

Bristol Sexual Health Needs Assessment Engagement Survey

1. Methodology

Survey

The Bristol Sexual Health Needs Assessment Engagement Survey (www.ask.bristol.gov.uk/lets-talk-about-sexual-health) was available on the council's Ask Bristol Consultation and Engagement Hub (www.ask.bristol.gov.uk) between 20 June and 14 August 2022.

Survey information

The survey contained the following information as context for the survey questions:

- A description of what sexual health services are provided by the Local Authorities and Clinical Commissioning Group in Bristol, North Somerset and South Gloucestershire (BNSSG).

Survey questions

The survey questions sought respondents' feedback on the following.

- Whether the respondent is a member of the public, a professional, or a representative of a group or organisation
- How easy it is to get help for sexual health
- How satisfied they are with a range of factors of accessing sexual health services
- Reasons they could not access sexual health services
- What they think is working well about sexual health services
- What they think is not working well about sexual health services
- How they think sexual health services could be made better

Respondents were also invited to provide any comments in a free text box.

The 'About you' section requested information which helps the council to check if the responses are representative of people across the city who may have different needs.

- Respondents' postcode – this identifies if any parts of the city are under-represented in responding to the survey and it can show if people from more deprived areas of the city have different views compared to people living in less deprived areas.
- Equalities monitoring information – this enables the council to check if people with specific protected characteristics under the Equality Act 2010 are under-represented in the responses.

Respondents could choose to answer some or all questions in any order.

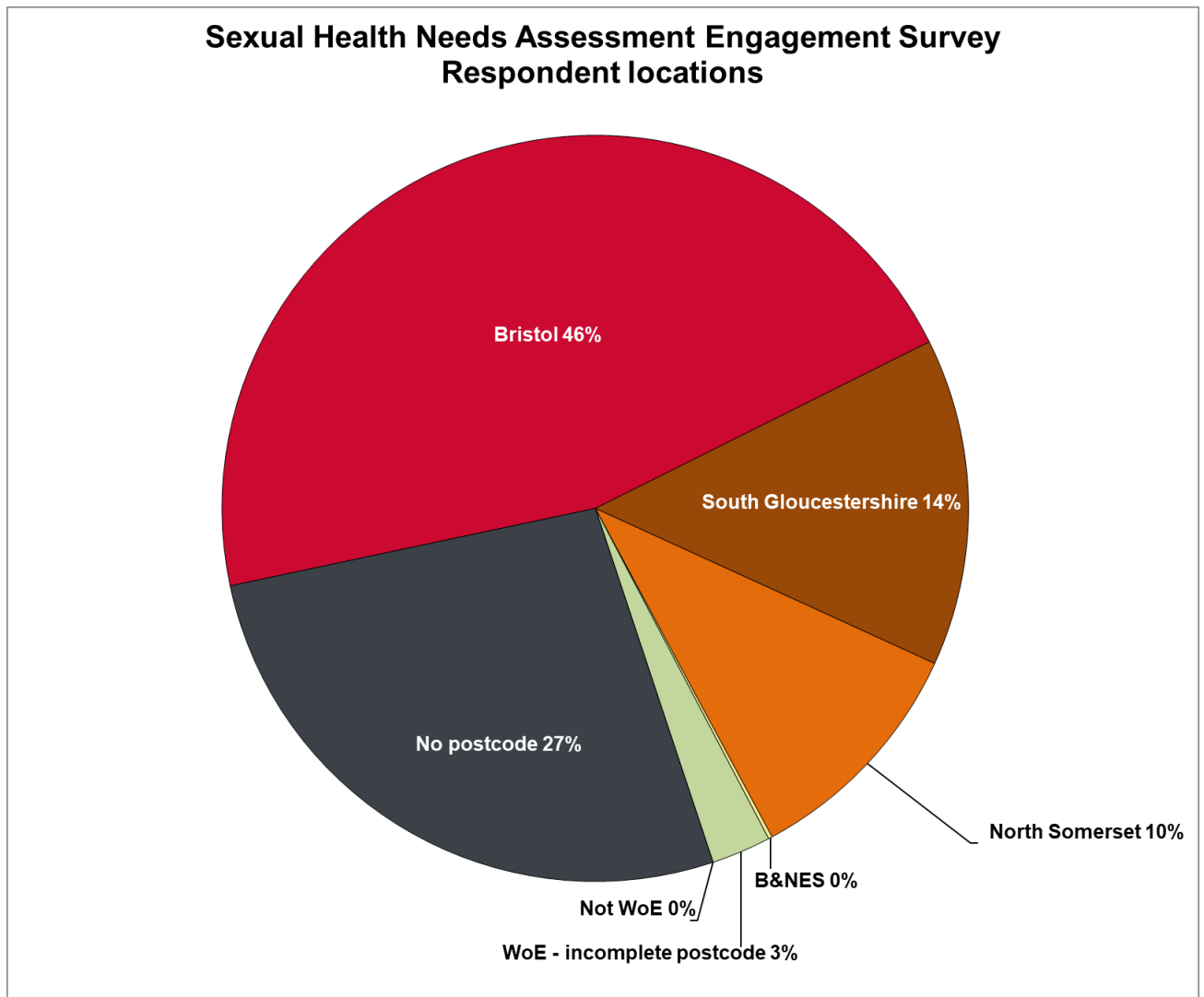
2. Survey response rate and respondent characteristics

2.1 Response rate to the survey

The Bristol Sexual Health Needs Assessment Engagement Survey received 643 responses, all of which were completed online.

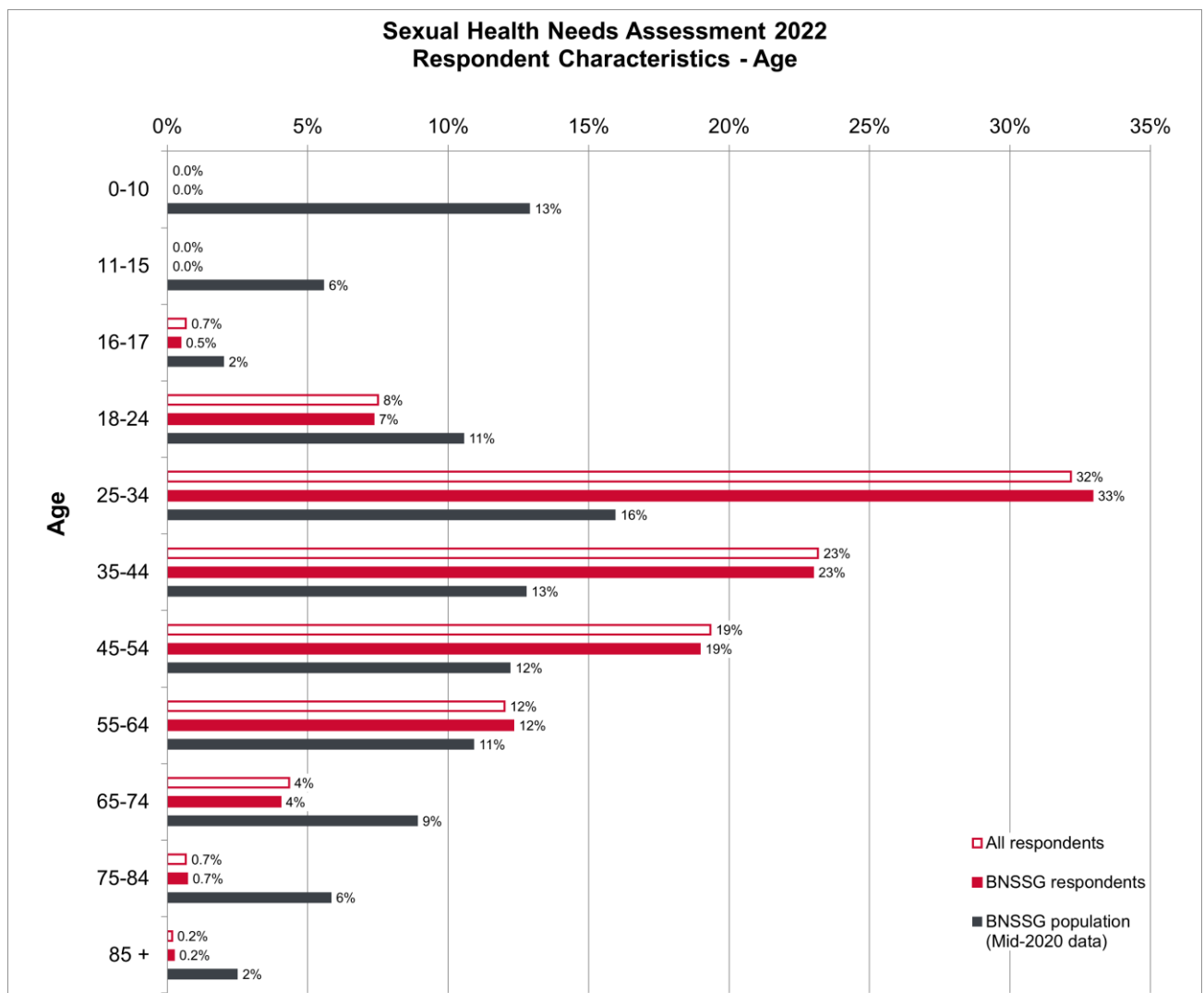
2.2 Geographic distribution of responses

46% of responses were received from postcodes within the Bristol City Council area, 10% from North Somerset, and 14% were from South Gloucestershire. 27% did not provide a postcode. (Figure 1).



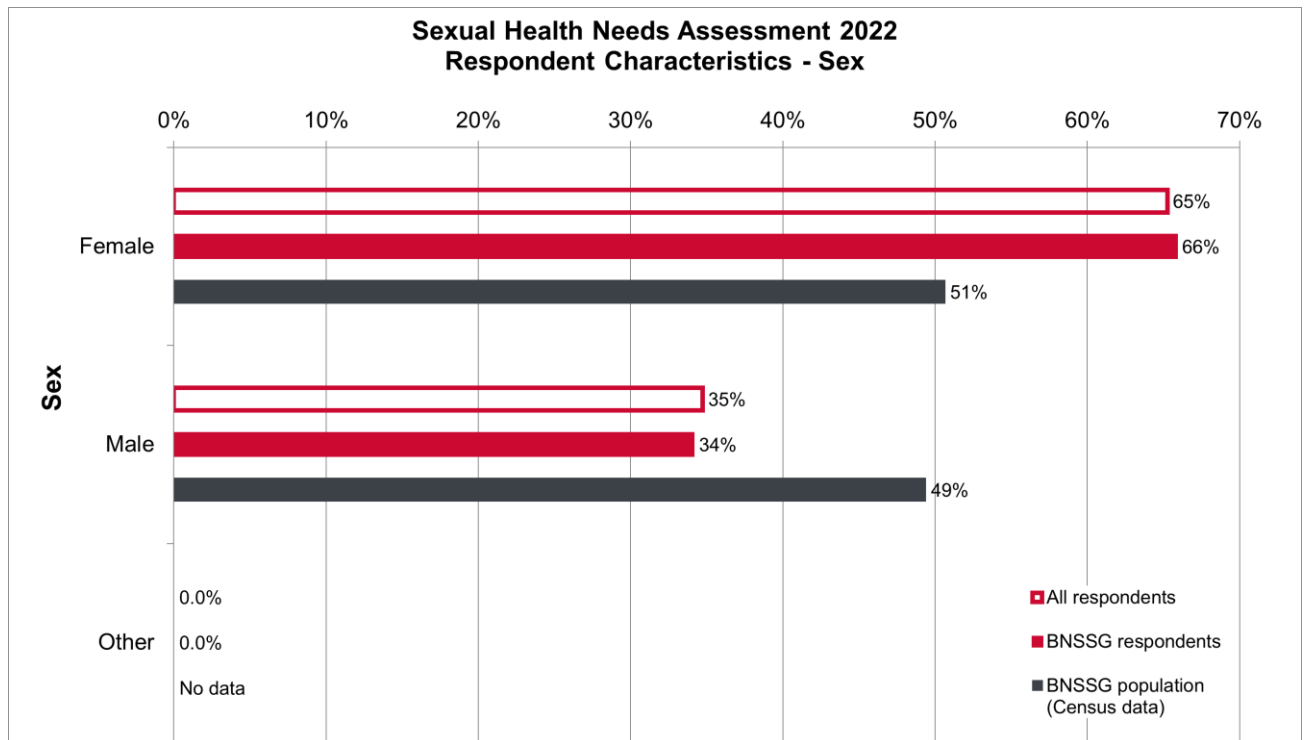
2.3 Age

The highest number of responses were from respondents aged 25-34 years (32%), followed by 35-44 (23%). All age groups between 25 and 64 responded in higher proportions than these ages in the population. Survey responses from children (under 18), young people aged 18-24, and people aged 65 and older were under-represented. In each age category, the proportions of 'all respondents' and 'BNSSG respondents' were very similar.



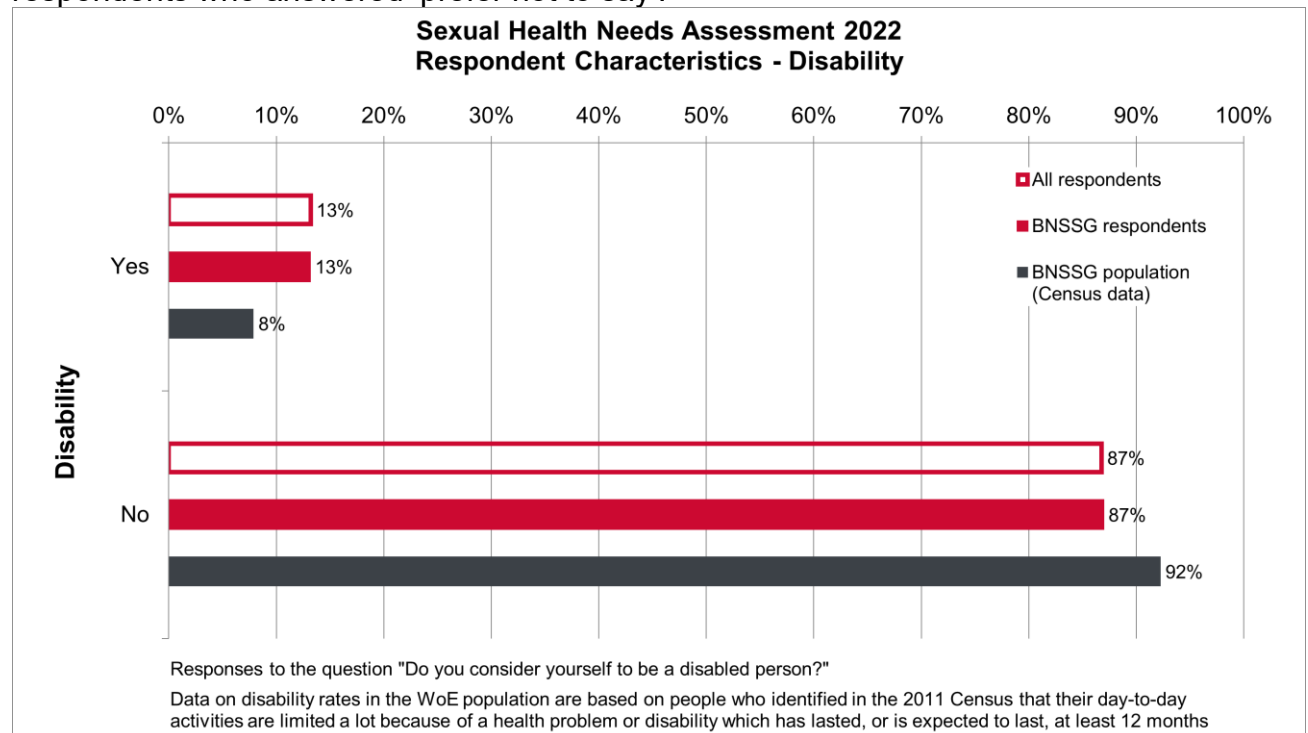
2.4 Sex

65% of all responses were from women and 35% were from men. These percentages exclude the respondents who answered 'prefer not to say'.



