BC - Equalities
- Oadby & Wigston BC - Youth Voice
- Pathway Analytics
- Police and Crime Commissioner's Office
- Primary Care Network
- Rutland CC - PH Strategic Leads
- Rutland CC - Armed Forces Lead
- Rutland CC - Comms Team
- Rutland CC Adult Services
- Rutland CC Children and Young People
- Rutland CC Children's Services

- Rutland CC Lead Member
- Rutland County Council
- Sexual Assault Referral Centres (SARC)
- SH24
- TRADE sexual health
- UK Health Security Agency (UKHSA)
- Voluntary Action Leicester