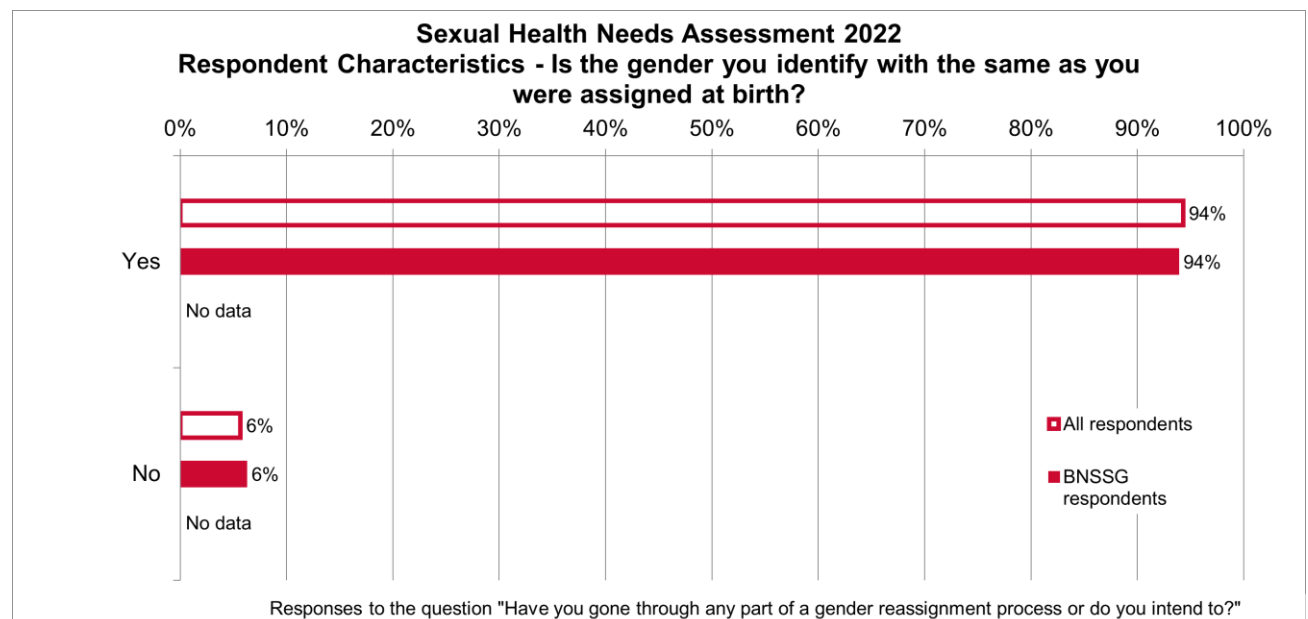
2.5 Disability

The proportion of disabled respondents (13%) is larger than the proportion of disabled people living in the West of England. These percentages exclude the respondents who answered 'prefer not to say'.



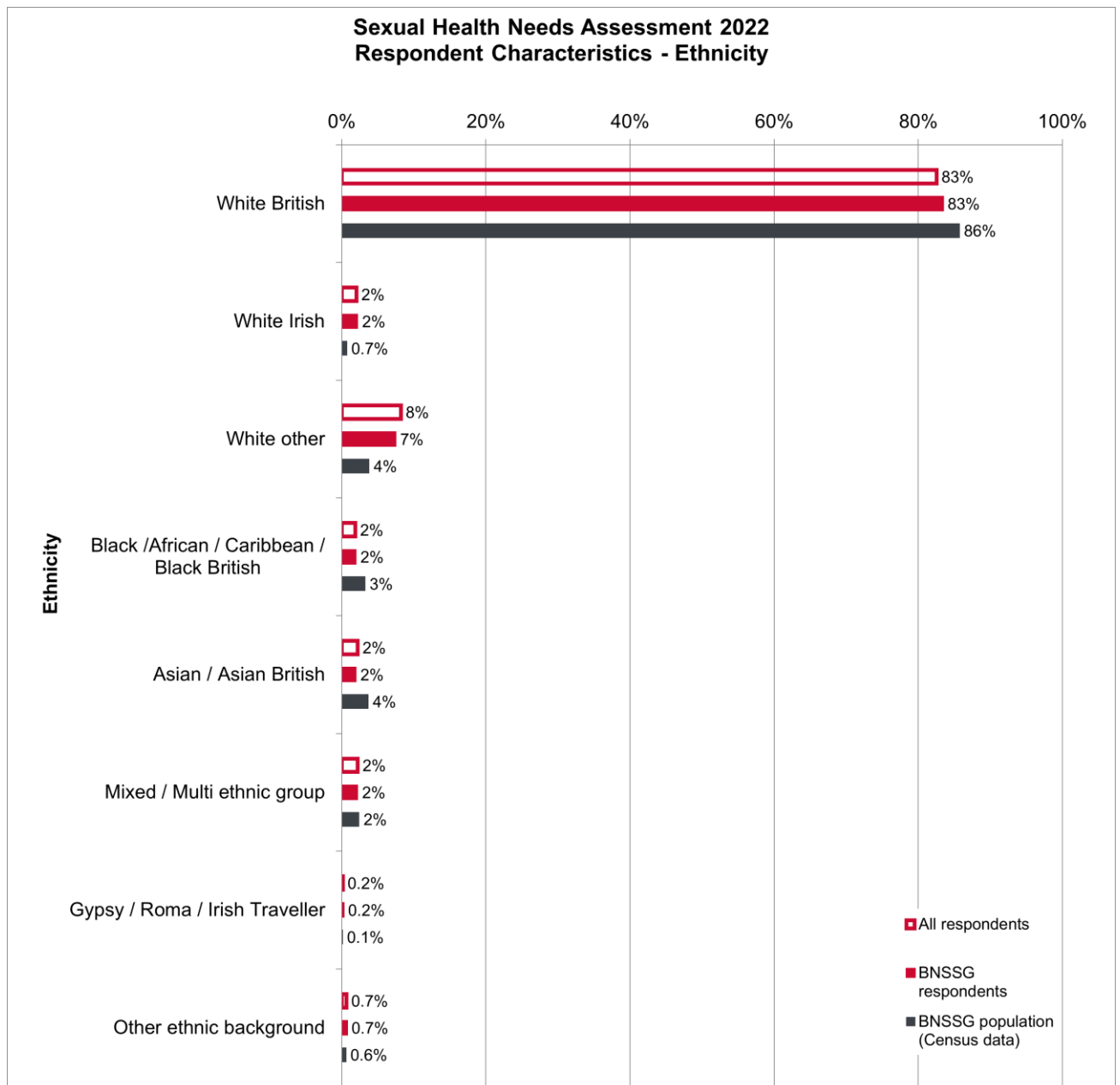
2.6 Gender Identity

Census data are not available for the proportion of people with these characteristics living in the West of England.



2.7 Ethnicity

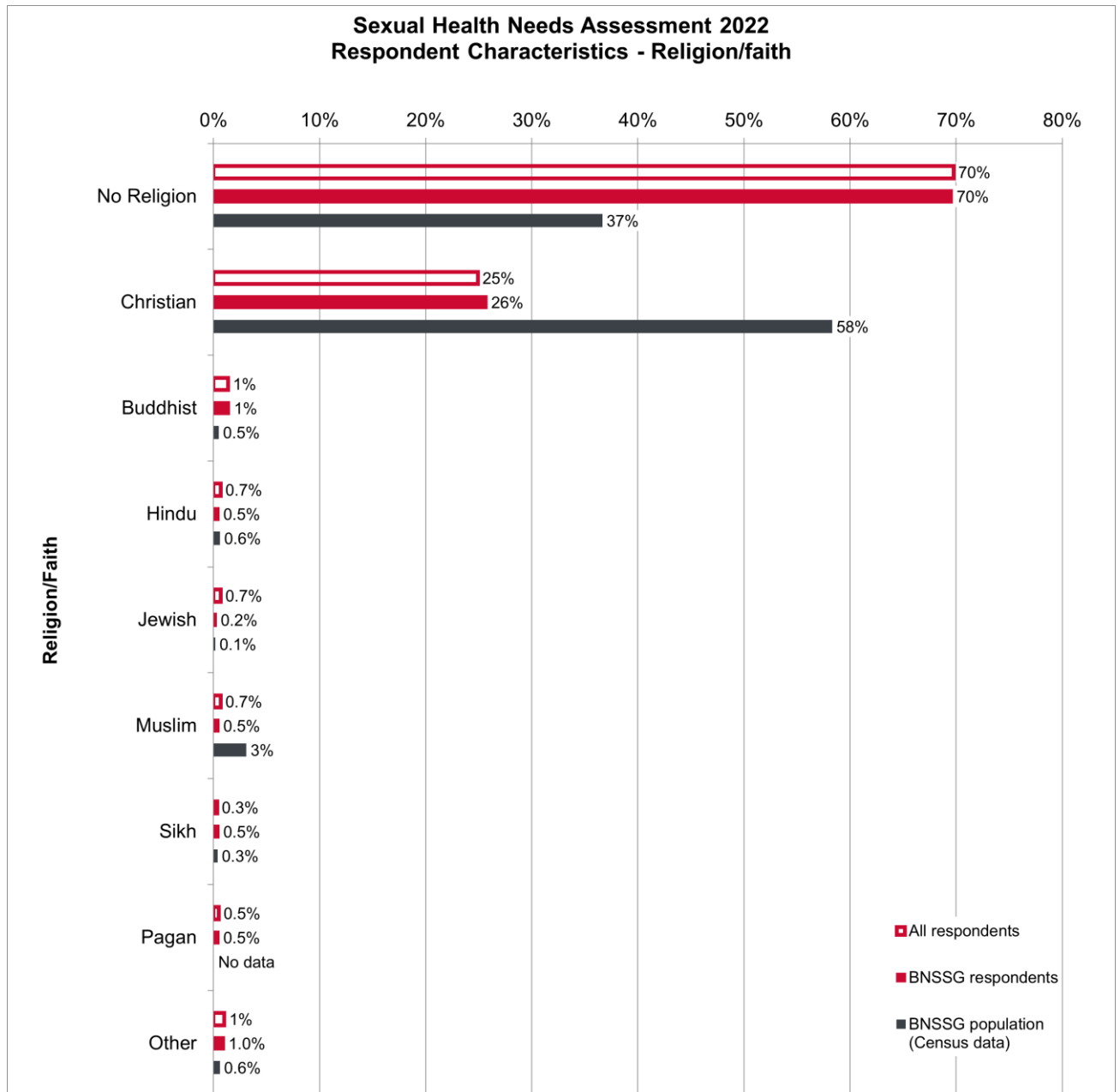
These percentages exclude the respondents who answered 'prefer not to say'



2.8 Religion/Faith

People with no religion (70% of respondents) responded in higher proportion than people of no religion in the BNSSG population (37%). Christians (25%) responded in lower proportion than in the West of England's population (58%).

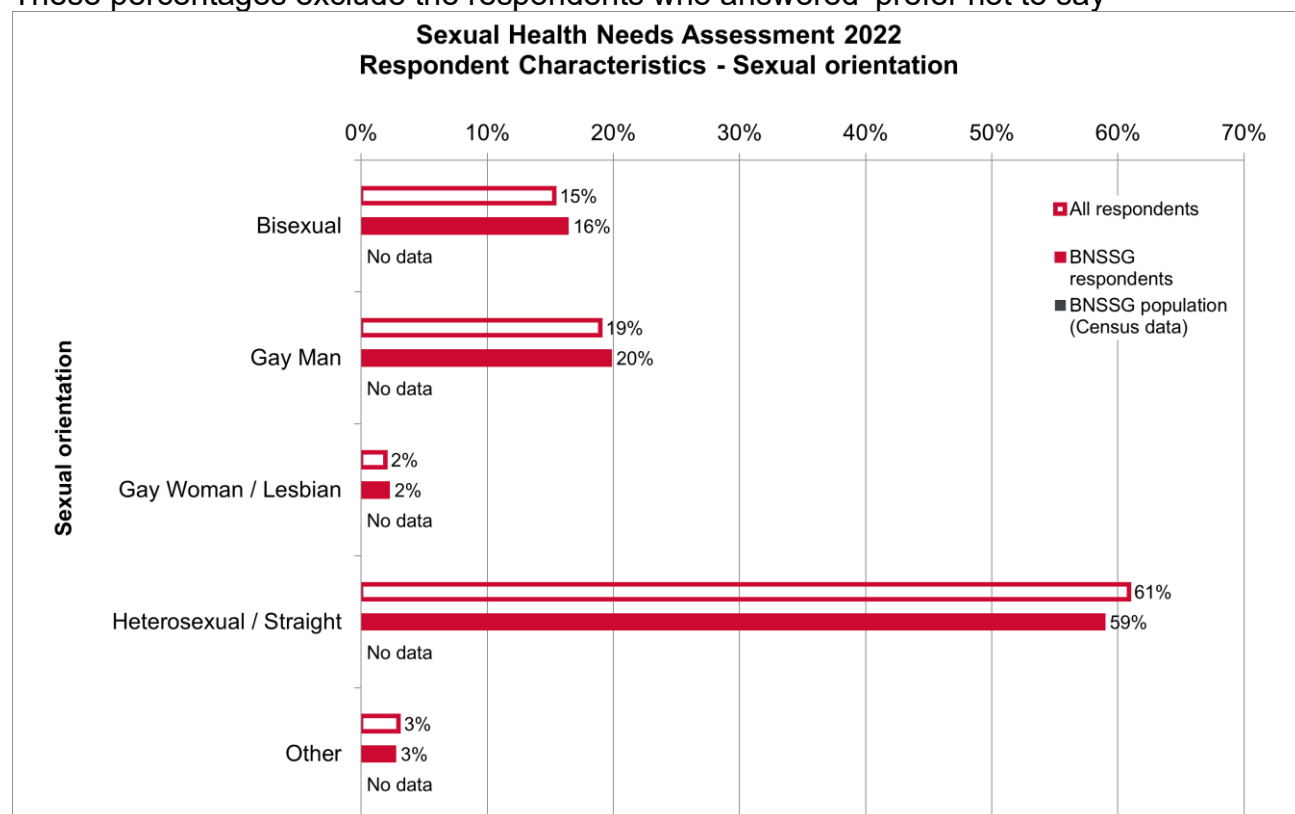
Muslims (0.7%) also responded in lower proportions than in the BNSSG's population (3%).



2.9 Sexual Orientation

Census data are not available for the proportion of people with these characteristics living in BNSSG.

These percentages exclude the respondents who answered 'prefer not to say'



2.10 Relationship Status

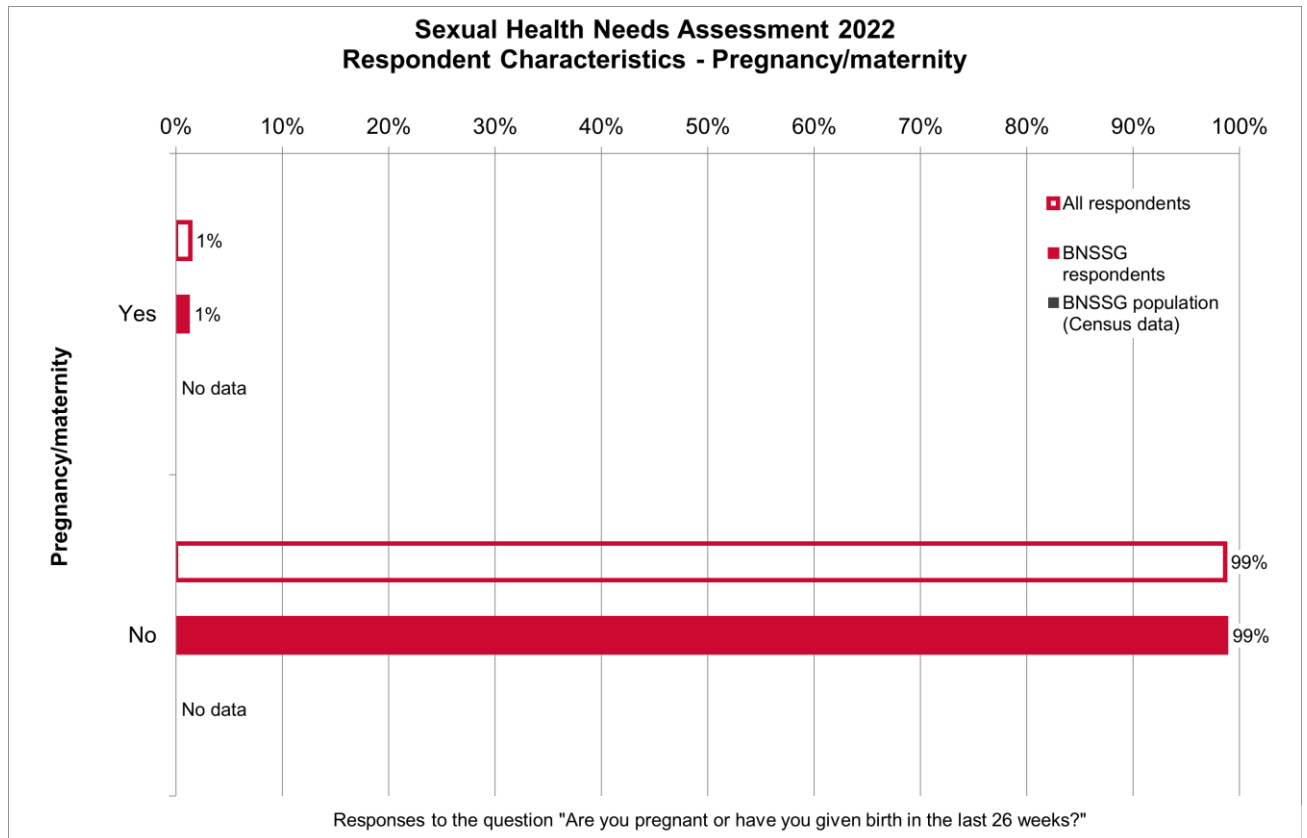
24. Which of the options below best describes your relationship status (tick all that apply)

Answer Choices			Response Percent	Response Total
1	Single		25.40%	158
2	Dating		18.49%	115
3	Married		26.85%	167
4	Civil Partnership		1.77%	11
5	Long term relationship		24.28%	151
6	Separated		1.13%	7
7	Divorced		3.38%	21
8	Prefer not to say		4.66%	29
9	Other (please describe):		2.89%	18
			answered	622
			skipped	21

2.11 Pregnancy/Maternity

Census data are not available for the proportion of people with these characteristics living in BNSSG.

These percentages exclude the respondents who answered 'prefer not to say'






3. Survey results

3.1 Capacity in which people are responding to the survey

Respondents were asked in what capacity they were responding to the survey.

All 643 respondents answered this question.

- 75% (482) said they were a member of the public.
- 22% (144) said they were a professional.
- 3% (17) said they were a representative of a group or organisation.





1. Which of the following best describes you:				
Answer Choices			Response Percent	Response Total
1	Member of the public		74.96%	482
2	A professional, including those working in the voluntary sector		22.40%	144
3	Representative of a group or organisation		2.64%	17
			answered	643
			skipped	0

3.2 Information about professional respondents

Respondents who answered that they were a professional were asked how they would describe their main role in relation to sexual health.

145 respondents answered this question.




- 31% said they work in a specialist sexual health clinic
- 33% said they work in a GP practice
- 6% said they work in a pharmacy
- 30% said they work in the voluntary/third sector/independent sector

2. Which of the following best describes your main role in relation to sexual health:				
Answer Choices			Response Percent	Response Total
1	I work in a specialist sexual health clinic		31.03%	45
2	I work in a GP practice		33.10%	48
3	I work in a pharmacy		5.52%	8
4	I work in the voluntary/third sector/independent sector		30.34%	44
			answered	145
			skipped	498

Respondents who answered that they were a professional were asked to pick which option best describes their role.

145 respondents answered the question.

- 74% of respondents said that they have a clinical role
- 18% said that they have a managerial/administrative/reception role
- 8% answered “Not applicable”






3. Which of the following best describes your role:				
Answer Choices			Response Percent	Response Total
1	I have a clinical role		74.48%	108
2	I have a managerial/administrative/reception role		17.93%	26
3	Not applicable		7.59%	11
			answered	145
			skipped	498

Respondents who answered that they were a professional were asked to say which aspect of sexual health they spend most of their time providing.

144 respondents answered the question.

- 28% said STI services
- 48% said contraception
- 3% said abortion services






- 5% said HIV prevention services
- 17% answered “Not applicable”

4. Thinking about your average working week, which aspect of sexual health do you spend most time providing:				
Answer Choices			Response Percent	Response Total
1	STI services		27.78%	40
2	Contraception		47.92%	69
3	Abortion services		2.78%	4
4	HIV prevention services		4.86%	7
5	Not applicable		16.67%	24
			answered	144
			skipped	499

3.3 How easy do professionals think it is for residents to get help for sexual health

Respondents who answered that they were a professional were asked how easy they thought it was for BNSSG residents to get help for their sexual health.

- 5% said “Very easy”
- 29% said “Quite easy”
- 28% said “Neither easy nor difficult”
- 30% said “Quite difficult”
- 8% said “Very difficult”

5. How easy do you think Bristol, North Somerset, or South Gloucestershire (BNSSG) residents find it to get help for their sexual health?				
Answer Choices			Response Percent	Response Total
1	Very easy		4.52%	7
2	Quite easy		29.03%	45
3	Neither easy nor difficult		28.39%	44
4	Quite difficult		30.32%	47
5	Very difficult		7.74%	12
			answered	155
			skipped	488

3.4 How satisfied are professionals with factors of accessing sexual health services

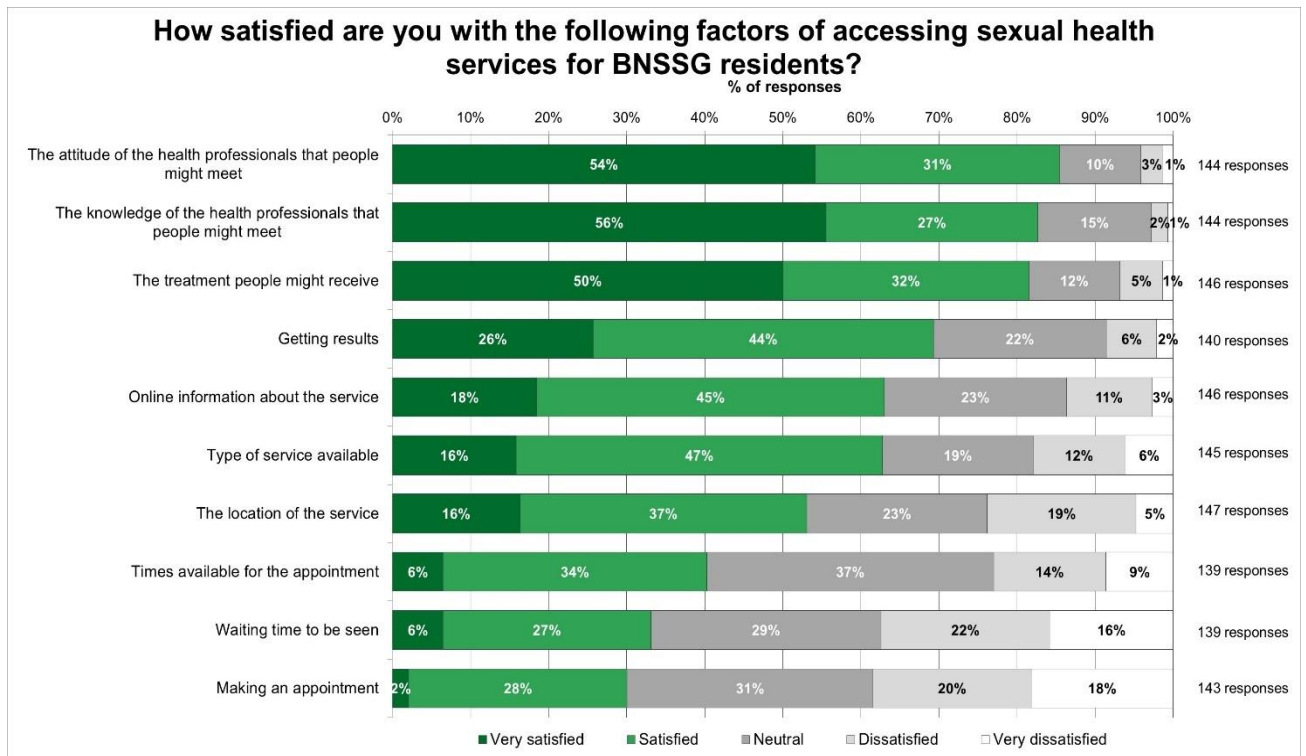
Respondents who answered that they were a professional were asked how satisfied they were with the following factors of accessing sexual health services for BNSSG residents:

- The location of the service
- Making an appointment
- Online information about the service
- Times available for the appointment
- Type of service available
- The knowledge of the health professionals that people might meet
- The attitude of the health professionals that people might meet
- The treatment people might receive
- Getting results
- Waiting time to be seen

The aspect that professionals said they were most satisfied (answered “very satisfied” or “satisfied”) with was the attitude of the health professionals that people might meet (85%), followed by the knowledge of the health professionals that people might meet (83%) and the treatment people might receive (82%).

The aspect that respondents said they were least satisfied with (answered “dissatisfied” or “very dissatisfied”) was making an appointment (38%) and waiting time to be seen (38%).

The chart below shows how satisfied professionals were with each of the aspects.



3.5 Have respondents used sexual health services in the last five years

Respondents were asked whether in the last five years they had used a sexual health service in the BNSSG area.

482 respondents answered this question.

- 68% answered “Yes”
- 23% answered “No, I haven’t had a sexual health problem”
- 6% answered “No, but I have had a sexual health problem in the last five years”
- 1% answered “Prefer not to say”








7. In the last five years, have you used a sexual health service in Bristol, North Somerset, or South Gloucestershire:				
Answer Choices			Response Percent	Response Total
1	Yes	<div></div>	69.71%	336
2	No, I haven't had a sexual health problem	<div></div>	23.44%	113
3	No, but I have had a sexual health problem in the last five years	<div></div>	5.60%	27
4	Prefer not to say	<div></div>	1.24%	6
			answered	482
			skipped	161

3.6 Which sexual health service respondents used most recently

Respondents were asked which sexual health service they had used most recently.

336 respondents answered this question.

- 63% said they had got information about sexual infections, tested for STIs, or treatment for STIs
- 28% said they got information about contraception or got a contraceptive prescription or device
- 24% said they got information about HIV or testing for HIV
- 18% said they took treatment to stop them getting HIV, pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP).
- 5% said they got information about unplanned pregnancy, having tests related to an abortion, or had an abortion.
- 11% said they used another sexual health service
- 1% said they prefer not to say

8. Which of the following sexual health services did you use MOST RECENTLY?				
Answer Choices			Response Percent	Response Total
1	Getting information about sexual infections (also known as 'STIs', examples of STIs include Chlamydia, genital warts, syphilis etc.), testing for STIs, treatment for STIs		63.39%	213
2	Getting information about contraception, getting a contraceptive prescription or device, e.g. condoms or 'the pill'		28.27%	95
3	Getting information about unplanned pregnancy, having tests related to an abortion, having an abortion		5.06%	17
4	Getting information about HIV, testing for HIV		23.51%	79
5	Taking treatment to stop me getting HIV, pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP).		18.45%	62
6	Prefer not to say		0.89%	3
7	Another sexual health service (please specify):		11.01%	37
			answered	336
			skipped	307

3.7 How easy it is to get help from sexual health services

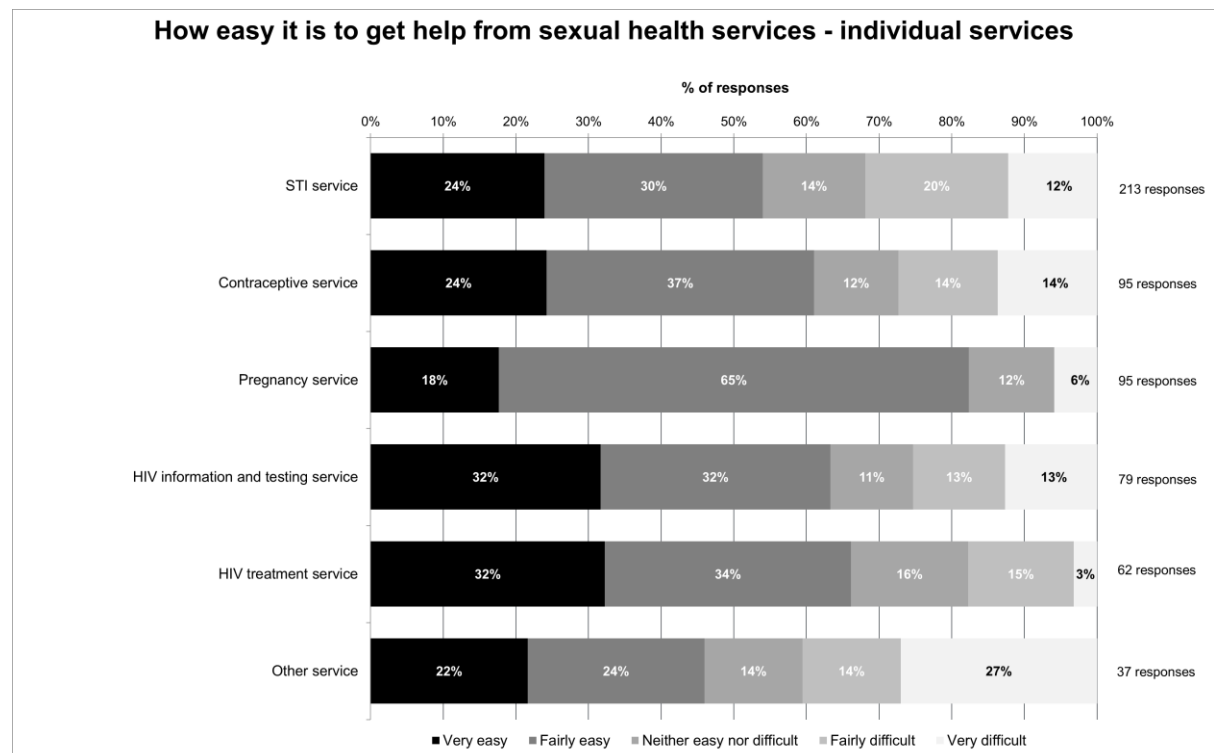
Respondents were asked how easy it was to get the help they needed from the sexual health service they had used most recently.

335 respondents answered this question.

- 24% said “Very easy”
- 34% said “Fairly easy”
- 14% said “Neither easy nor difficult”
- 16% said “Fairly difficult”
- 13% said “Very difficult”

9. Thinking about the sexual health service you used MOST RECENTLY, how easy was it for you to get the help you needed?				
Answer Choices			Response Percent	Response Total
1	Very easy		23.58%	79
2	Fairly easy		33.73%	113
3	Neither easy nor difficult		13.73%	46
4	Fairly difficult		16.42%	55
5	Very difficult		12.54%	42
			answered	335
			skipped	308

The chart below breaks down the response from users of individual services.



3.8 Satisfaction with aspects of the sexual health service

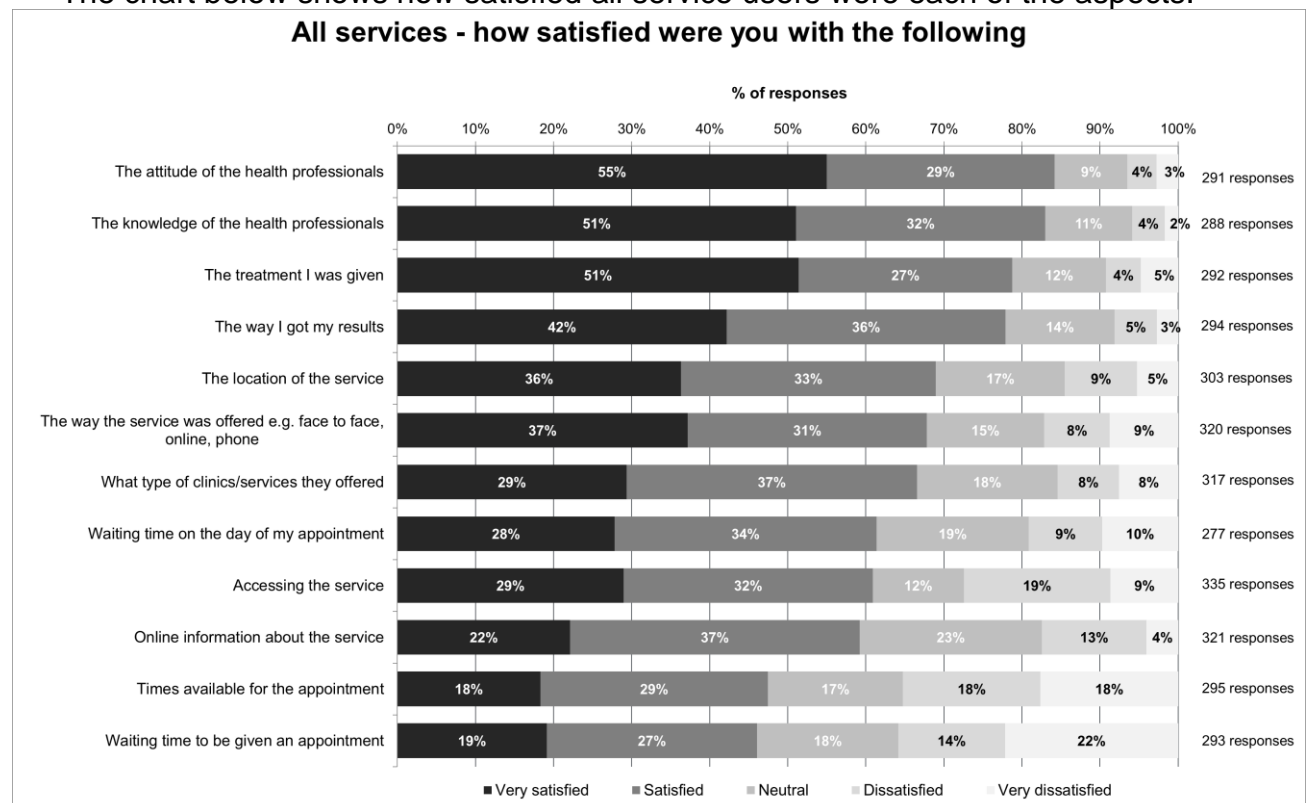
Respondents were asked how satisfied they were with aspects of the sexual health service they used most recently:

- The attitude of the health professionals
- The knowledge of the health professionals
- The treatment they were given
- The way they got their results
- The location of the service
- The way the service was offered e.g. face to face, online, phone
- What type of clinics/services they offered
- Waiting time on the day of their appointment
- Accessing the service
- Online information about the service
- Times available for the appointment
- Waiting time to be given an appointment

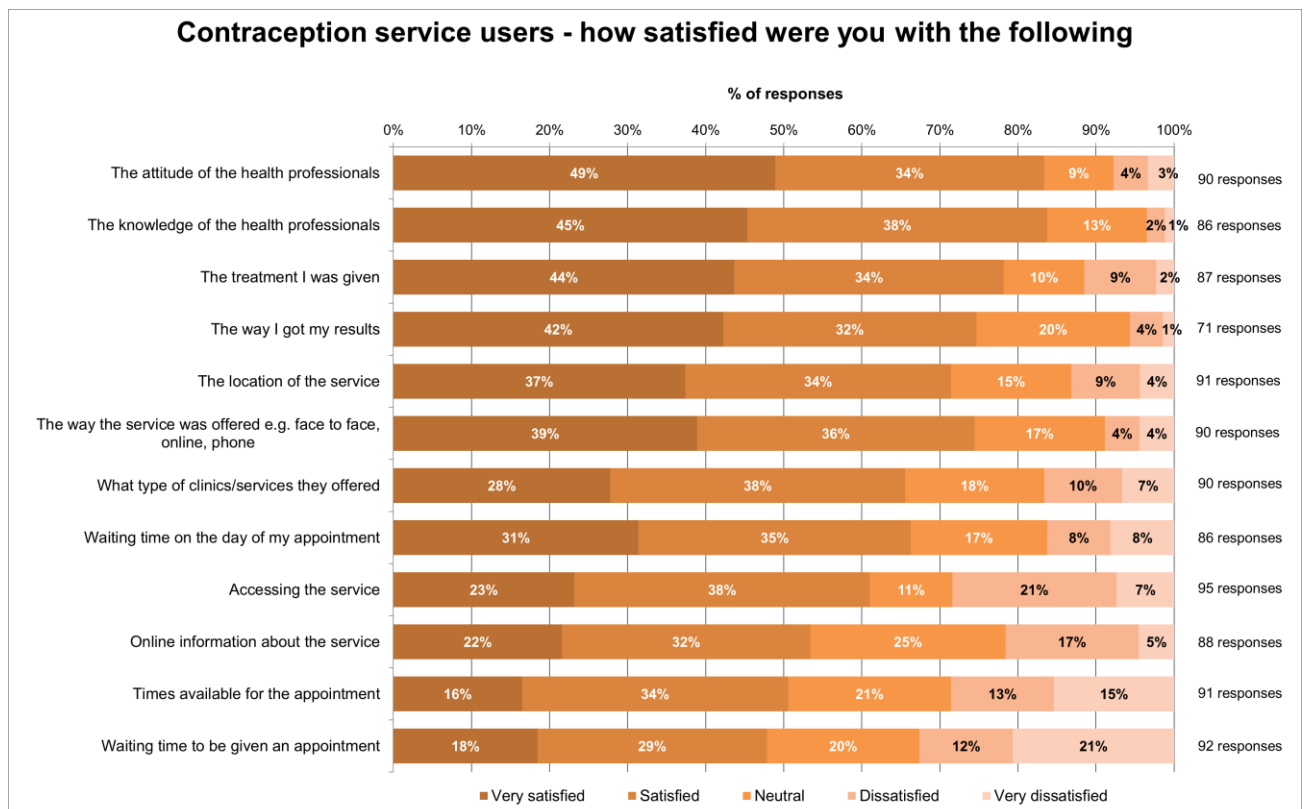
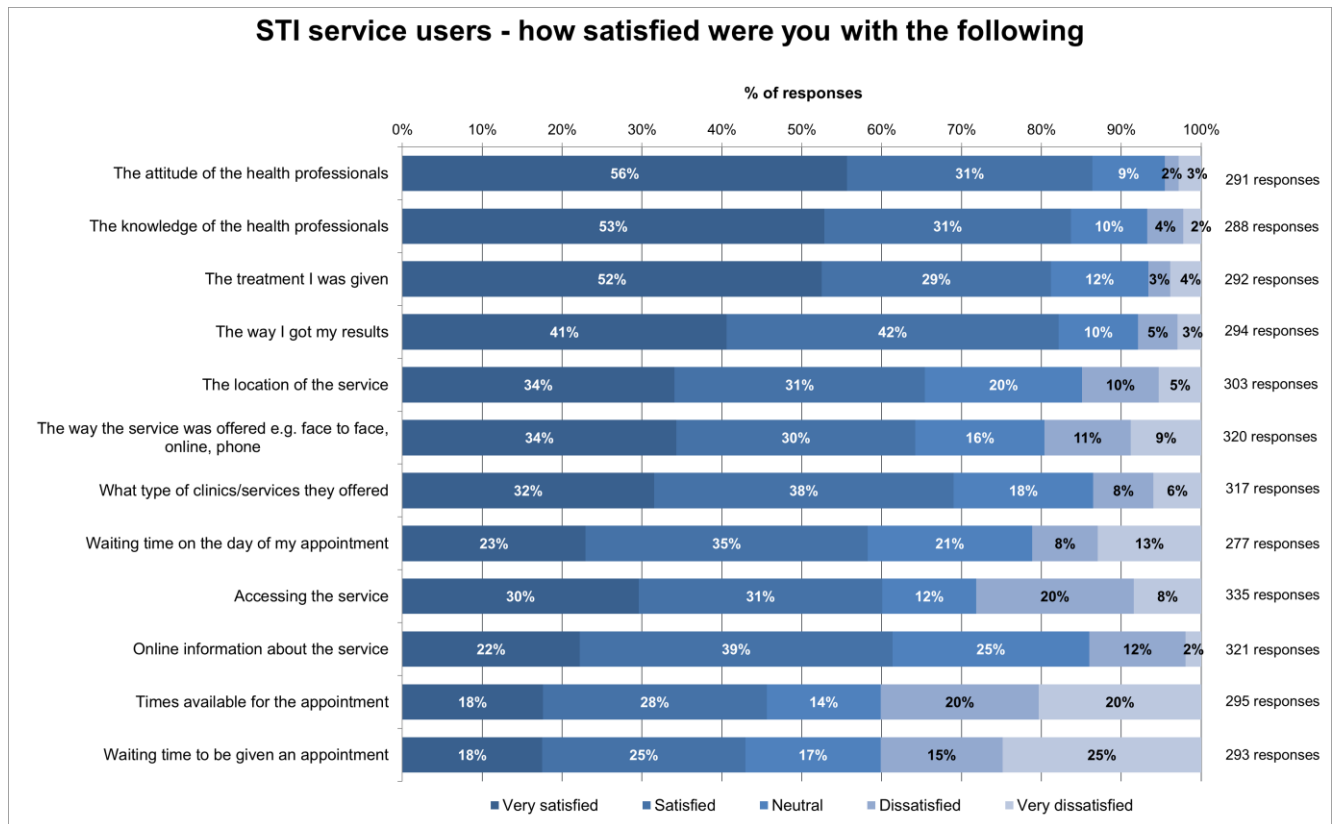
The aspect that respondents said they were most satisfied (answered “very satisfied” or “satisfied”) with was the attitude of the health professionals (84%), followed by the knowledge of the health professionals (83%) and the treatment they were given (78%).

The aspect that respondents said they were least satisfied with (answered “dissatisfied” or “very dissatisfied”) was waiting time to be given an appointment (36%) and times available for the appointment (36%).

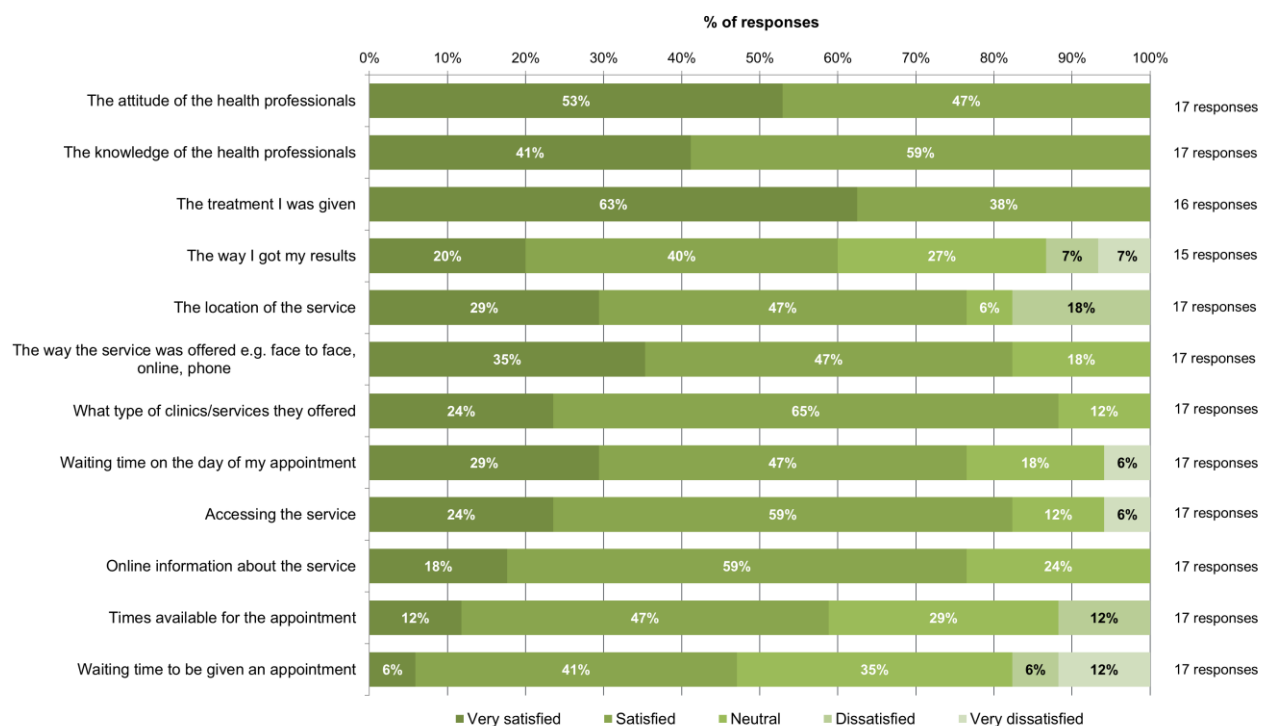
The chart below shows how satisfied all service users were each of the aspects.



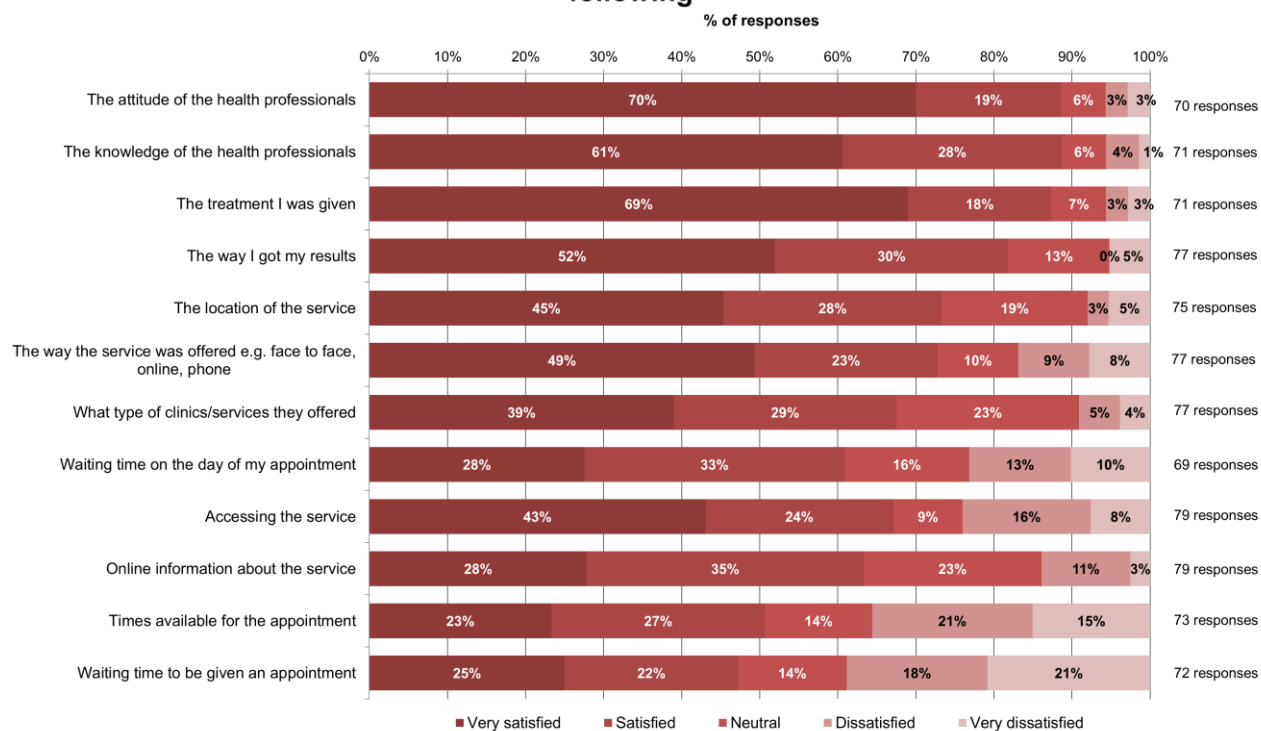
The following charts break down how satisfied users of specific services were with each of the aspects.



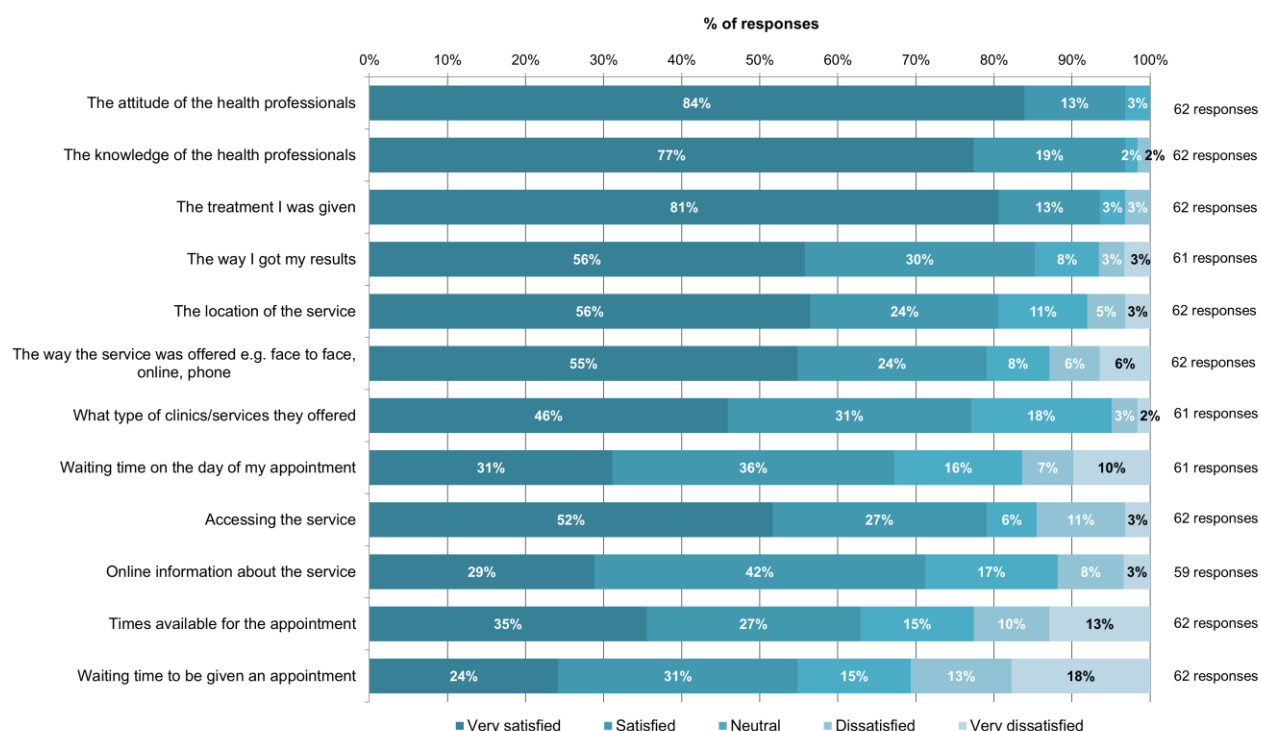
Pregnancy service users - how satisfied were you with the following



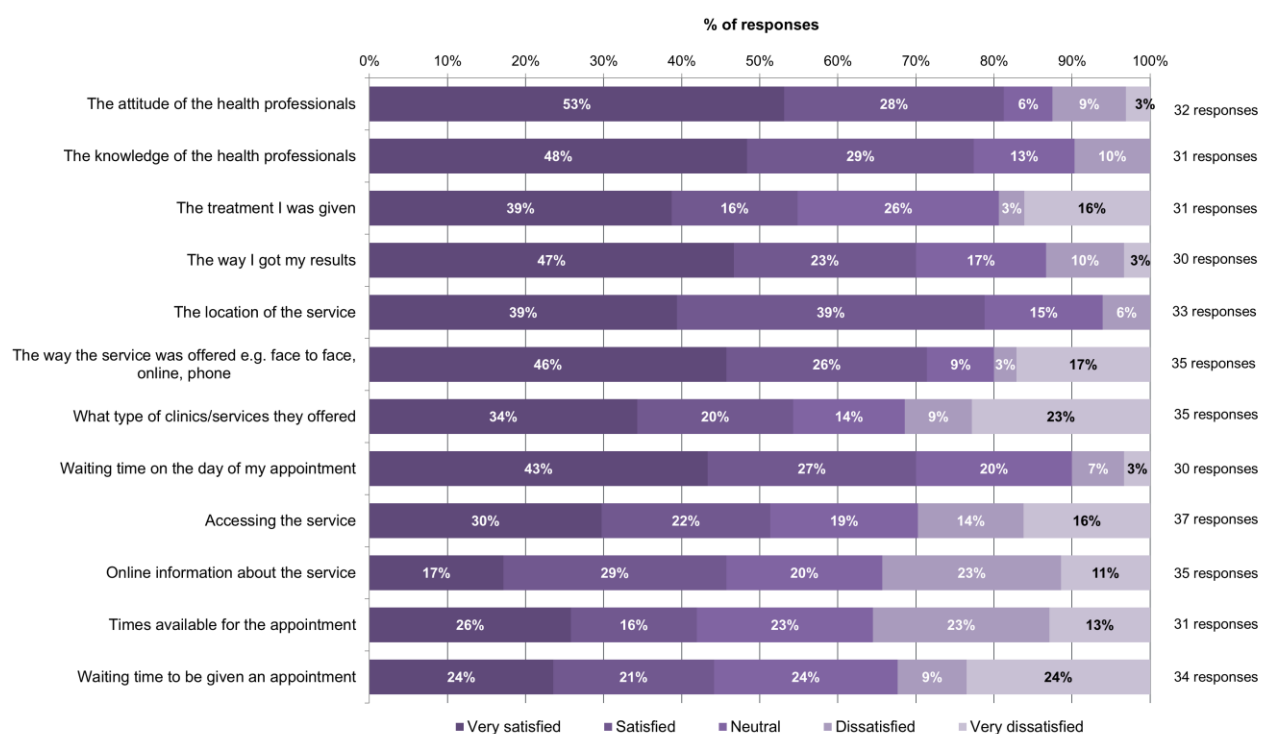
HIV information and testing service users - how satisfied were you with the following



HIV treatment service users - how satisfied were you with the following



Other service users - how satisfied were you with the following
















3.9 Reasons for not accessing sexual health services

Respondents who answered previously that they had a sexual health problem but did not access sexual health services were asked the reason why.

28 respondents answered this question.

- 29% said they could not get through on the phone
- 4% said they were turned away from the service
- 18% said they couldn't find the right information when they looked online
- 36% said the location of the services made it difficult for them to get there
- 4% said they couldn't make it to the appointment they were offered
- 4% said they didn't want to go to a clinic/service that was offered
- 4% said they weren't comfortable with how the service was offered/delivered
- 4% said it was due to the knowledge of health professionals
- 7% said it was due to the attitude of health professionals
- 4% said it was due to the treatment they thought they would be offered
- 21% said it was due to the waiting time on the day of their appointment
- 54% said "Other"

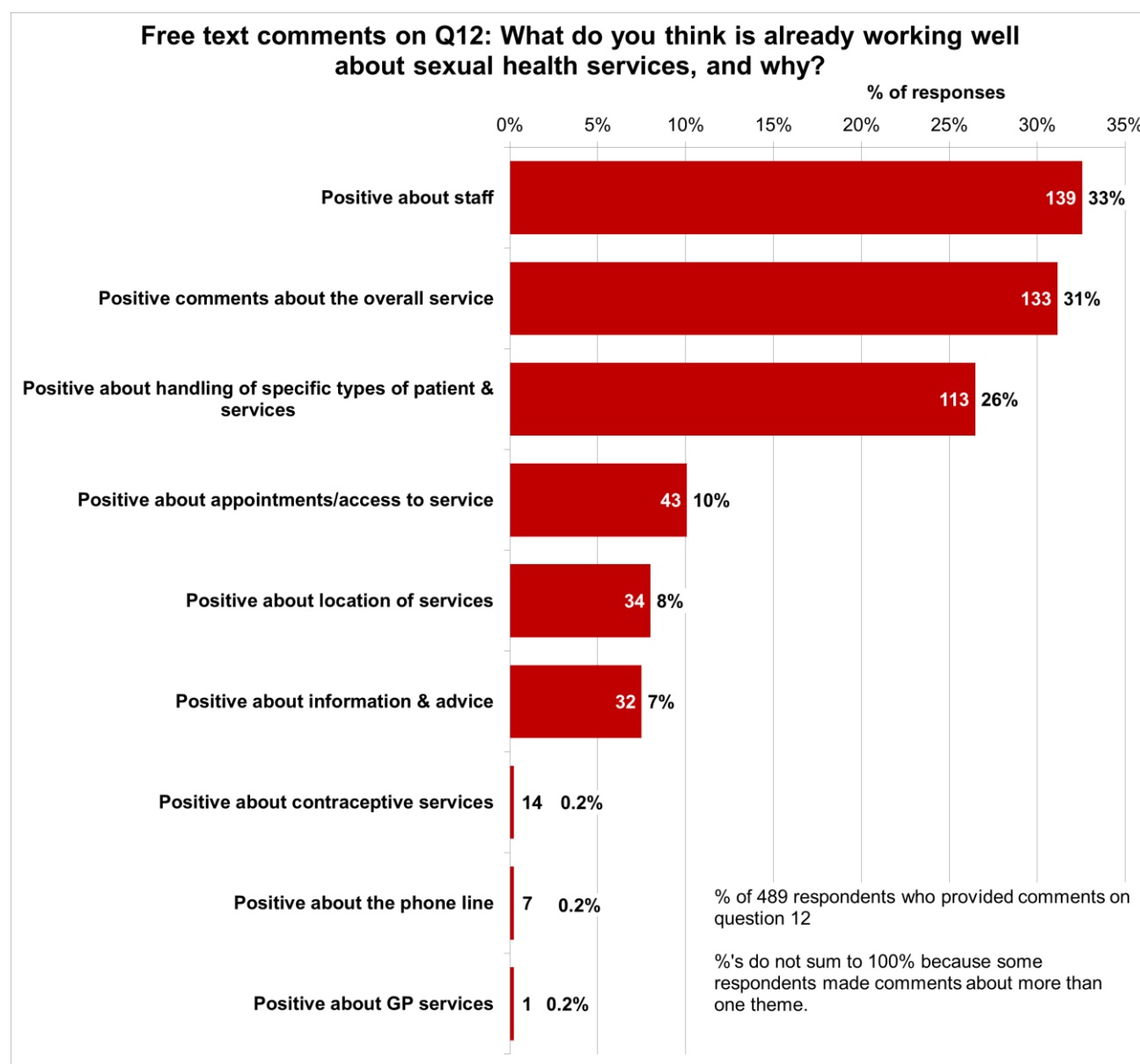
11. What were the reasons you did not access sexual health services when you had a problem (please tick all that apply):

Answer Choices			Response Percent	Response Total
1	I could not get through on the phone		28.57%	8
2	I was turned away from the service		3.57%	1
3	I couldn't find the right information when I looked online		17.86%	5
4	The location of the services made it difficult for me to get there		35.71%	10
5	I couldn't make it to the appointment I was offered		3.57%	1
6	I didn't want to go to a clinic/service that was offered		3.57%	1
7	I wasn't comfortable with how the service was offered/delivered e.g. face to face, online, phone		3.57%	1
8	The knowledge of health professionals		3.57%	1
9	The attitude of health professionals		7.14%	2
10	The treatment I thought I would be offered		3.57%	1
11	Waiting time to be given an appointment		21.43%	6
12	Waiting time on the day of my appointment		3.57%	1
13	Other (please specify):		53.57%	15

3.10 What is working well

489 (76%) respondents to the survey responded to the question “**What do you think is already working well about sexual health services, and why?**”

The main themes are summarised in the chart below.



The full results are listed below, categorised by their overarching subject matter:

- **139 comments were positive about staff:**
 - 59 (14%) comments said that staff are knowledgeable/ high skilled.
 - 38 (9%) comments said that staff are friendly/approachable/welcoming.
 - 25 (6%) comments said that staff are professional.
 - 24 (6%) comments said that staff are non-judgemental/ respectful.
 - 22 (5%) comments said that staff are caring/compassionate.
 - 19 (4%) comments said that staff are supportive/helpful.

- 15 (4%) comments said that staff put them at ease/ made them feel safe.
- 6 (1%) comments said that specialised staff are available.
- 2 (0.5%) comments said that staff are hard working.
- 2 (0.5%) comments said that staff have a progressive approach.
- **133 comments were positive about the overall service:**
 - 41 (10%) comments said sexual health services are readily available/ accessible.
 - 23 (5%) comments said that the quality of the service is good.
 - 22 (5%) comments were positive about services being free (including free contraception).
 - 21 (5%) comments said that a wide variety of services is available.
 - 13 (3%) comments said that confidentiality of the service is good.
 - 13 (3%) comments were positive about quick results.
 - 9 (2%) comments said that core providers work well together.
 - 8 (2%) comments were positive that the service exists.
 - 4 (1%) comments said that the service responded well to the pandemic.
 - 2 (0.5%) comments said that the new technology/ equipment/ instruments are good.
- **113 comments were positive about the handling of specific types of patient and services:**
 - 72 (17%) comments were positive about postal STI/HIV home testing kits.
 - 15 (4%) comments were positive about young people's services (including Brook).
 - 12 (3%) comments were positive about PrEP options.
 - 4 (1%) comments were positive about the education about sexual health that is on offer
 - 3 (1%) comments said that all ages are covered.
 - 3 (1%) comments were positive about availability of tests/ screening services.
 - 2 (0.5%) comments said that psychosexual service is good to have.
 - 2 (0.5%) comments were positive about the C-Card scheme in South Gloucestershire.
 - 1 (0.2%) said that some less heard from groups are served well.
 - 1 (0.2%) comment said that continuity of doctors at the HIV clinic are good.
 - 1 (0.2%) comment were positive about university-based services.
 - 1 (0.2%) comment said that pop up testing at MSM events is good.
 - 1 (0.2%) comment were positive about repeat prescriptions.
 - 1 (0.2%) comment were positive about the join up between harm reduction services and substance misuse with sexual health services.
 - 1 (0.2%) comment said that it is a helpful avenue to access for those with symptoms of genitourinary syndrome of menopause (GSM).

- **43 comments were positive about appointments or access to the service:**
 - 10 (2%) comments said it is good that services can be accessed via GP.
 - 9 (2%) comments were positive about the triage system.
 - 6 (1%) comments said it was a smooth process once they had an appointment.
 - 5 (1%) comments said face to face treatment is good.
 - 5 (1%) comments said it is easy to book an appointment.
 - 3 (1%) comments said it is easier to get an appointment than through a GP.
 - 2 (0.5%) comments said same day appointments are good.
 - 2 (0.5%) comments said a mix of remote & face to face appointments are available.
 - 2 (0.5%) comments said drop-in clinics being held out of office hours/ locally is good.
 - 1 (0.2%) comment said a change to the booking process has increased capacity of the service.

- **34 comments were positive about the location of services:**
 - 14 (3%) comments said that the central location is good.
 - 7 (2%) comments said that other locations are good.
 - 6 (1%) comments were positive about the services available across the region.
 - 4 (1%) comments were positive about local clinics.
 - 3 (1%) comments were positive about the WISH clinic.

- **32 comments were positive about information and advice:**
 - 23 (5%) comments said that having information online is good.
 - 6 (1%) comments said that the service provides good information & advice.
 - 3 (1%) comments said that the ability to get professional advice from Unity as a GP is helpful.
 - 2 (0.5%) comments said the clinicians advice line is helpful.
 - 1 (0.2%) comment said that quick help & advice can be accessed via pharmacists.

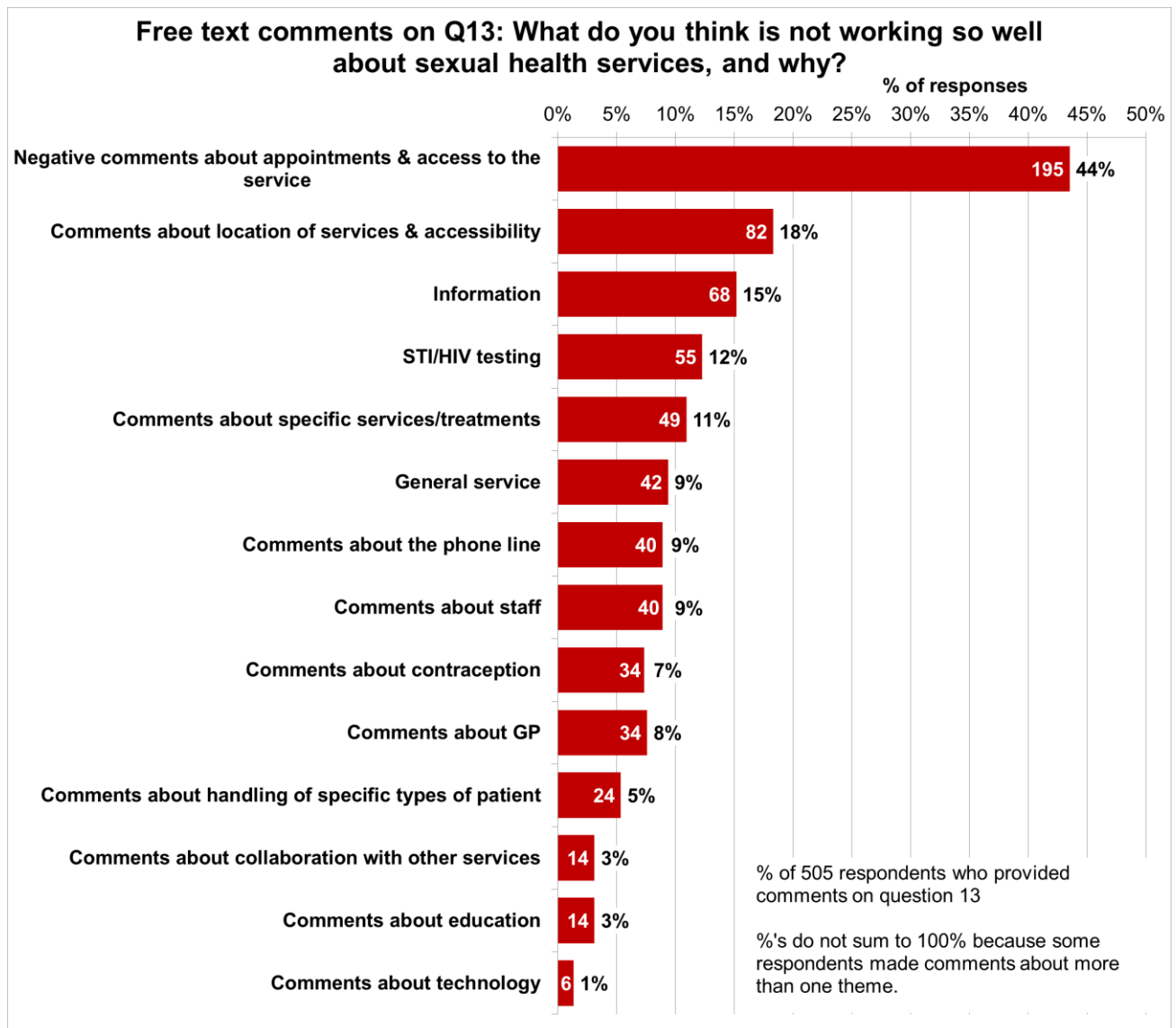
- **14 comments were positive about contraceptive services:**
 - 4 (1%) comments said you can go to a pharmacy for emergency contraception.
 - 4 (1%) comments were positive about the provision of different contraceptives.
 - 3 (1%) comments were positive about access to Long-acting reversible contraception (LARC), including emergency & specialists.
 - 2 (0.5%) comments were positive about the ability to have contraceptive services delivered locally.
 - 1 (0.2%) comment said there is easy access to contraception in schools.
 - 1 (0.2%) comment said that condoms are available at GPs.

- **7 comments were positive about the phone line:**
 - 6 (1%) comments were positive about access to phone appointments.
 - 1 (0.2%) comment was positive about staff on the phone line.
- **1 (0.2%) comment was positive about GP services:** Having a GP that has knowledge about menopause.
- **13 (3%) comments said that nothing about sexual health services is working well.**

3.11 What is not working well

505 (79%) respondents to the survey responded to the question “**What do you think is not working so well about sexual health services, and why?**”

The main themes are summarised in the chart below.



The full results are listed below, categorised by their overarching subject matter:

- **195 comments were negative about appointments and access to the service:**
 - 90 (20%) comments said it is hard to get an appointment/ there are not enough appointments.
 - 50 (11%) comments said waiting times are long/ unknown for an appointment.

- 31 (7%) comments said it is difficult to access drop-in/ walk-in appointments.
- 17 (4%) comments said opening/appointment times/locations are restrictive for people who work/parent.
- 15 (3%) comments said it is difficult to access face to face appointments.
- 8 (2%) comments said it is difficult to access same day appointments (even if urgent issue).
- 8 (2%) comments were negative about the appointment booking system.
- 8 (2%) comments were made about people being unable to book appointments online.
- 7 (2%) comments said there is not enough privacy when queuing for appointments or in the waiting room.
- 7 (2%) comments were made about how people would like weekend/evening/holiday access.
- 6 (1%) comments said waiting times on the day of the appointment are long/people are not seen on time.
- 3 (1%) comments were made about people not being able to book appointments in advance / long enough in advance.
- 3 (1%) comments said that Bristol is behind London and Manchester, which have ample walk-in centres.
- 3 (1%) comments said the appointment system is disorganised and backlogged.
- 2 (0.4%) comments said clearer information is needed on queueing on the day of the appointment.
- 2 (0.4%) comments said short opening hours on a Friday are not ideal.
- 1 (0.2%) comment said some patients do not attend appointments.
- 1 (0.2%) comment was made about not being able to make follow-up appointments more than a week in advance.
- 1 (0.2%) comment said text reminders for follow-up appointments should be possible.
- 1 (0.2%) comment said there are long waiting times for referrals from GP to sexual health clinic.

- **82 comments were negative about the location of services and accessibility:**

- 20 (4%) comments said it is hard to access due to being the only clinic in the centre, and no parking.
- 18 (4%) comments said locations are not easily accessible to all.
- 12 (3%) comments said the service has poor accessibility.
- 9 (2%) comments said the central location is difficult to access especially for young people.
- 9 (2%) comments said more local clinics are needed.
- 6 (1%) comments said the building needs improving (visually & size).
- 3 (1%) comments said accessing services during COVID was difficult.

- 2 (0.4%) comments said Bristol is not prioritised in terms of sexual health services for LGBTQIA+ people nationally.
 - 2 (0.4%) comments said the GP only offers a clinic once a week in Weston.
 - 1 (0.2%) comment said the only local abortion clinic opens once a week, which means travelling further for treatment.
 - 1 (0.2%) comment said lots of community/evening clinics are no longer open.
 - 1 (0.2%) comment there are not enough clinics at sixth form/university.
 - 1 (0.2%) comment said to provide women's health hubs to provide specialist services.
 - 1 (0.2%) comment said there is not enough privacy/discretion at pharmacy.
 - 1 (0.2%) comment said the WISH clinic could not fit a coil as the patient was 20 (above upper age limit).
 - 1 (0.2%) comment said contraception services are unavailable at Unity.
 - 1 (0.2%) comment said that parking and access for disabled people at WISH and Unity clinics could be improved.
 - 1 (0.2%) comment said the service at Hengrove hospital only available on a Wednesday.
- **68 comments were negative about information:**
 - 37 (8%) comments said there is not enough advertising/information about support, availability and where to go.
 - 13 (3%) comments said information online is outdated/poor (including specific treatment, e.g. PrEP). Website needs an overhaul.
 - 5 (1%) comments said there is limited health promotion.
 - 3 (1%) comments said there is no contact about reminders (i.e. vaccination boosts, coil being removed).
 - 2 (0.4%) comments said more outreach is needed.
 - 2 (0.4%) comments said there has been an increase in STIs.
 - 1 (0.2%) comment said bad online reviews make it off putting.
 - 1 (0.2%) comment said information is not easily accessible.
 - 1 (0.2%) comment said most advertising is done by Terence Higgins Trust (perceived to be a gay charity) – counter-productive.
 - 1 (0.2%) comment said there is not enough information about what lesbians need to be tested for.
 - 1 (0.2%) comment said they would like more information on risks in local area.
 - 1 (0.2%) comment said it is difficult to access if you do not read or speak English.
 - 1 (0.2%) comment said terminology needs updating.
 - 1 (0.2%) comment said they would like access to medical notes.
 - **55 comments were negative about STI/HIV testing:**
 - 23 (5%) comments were negative about the home blood test for STI/HIV (hard to draw blood).
 - 18 (4%) comments said the waiting time to receive an STI kit via post is too long.
 - 7 (2%) comments said it is hard to get an in-person STI test.

- 6 (1%) comments said ordering STI kits is cumbersome/difficult.
- 5 (1%) comments said there is a lack of testing kits.
- 2 (0.4%) comments were made about people being unable to have an STI test at their GP as they were over 25.
- 1 (0.2%) comment said free full sexual health screening should be available.
- 1 (0.2%) comment said the age limit for at-home chlamydia testing should be extended.
- 1 (0.2%) comment said they would like to be able to test for other types of STIs such as hepatitis.
- 1 (0.2%) comment said it is difficult to contact clinic with questions about postal kits.
- 1 (0.2%) comment said wording on the form for STI kit excludes certain groups, e.g. 'woman', 'man'.
- 1 (0.2%) comment said the process for getting an appointment for STI testing is unclear.
- 1 (0.2%) comment said postal kits are difficult to use.
- **49 comments were negative about specific services/treatments:**
 - 12 (3%) comments said there are long waiting time for results/ there is no contact about results.
 - 11 (2%) comments said more resources need to be used to deal with Monkeypox.
 - 8 (2%) comments said more menopause services are needed. Current services are hard to access.
 - 5 (1%) comments said no trans/gender affirming sexual health care is available in Bristol.
 - 5 (1%) comment said it is difficult to access PrEP services.
 - 3 (1%) comment said it is difficult to access psychosexual services.
 - 1 (0.2%) comment said diagnoses over phone are only given for infections perceived to be less serious – which potentially causes worry.
 - 1 (0.2%) comment said there is not enough advice or support in connection with fertility awareness methods of contraception.
 - 1 (0.2%) comment said better follow-up and care is needed after HPV positive diagnosis.
 - 1 (0.2%) comment said HPV services should be offered to all age groups.
 - 1 (0.2%) comment said COVID-19 meant it was not possible to collect contraception – had to buy morning after pill.
 - 1 (0.2%) comment said they can only get a full check in emergency/extreme cases.
 - 1 (0.2%) comment said discussions about pain and pain treatment need to be better.
 - 1 (0.2%) comment said more regular smear tests are needed.
 - 1 (0.2%) comment said waiting times for smears are too long.
 - 1 (0.2%) comment said misinformation on waiting times for PrEP (it ended up being shorter than expected) led to contracting HIV.
 - 1 (0.2%) comment said waiting times for abortions are too long.

- **42 comments were negative about the general service:**
 - 16 (4%) comments said there is not enough funding/ resources/ capacity/ services have been cut.
 - 11 (2%) comments said the service is overwhelmed/stretched.
 - 8 (2%) comments said there is limited capacity since covid.
 - 5 (1%) comments said the service is dis-jointed/ needs to all be under one roof.
 - 3 (1%) comments said some services only offer limited options.
 - 2 (0.4%) comments said there is a lack of offering other services.
 - 2 (0.4%) comments said the service has to pick up costs for people's bad decisions.
 - 2 (0.4%) comments said there is a long wait between contacting, testing and treatment.
 - 1 (0.2%) comment said to stop blaming service issues on covid.
- **40 comments were negative about the phone line:**
 - 29 (6%) comments said the phone line is busy/ there are long waiting times.
 - 6 (1%) comments said the phone line goes to voicemail, and you end up in cycle of voicemail messages.
 - 5 (1%) comments were negative about the telephone triage.
 - 2 (0.4%) comments said call-backs are unreliable.
 - 2 (0.4%) comments said there is no hold/ wait option.
 - 2 (0.4%) comments said there is no clear helpline to call.
 - 1 (0.2%) comment said wrong numbers are given out.
 - 1 (0.2%) comment said calls from the service come from withheld numbers.
 - 1 (0.2%) comment said staff on phone lines aren't experienced enough.
- **40 comments were negative about staff:**
 - 11 (2%) comments were made about the attitude of staff/ lack of sensitivity/ staff unhelpful/ lack of diversity training.
 - 11 (2%) comments said there are not enough staff.
 - 5 (1%) comments said there are not enough receptionists/admin support.
 - 4 (1%) comments said there are not enough medical professionals.
 - 2 (0.4%) comments said there is disparity in practice: some amazing, some poor (judgemental, inappropriate, naive about queer experiences).
 - 2 (0.4%) comments said there is not enough LGBTQ+ awareness from staff – misgendering and lack of sensitivity.
 - 2 (0.4%) comments said staff should not be part-time.
 - 1 (0.2%) comment said there is a lack of knowledge about trans genitalia.
 - 1 (0.2%) comment said staff are too open about casual sex.
 - 1 (0.2%) comment said staff turnover at some Unity provider organisations has been disruptive.
 - 1 (0.2%) comment said new starters should be offered a range of roles.
 - 1 (0.2%) comment said receptionists are not rewarded for the work they do.

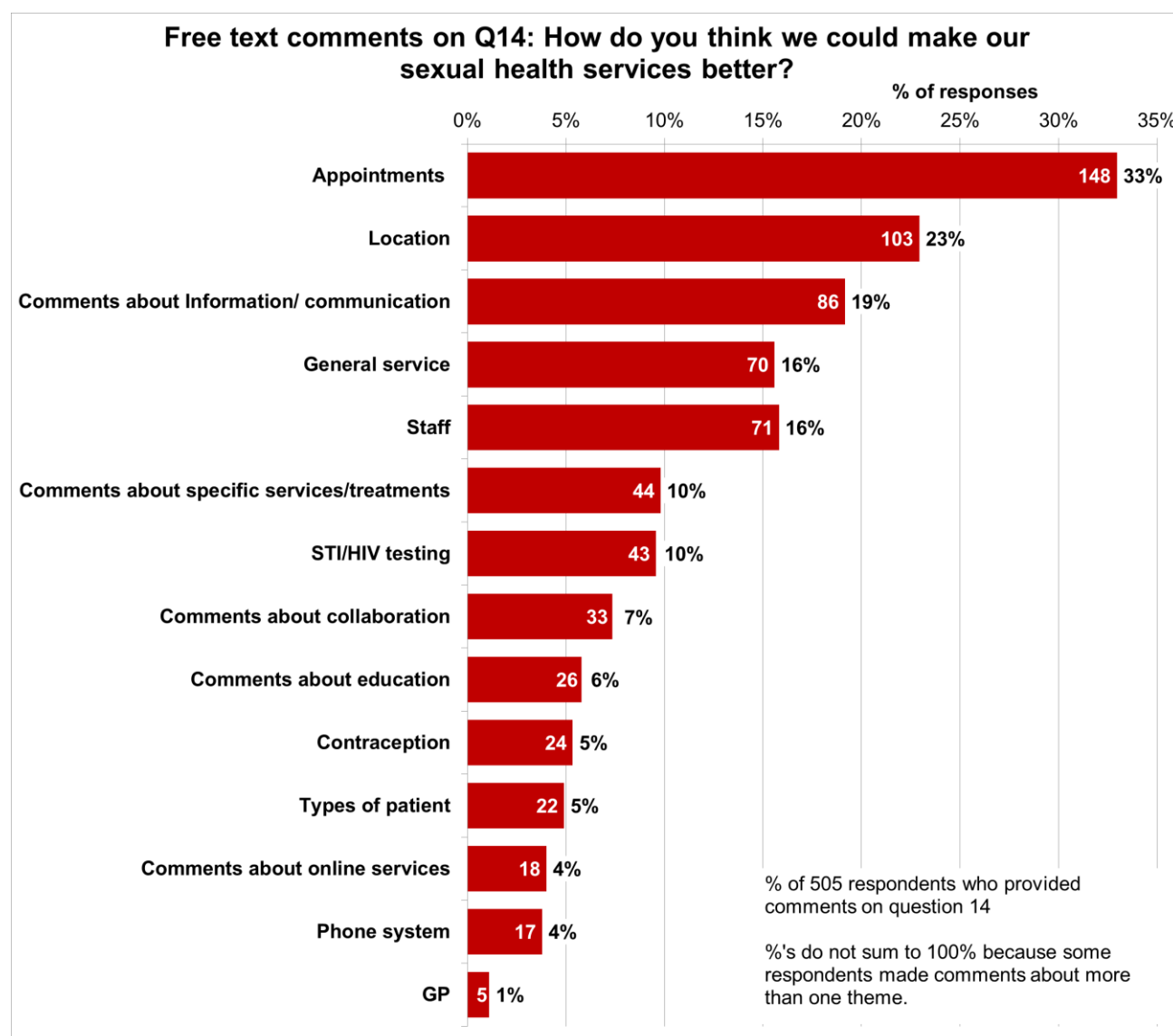
- 1 (0.2%) comment said nurses need more training to deal with complex cases.
- 1 (0.2%) comment said not enough counselling is provided by qualified therapists.
- **34 comments were negative about GPs:**
 - 8 (2%) comments said a GP referral for contraception adds lots of time to wait.
 - 7 (2%) comments said GP surgeries are overstretched/ have long waiting lists.
 - 5 (1%) comments said GPs give poor or conflicting advice on sexual health to patients.
 - 4 (1%) comments said some contraception is unavailable from the doctor, so they have to get it elsewhere.
 - 3 (1%) comments said better communication between GP & clinics is needed.
 - 2 (0.4%) comments said screening at the GP should be more accessible.
 - 2 (0.4%) comments were made about preferring to go to the Wish clinic than the GP for contraception.
 - 1 (0.2%) comment said doctors surgery forms do not include options regarding periods and feminine health.
 - 1 (0.2%) comment said a patient was dismissed by GP re endometriosis.
 - 1 (0.2%) comment said the GP is unable to provide information on Monkeypox.
 - 1 (0.2%) comment said there is poor communication between GP & pharmacy when collecting prescriptions.
- **33 comments were negative about contraception:**
 - 14 (3%) comments said there are long waits for LARC services, particularly complex cases.
 - 14 (3%) comments said getting contraception services is hard (including waiting times).
 - 4 (1%) comments said there is limited availability of morning after pill.
 - 2 (0.4%) comments disagree that over-25s have to pay for certain types of contraception.
 - 1 (0.2%) comment said contraception offered is unsuitable.
 - 1 (0.2%) comment said it is difficult not to be able to offer contraception to everyone who requests it.
- **24 comments were negative about handling of specific types of patient:**
 - 5 (1%) comments said the service doesn't cater well for older people.
 - 4 (1%) comments were negative about the availability of services for young people (including in schools).
 - 3 (1%) comments said vulnerable people struggle to access service.
 - 2 (0.4%) comments said ethnic minority groups are underrepresented and not served well enough.

- 2 (0.4%) comments said services for heterosexuals are overlooked / service favours gay people.
- 2 (0.4%) comments said more support is needed for pregnant women.
- 1 (0.2%) comment said the service needs to be more accessible for people who cannot read and write.
- 1 (0.2%) comment said there is not enough support for victims of sexual abuse.
- 1 (0.2%) comment said there is not enough support and advice around sex and disability.
- 1 (0.2%) comment said services are inadequate for people who do not have access to computer, homeless, people with mental health issues.
- 1 (0.2%) comment was made about the drop in young people accessing services since COVID-19, including fewer requests for C-cards.
- 1 (0.2%) comment said asylum seekers struggle to access the service.
- 1 (0.2%) comment said the Monday night HIV test service is missed.
- **14 comments were negative about collaboration with other services:**
 - 8 (2%) comments said there is confusion/inconsistency over the treatments available at doctor's surgery vs clinics, eg smear/coil fitting and STI test.
 - 2 (0.4%) comments said there should be more referrals to pharmacy, including for EHC and Chlamydia treatment and testing.
 - 2 (0.4%) comments said better integration with other services is needed, including mental health.
 - 1 (0.2%) comment said drop-in sessions with school nurses are short, with many students to see – young people's needs are therefore not met.
 - 1 (0.2%) comment said services need to build relationships with schools, universities and local youth groups.
 - 1 (0.2%) comment said pharmacies are let down with Chlamydia testing supplies from time to time.
- **14 comments were negative about education:**
 - 11 (2%) comments said more work is needed to break down stigma and taboo about accessing services.
 - 1 (0.2%) comment said there is not enough education about LGBTQIA+ sexual health.
 - 1 (0.2%) comment said teenagers are not educated well enough about sexual health.
- **6 comments were negative about technology:**
 - 4 (1%) comments said there are not enough services online.
 - 1 (0.2%) comment said they need enough machines to work with.
 - 1 (0.2%) comment said technology doesn't work / there is a lack of technology to effectively assist.
- **13 (3%) comments said everything about sexual health services is working well.**

3.12 What could be improved

496 (77%) respondents to the survey responded to the question “How do you think we could make our sexual health services better?”

The main themes are summarised in the table below.



The full results are listed below, categorised by their overarching subject matter:

- **148 comments were about appointments:**
 - 36 (8%) comments said to resume/offer/ increase walk-in appointments.
 - 33 (7%) comments said more appointment slots are needed.
 - 29 (6%) comments said to make it easier to get an appointment, or have updated/improved booking systems and people answering the phone.
 - 23 (5%) comments said to introduce online booking for appointments.

- 20 (4%) comments said there should be longer opening times, and evening/ weekend/ bank holiday appointments.
 - 16 (4%) comments said more face-to-face appointments are needed.
 - 14 (3%) comments said there should be more flexibility with choosing appointment times (including prebooking) / more time slots.
 - 9 (2%) comments said to reduce waiting times and backlogs / have quicker access to services.
 - 7 (2%) comments said to cut down waiting times at the clinic & ensure appointments are on time.
 - 5 (1%) comments said to provide more online/virtual appointments.
 - 4 (1%) comments said there should be more availability for urgent/emergency appointments.
 - 4 (1%) comments said more privacy is needed when queuing for appointments or in the waiting room.
 - 2 (0.4%) comments said there should be longer appointments.
 - 2 (0.4%) comments said more phone appointments are needed.
 - 2 (0.4%) comments said to provide choice on type of appointment.
 - 1 (0.2%) comment said there should be shorter appointments.
 - 1 (0.2%) comment said to limit walk-in appointments.
 - 1 (0.2%) comment said there should be a separate area for young people at clinic.
- **103 comments were about location:**
 - 64 (14%) comments said to improve access to the service, including more local services, community hubs, and satellite clinics.
 - 10 (2%) comments said there should be a better building, more spacious, and brighter/less intimidating.
 - 10 (2%) comments said clinics/appointments are needed at GP surgeries.
 - 4 (1%) comments said to make services more accessible.
 - 4 (1%) comments said more locations/better access is needed in South Glos.
 - 3 (1%) comments said there should be easy access for young people.
 - 3 (1%) comments said to provide women's health hubs to provide specialist services.
 - 2 (0.4%) comments said they need the service in a set location with regular opening hours.
 - 2 (0.4%) comments said clinics are needed on sixth form and university campuses, and places used by young people.
 - 2 (0.4%) comments said clinics are needed near train stations or bus stops.
 - 1 (0.2%) comment said hostels should be visited more frequently.
 - 1 (0.2%) comment said there should be a more central location.
 - 1 (0.2%) comment said there should be a more central WISH clinic.
 - 1 (0.2%) comment said there should be more services in Weston.
 - 1 (0.2%) comment said mobile units or pop up clinics are needed in GP surgeries in North Somerset.
 - 1 (0.2%) comment said clinics in London and Manchester should be visited for examples of good practice.
 - 1 (0.2%) comment said to close Unity Bristol and open a new one.

- 1 (0.2%) comment said more locations are needed in North Somerset.
- **86 comments were about information/communication:**
 - 56 (12%) comments said there should be more advertising/ information/ promotion of services.
 - 18 (4%) comments said there should be better online information and a more user-friendly website.
 - 7 (2%) comments said information should be made accessible to everyone – including inclusive language, easy read, different languages, formats.
 - 5 (1%) comments said follow up should be made with patients – results and confirmation of referrals.
 - 3 (1%) comments said services should listen to the needs of service users/be more patient-led.
 - 1 (0.2%) comment said texts should be more specific so they don't cause worry.
 - 1 (0.2%) comment said to provide information about rape helplines.
 - 1 (0.2%) comment said to provide information on The Bridge and how long after a sexual assault someone can use services.
- **71 comments were about staff:**
 - 19 (4%) comments said there should be more staff in general.
 - 13 (3%) comments said to hire more receptionists/ admin staff/ people answering calls.
 - 13 (3%) comments said more medical professionals are needed.
 - 11 (2%) comments said there should be more training.
 - 8 (2%) comments said there should be staff training on diversity, cultural awareness, sensitivity and attitudes towards patients.
 - 3 (1%) comments said to improve training pathways for nurses in sexual health (including STIF qualifications).
 - 2 (0.4%) comments said there should be better training for reception staff
 - 2 (0.4%) comments said to increase diversity of staff.
 - 2 (0.4%) comments said there should be opportunities for primary care staff to receive training in sexual health.
 - 1 (0.2%) comment said there should be better opportunities for O+G trainees to access their DSFRH training.
 - 1 (0.2%) comment said there should be better accessibility of health advisers.
- **70 comments were about the general service:**
 - 33 (7%) comments said more funding for sexual health services is needed.
 - 14 (3%) comments said there should be quicker and better reporting of results and treatment – including phone/text rather than face-to-face.
 - 8 (2%) comments said to increase services.
 - 8 (2%) comments said they were happy with service.
 - 3 (1%) comments said to go back to pre-covid services.

- 3 (1%) comments said there should be better efficiency / more organised.
 - 2 (0.4%) comments said to return to direct funding relationship between La/ Public Health & third sector providers.
 - 2 (0.4%) comments said future changes should be guided by patients wants & needs.
 - 2 (0.4%) comments said there should be more opportunities for in house research.
 - 2 (0.4%) comments said there should be new equipment.
- **44 comments about specific services/treatments:**
 - 8 (2%) comment said there should be more menopause/ perimenopause/ HRT/ GSM support, including support for doctors, and clarity on services available.
 - 5 (1%) comments said there should be repeat prescriptions for/easier access to/better awareness of how to use PrEP.
 - 4 (1%) comments said there should be better counselling services and greater sensitivity to people's personal situations, e.g. abuse survivors.
 - 4 (1%) comments said to handle new/emerging diseases better.
 - 4 (1%) comments said there should be more, and better advertising of, LGBTQ+ services, and better LGBTQ+ outreach.
 - 2 (0.4%) comments said the LGBTQ+ community should be treated in an inclusive way.
 - 2 (0.4%) comments said there should be pain treatment for certain procedures, e.g. coil fitting.
 - 2 (0.4%) comments said to make smears at sexual health clinics available.
 - 2 (0.4%) comments said to open gender identity clinic and expand help for trans and non-binary people.
 - 1 (0.2%) comment said there should be more training about trans health, including post operative care.
 - 1 (0.2%) comment said it should be possible to make a self-referral for psychosexual therapy.
 - 1 (0.2%) comment said to offer male enhancers.
 - 1 (0.2%) comment said better support is needed for sexual abuse victims.
 - 1 (0.2%) comment said UWE students have to find a GP surgery themselves, including for sexual health services.
 - 1 (0.2%) comment said to consider packaging waste of lubrication sachets sent in post.
 - 1 (0.2%) comment said there should be night time service availability.
 - 1 (0.2%) comment said more understanding of queer women's sexual health is needed.
 - 1 (0.2%) comment said to put chlamydia testing forms in pathology consumables.
 - 1 (0.2%) comment said more clinics for gay men are needed.
 - 1 (0.2%) comment said there should be information on talking about, and how to get, abortion.

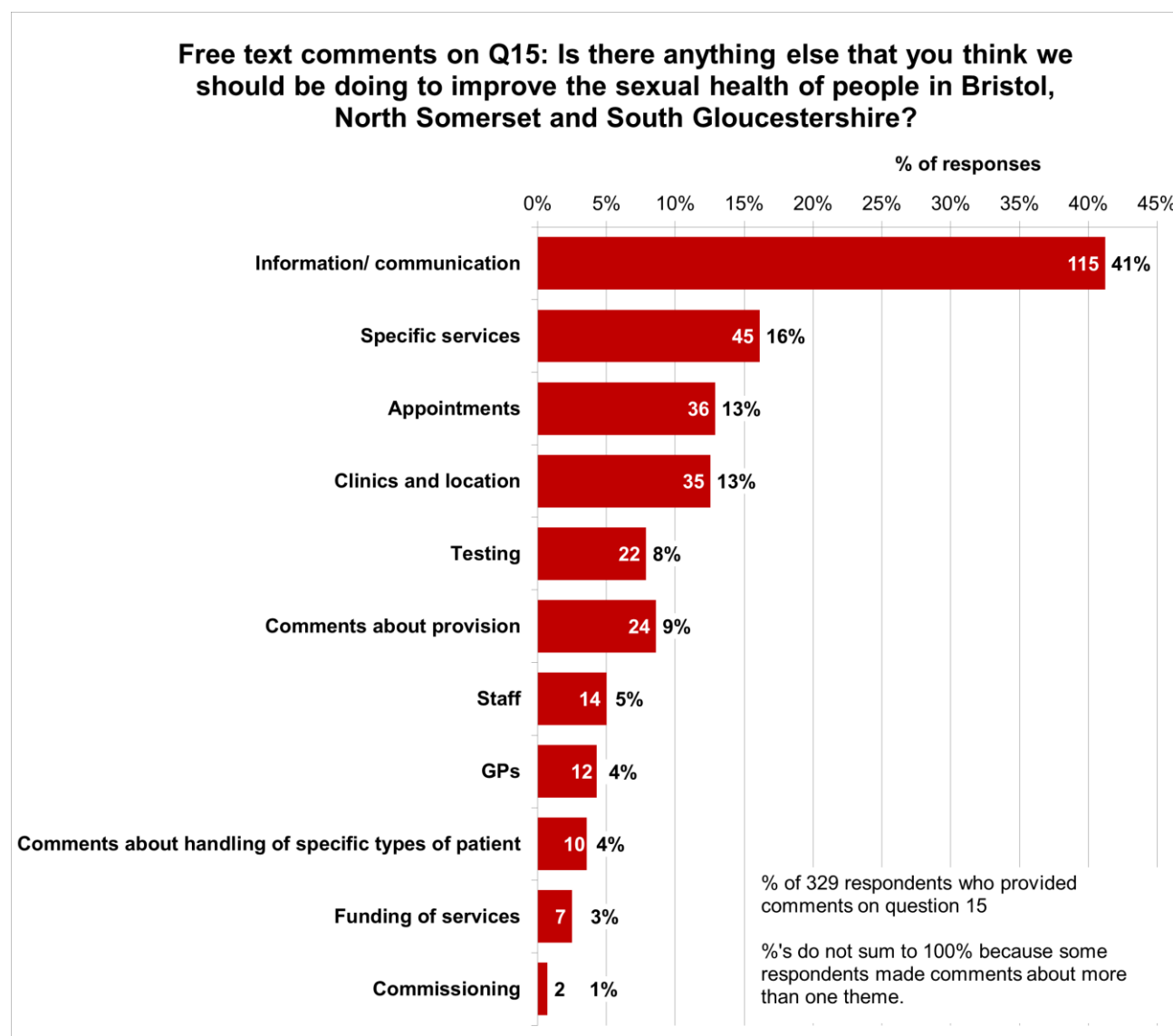
- 1 (0.2%) comment said it should be possible to get psychological counselling quickly.
 - 1 (0.2%) comment said better follow-up and care after HPV positive diagnosis is needed.
 - 1 (0.2%) comment said to make the coil available for 20-year-olds.
 - 1 (0.2%) comment said there should be a better service for at risk queer people.
 - 1 (0.2%) comment said more specialist provision is needed for those most at risk.
 - 1 (0.2%) comment said to provide miscarriage support.
 - 1 (0.2%) comment said the service by WISH Clinic is excellent.
 - 1 (0.2%) comment said to offer oral contraceptive pills.
- **43 comments were about STI/HIV testing:**
 - 15 (3%) comments said to offer more at home kits.
 - 8 (2%) comments said to speed up dispatch.
 - 5 (1%) comments said blood should be taken by a professional, not at home.
 - 3 (1%) comments said to improve at-home blood tests.
 - 3 (1%) comments said to encourage regular check-ups.
 - 3 (1%) comments said to offer HIV tests at clinics.
 - 2 (0.4%) comments said to improve the order system.
 - 2 (0.4%) comments said there should be more information on what STI testing covers.
 - 1 (0.2%) comment said to have tests available for other STIs such as hepatitis.
 - 1 (0.2%) comment said there should be outreach testing.
 - 1 (0.2%) comment said a Q&A is needed on the website to explain how data will be used.
 - 1 (0.2%) comment said there should be more test kits for over 25s.
 - 1 (0.2%) comment said kits for students are needed when they start term.
 - 1 (0.2%) comment was positive about the STI tests.
 - 1 (0.2%) comment said to offer HIV tests at home.
- **33 comments were about collaboration:**
 - 15 (3%) comments said to align with other health services and third sector organisations.
 - 6 (1%) comments said there should be links to schools/colleges, including the school nursing team.
 - 5 (1%) comments said there should be an easy & clearer referrals system to other practices/ clearer options if service is at capacity.
 - 3 (1%) comments said to collaborate/integrate with mental health, and employ mental health staff.
 - 1 (0.2%) comment said there should be closer links with Sirona Adult Learning Disability Health service.
 - 1 (0.2%) comment said there should be community outreach to tackle health inequalities.
 - 1 (0.2%) comment said there should be opt-out testing in A&E.

- 1 (0.2%) comment said to link up with dermatologists so patients get relevant advice.
- 1 (0.2%) comment said to link up with drug and alcohol services to engage hard-to-reach.
- 1 (0.2%) comment said more info for GPs is needed on who to refer to sexual health services.
- 1 (0.2%) comment said organisations should share expertise and good practice.
- **26 comments were about education:**
 - 15 (3%) comments said more education on sexual health is needed for everyone.
 - 7 (2%) comments said more work is needed to break down stigma and taboo about accessing services.
 - 2 (0.4%) comments said there should be specifically trained staff to teach sexual health in schools rather than teachers.
 - 2 (0.4%) comments said more engagement is needed on the ground.
 - 1 (0.2%) comment said there should be more training on LGBTQIA+ and normalising it in schools.
- **24 comments about contraception:**
 - 8 (2%) comments said there should be better access to long-term contraception, including less common forms.
 - 8 (2%) comments said to make contraception more affordable/free.
 - 6 (1%) comments said there should be online/more information about contraception and fertility.
 - 1 (0.2%) comment said there should be condoms online for over 13s.
 - 1 (0.2%) comment said there should be free delivery for contraception for people reluctant to visit clinic.
 - 1 (0.2%) comment said it is strange to list contraception as a sexual health problem in the survey.
- **22 comments were about types of patient:**
 - 12 (3%) comments said to make services accessible to everyone, including all age groups, not just younger groups.
 - 4 (1%) comments said to look at ways to target and support vulnerable people.
 - 4 (1%) comments said there should be better services/more local support for young people including young people's clinics.
 - 1 (0.2%) comment said to reach out to ethnic minorities, especially where sexual health is a taboo subject.
 - 1 (0.2%) comment said there should be support for people who are nervous.
- **18 comments were about improving online services:**
 - 15 (3%) said there should be more online services, including support, consultations and results.
 - 1 (0.2%) comment said services should be more mobile-friendly.
 - 1 (0.2%) comment suggested a new EPR system & digital partner notification.

- 1 (0.2%) comment said to make the C card digital.
- **17 comments were about the phone system:**
 - 11 (2%) comments said to improve the phone system with waiting times, call backs, and hold.
 - 3 (1%) comments said to have a telephone advice line.
 - 2 (0.4%) comments were positive about the telephone assessment system.
 - 1 (0.2%) comment said it should be possible to make calls from non-withheld numbers.
- **5 comments were about GP:**
 - 1 (0.2%) comment said people should not need a GP referral for repeat contraception.
 - 1 (0.2%) comment said screening at the GP should be more accessible.
 - 1 (0.2%) comment said better understanding from non-medical professionals at GP surgeries is needed.
 - 1 (0.2%) comment said they prefer to receive treatment at South Bristol Community Hospital, rather than GP.
 - 1 (0.2%) comment said there should be more training for GPs.

329 (51%) respondents to the survey responded to the question: **“Is there anything else that you think we should be doing to improve the sexual health of people in Bristol, North Somerset and South Gloucestershire?”**

The main themes are summarised in the table below.



The full results are listed below, categorised by their overarching subject matter:

- **115 comments were about information/communication:**
 - 44 (16%) comments suggested more advertising/ information/ promotion of services.
 - 31 (11%) comments suggested more public health messaging, awareness & education about prevention.
 - 29 (10%) comments said improve links/ preventative work with schools and the youth.
 - 13 (5%) comments suggested more general outreach.

- 8 (3%) comments said future changes should be guided by patients wants & needs.
- 6 (2%) comments said work to reduce stigma/ taboo/ embarrassment connected with accessing services.
- 6 (2%) comments suggested more of a presence in locations around the city e.g., libraries, night clubs, workplaces etc.
- 6 (2%) comments said target less heard from groups/ communities less likely to be aware of services.
- 5 (2%) comments said promote services for older people.
- 5 (2%) comments suggested better online information and a more user-friendly website.
- 5 (2%) comments said raise awareness of current STI levels in Bristol through sharing of statistics.
- 3 (1%) comments said agencies should continue working together and sharing best practice.
- 3 (1%) comments said improve promotion of C card scheme.
- 2 (1%) comments suggested better signposting.
- 2 (1%) comments suggested more awareness about services at pharmacies.
- 2 (1%) comments suggested more awareness/ education about consent & relationship building.
- 1 (0.4%) comment said update terminology used within services.
- 1 (0.4%) comment suggested more awareness about services at GPs.

- 1 (0.4%) comment said produce more information about non-mainstream sex (e.g., BDSM) to help de-stigmatise.
- 1 (0.4%) comment said provide statistics on total number of people in each area that use the service.

- **45 comments were about specific services/treatments:**
 - 9 (3%) comments said make free contraception products more widely available (including public places).
 - 7 (3%) comments said improve access to Prep/HIV services.
 - 6 (2%) comments said vaccinate at risk groups/ individuals against Monkeypox.
 - 4 (1%) comments said improve services for gay men, MSM, and trans.

 - 4 (1%) comments suggested more promotion of Prep/HIV services .
 - 4 (1%) comments said provide easier access to certain contraceptives like the morning after pill.
 - 3 (1%) comments said improve access to counselling Relationship Therapy Services.
 - 2 (1%) comments said improve access to LARC.
 - 2 (1%) comments said talk to patients about pain relief options for invasive procedures like coil fittings.
 - 1 (0.4%) comment said raise awareness about HPV.
 - 1 (0.4%) comment said that the cut-off for certain services at 25 should be removed.
 - 1 (0.4%) comment said reduce waiting times for treatment of vaginismus.

- 1 (0.4%) comment said provide free psychosexual health services.
- 1 (0.4%) comment said provide easier systems for abortion .
- 1 (0.4%) comment said provide free sanitary products.
- 1 (0.4%) comment said EHC services remain unpaid for post March 2022.
- 1 (0.4%) comment said give more information to men who are undergoing a vasectomy.
- 1 (0.4%) comment said improve services & treatment for peri and post-menopausal women.
- 1 (0.4%) comment said offer cervical smear tests for women over 64.

- 1 (0.4%) comment was negative about transgender services.
- 1 (0.4%) comment said improve post-natal services.

- **36 comments were about appointments:**
 - 14 (5%) comments said make it easier to get an appointment.
 - 12 (4%) comments suggested better use of technology & online services for managing appointments (e.g. online booking system).
 - 9 (3%) comments said make more appointment times available (including weekends & evenings).
 - 5 (2%) comments said make more walk-in appointments available.
 - 4 (1%) comments said reduce waiting times for appointments.
 - 3 (1%) comments said improve the phone system & call-back service when making appointments.
 - 1 (0.4%) comments said increase appointment times to reflect increase in complex needs.

- **35 comments were about clinics:**
 - 23 (8%) comments suggested more local services, community hubs, and clinics.
 - 3 (1%) comments suggested more young people's clinics.
 - 2 (1%) comments said provide women's health hubs.
 - 2 (1%) comments said improve the look of the building at Central clinic.

 - 2 (1%) comments said Weston-Super-Mare Wish Clinic needs to be re-opened to full potential.
 - 1 (0.4%) comment suggested more satellite services for patients in South Gloucestershire.
 - 1 (0.4%) comment said the service at Yate clinic is poor.
 - 1 (0.4%) comment said to ensure that the same access and level of service is provided across all 3 counties.
 - 1 (0.4%) comment suggested longer opening hours.

- **24 comments were about provision of services:**
 - 14 (5%) comments said access to services should be improved.
 - 4 (1%) comments said to maintain existing services.
 - 3 (1%) comments said availability of services should be improved.
 - 2 (1%) comments said it should remain a free service.
 - 2 (1%) comments said join up services.
 - 2 (1%) comments said provide more services.

- 1 (0.4%) comment said services need to be more discreet.
- **22 comments were about testing:**
 - 13 (5%) comments said it should be easier to access free testing for all ages.
 - 10 (4%) comments said people should be encouraged to get tested more.
 - 6 (2%) comments said to make more home test kits available and advertise more.
 - 1 (0.4%) comment said there should be home testing for more types of infections.
 - 1 (0.4%) comment said a rapid testing service like Dean Street, London, should be provided.
 - 1 (0.4%) comment said the ordering of test kits should be made simpler.
 - 1 (0.4%) comment said free test kits should be provided for free in pharmacies and GPs.
 - 1 (0.4%) comment said patients should receive results by text.
 - 1 (0.4%) comment said the geographical coverage of postal kits should be increased.
 - 1 (0.4%) comment said more information should be offered to services about distributing the kits and which kits work for which people.
- **14 comments were about staff:**
 - 8 (3%) comments said to recruit more staff.
 - 2 (0.01) comments said more empathy from staff is needed.
 - 2 (0.01) comments said to increase morale of staff.
 - 1 (0) comment said recruit more male doctors.
 - 1 (0) comment said there should be a better career pathway for nurses in sexual health.
 - 1 (0) comment said more training for reception staff is needed.
- **12 comments were about GPs:**
 - 5 (2%) comments said there should be more training so simple sexual health issues can be managed in Primary Care & appropriate referrals are made.
 - 2 (1%) comments said testing should be available at the GP.
 - 1 (0.4%) comment said to improve access to GP services.
 - 1 (0.4%) comment said to provide condoms for free as part of the contraceptive service from GP.
 - 1 (0.4%) comment said to provide training on LGBT and specifically trans sensitivity and health care to GPs.
 - 1 (0.4%) comment said a sexual health nurse should be stationed in GPs.
 - 1 (0.4%) comment said provision of sexual health services for STIs is poor.

- **10 comments were about handling of specific types of patient:**
 - 5 (2%) comments said provide sexual health services to everyone/ all ages.
 - 1 (0.4%) comment said there should be better access for disadvantaged or minority populations.
 - 1 (0.4%) comment said legalise and regulate sex work to protect women.
 - 1 (0.4%) comment said lower the demanding expectation of patients.
 - 1 (0.4%) comment said stop being sexist.
 - 1 (0.4%) comment said empowerment for young girls is needed so they are less likely to be pressured into sex or need the morning after pill.
- **7 comments were about funding of services:**
 - 6 (2%) comments said there should be increased funding.
 - 1 (0.4%) comment said return to direct funding relationship between La/ Public Health & third sector providers.
- **2 comments were about commissioning:**
 - 1 (0.4%) comment said to actively commission services in the region.
 - 1 (0.4%) comment said remove Unity from the service.
- **33 comments answered no, there is nothing else that you could be doing to improve the sexual health of people in Bristol, North Somerset and South Gloucestershire**

4. Sexual Health Needs Assessment interviews with stakeholders and Unity partners

4.1 Stakeholders

13 stakeholders were interviewed about Unity services. Interviewees were asked six questions:

1. **“Are you familiar with Unity, what they do and how to contact them and who commissions them?”**

There were 13 responses to this question. They said the following:

- 12 (92%) comments said they are familiar with Unity.
- 8 (62%) comments said they are aware of commissioning.
- 7 (54%) comments said they are aware of what Unity do.
- 2 (15%) comments said it is clear who to contact.
- 2 (15%) comments said Unity are hard to contact.
- 2 (15%) comments said it feels like the service is overstretched/overcapacity.
- 1 (8%) comment said they are not familiar with unity.
- 1 (8%) comment said they are not aware of commissioning.
- 1 (8%) comment said they are not aware of what Unity do.
- 1 (8%) comment said the website needs improving.
- 1 (8%) comment said it is not clear who to contact.

2. **“What are the main sexual and reproductive health needs that your client group face?”**

There were 13 responses to this question. They said the following:

Specific client groups:

- 2 (15%) comments highlighted **students/young people**: better access to full range of contraceptive services.
- 2 (15%) comments highlighted **Pause/Peony**: better information/education and therefore trust in services.
- 1 (8%) comment highlighted **LGBT+**: Alcohol & drug support. Prep for HIV patients.
- 1 (8%) comment highlighted **HIV/PrEP**: quicker access to medication.
- 1 (8%) comment highlighted **hard to reach groups (including sex workers)**: sensitive, non-judgemental service.
- 1 (8%) comment highlighted **Afro Caribbean community**: late diagnoses, higher STI figures, but lower take-up.
- 1 (8%) comment highlighted **women who have had children removed**: long wait to access Unity services even though patients are prioritised.
- 1 (8%) comment highlighted **refugees**: contraception & STI treatment.

Unknown client group/general:

- 1 (8%) comment said poor sexual health and barriers to access services.
- 1 (8%) comment said pregnancy, limited understanding of contraception or how to access services.
- 1 (8%) comment said STIs - mainly chlamydia/hepatitis.
- 1 (8%) comment said communicating with a male professional.

- 1 (8%) comment said language barriers result in difficulty accessing doctor.
- 1 (8%) comment said cultural issues around increasing family size, leading to rehousing, and fewer employability/education opportunities.
- 1 (8%) comment said there are a range of needs - nothing specific.

3. “Are current services easily accessible and meeting their needs? How much liaison do you have with them?”

There were 13 responses to this question. They said the following:

- 5 (38%) comments said there are long waits for an appointment.
- 5 (38%) comments said need to improve accessibility of services.
- 4 (31%) comments said services are not accessible.
- 4 (31%) comments said services are not meeting client’s needs.
- 3 (23%) comments said phone line has long-waits & difficult to get an appointment through.
- 3 (23%) comments said hard to access F2F or walk-in appointments.
- 2 (15%) comments said services are broadly accessible.
- 2 (15%) comments said preferable to have one appointment to cover all needs of clients rather than split across multiple appointments.
- 2 (15%) comments said the website needs improving.
- 2 (15%) comments said more flexibility of services across weekends and evenings needed.
- 2 (15%) comments said postal test system works well.
- 2 (15%) comments said central location hard is to access.
- 1 (8%) comment said have not had much liaison with sexual health services.
- 1 (8%) comment said need contemporary knowledge to meet clients’ needs as opposed to a traditional sexual health service.
- 1 (8%) comment said THT partnership viewed as an LGBT charity, not relevant to clients.
- 1 (8%) comment said welcoming and Psychologically Informed Environments (PIE) needed for clients.
- 1 (8%) comment said drop-ins are not suitable for client group.
- 1 (8%) comment said services are stretched.
- 1 (8%) comment said there are long waits for Prep.

4. “Any views on how we could improve SRH services for patients?”

There were 13 responses to this question. They said the following:

- 3 (23%) comments said more clinics in a range of geographical areas.
- 2 (15%) comments said more resources (i.e. staff) needed.
- 2 (15%) comments said make it easier to contact Unity.
- 2 (15%) comments said reduce waiting times.
- 2 (15%) comments said more education about services.
- 2 (15%) comments said co-align service with other services engaging clients e.g. housing, mental health, substance misuse services.
- 1 (8%) comment said contingency planning & back-up needed.
- 1 (8%) comment said make it easier to get an appointment.

- 1 (8%) comment said increase capacity for emergency coils fitting and Intramuscular injects.
- 1 (8%) comment said improve the telephony system.
- 1 (8%) comment said improve & update the website.
- 1 (8%) comment said make services accessible for young people.
- 1 (8%) comment said have orientation and induction for new one 25 staff at Unity.
- 1 (8%) comment said community drop ins and community centres needed.
- 1 (8%) comment said be more welcoming to excluded groups.
- 1 (8%) comment said have 1st language services for patients and to support these families.
- 1 (8%) comment said have representation of minority groups amongst staff to encourage take-up of clients.
- 1 (8%) comment said get balance between F2F and online appointments right.
- 1 (8%) comment said recognition is required that the need for a translator means a booked appointment slot in the drop-in clinic.
- 1 (8%) comment said more flexible services needed.
- 1 (8%) comment said an easier way to self-refer & support those with learning difficulties and/or chaotic lifestyles is needed.

5. “Any ideas of how we could prevent sexual health issues- such as STIs and unplanned pregnancies in your client group?”

There were 13 responses to this question. They said the following:

- 5 (42%) comments said more education about services.
- 2 (17%) comments said more community work needed.
- 2 (17%) comments said tailor, nuanced services, which resonate for underrepresented groups.
- 1 (8%) comment said more information about Monkeypox needed.
- 1 (8%) comment said Unity need to focus less on performance data.
- 1 (8%) comment said two-way conversations with partners & sub-contractors are needed.
- 1 (8%) comment said education in groups for new arrivals is needed, especially for contraception.
- 1 (8%) comment said encourage more screening.
- 1 (8%) comment said more menopause support needed.
- 1 (8%) comment said education with health professionals is needed so that new offers are understood, and we can promote through our contacts and clients.
- 1 (8%) comment said promotion of services and health messages via social media is needed.
- 1 (8%) comment said reinforce message of condom use.
- 1 (8%) comment said more materials in different languages is needed.
- 1 (8%) comment said better co-ordinated approach as partners is needed.
- 1 (8%) comment said introduce a trauma specialist sexual health education outreach programme.

- 1 (8%) comment said flexibility in services is needed.
- 1 (8%) comment said co-align service with other services engaging clients e.g. housing, mental health, substance misuse services.
- 1 (8%) comment said look for smaller grassroots communities, not national organisations to deliver locality projects / outreach.

6. **“Any other comments?”**

There were 13 responses to this question. They said the following:

- 3 (43%) comments said remove / reduce / improve barriers to access.
- 2 (29%) comments said need to do more work to reach communities and be more proactive with promotion work.
- 2 (29%) comments said more engagement work in North Somerset & South Glos. needed.
- 1 (14%) comment said it's not always obvious what the smaller partners are doing.
- 1 (14%) comment said each partner has its own aims which can cause conflict of ideas and approach to work.
- 1 (14%) comment said improve partnership working / communication.
- 1 (14%) comment said lack of awareness of sexual health trauma and its impact needs to be addressed.
- 1 (14%) comment said we need to challenge the assumption that working digitally is the best way for all.
- 1 (14%) comment said an issue of increasing number of children within refugee families, and the follow on need then for rehousing is an important consideration.
- 1 (14%) comment said have a local Sexual health week to raise awareness of resources and conversations.

4.2 Unity Partners

13 Unity partners were interviewed about sexual health services. Interviewees were asked nine questions:

1. **“A3: Do you have any concerns, or areas where services could be improved for patients or made more efficient?”**

There were 13 responses to this question. They said the following:

- **6 (46%) comments were about the phone system:**
 - 5 (38%) comments said there needs to be a better phone system, including the option to leave a voicemail.
 - 1 (8%) comment said there is a long wait on the phone to make an appointment, and it is fully booked once they get through.
- **5 (38%) comments were about access:**
 - 3 (23%) comments said to improve access.
 - 1 (8%) comment said to improve waiting times for LARC.
 - 1 (8%) comment said to improve access to PrEP.
- **3 (23%) comments were about capacity:**

- 2 (15%) comments said more appointment availability is needed.
 - 1 (8%) comment said to fund additional clinic capacity at weekends.
- **3 (23%) comments were about appointments:**
 - 1 (8%) comment said an efficient walk-in service is needed, including for coil implementation.
 - 1 (8%) comment said a text cancellation service is needed.
 - 1 (8%) comment said to make online appointment booking possible.
- **3 (23%) comments were about types of patients:**
 - 1 (8%) comment said there needs to be better access for BAME communities.
 - 1 (8%) comment said there needs to be more minority group outreach.
 - 1 (8%) comment said there needs to be better services for trans patients.
- **3 (23%) comments were about specific services:**
 - 2 (15%) comments said better menopause services are needed.
 - 1 (8%) comment said a termination service is needed in North Somerset.
- **2 (15%) comments were about contraception:** Need more/ better contraception services.
- **2 (15%) comments were about collaboration:**
 - 1 (8%) comment said better collaboration and data sharing is needed between services.
 - 1 (8%) comment said better communication is needed with Eddystone Trust.
- 1 (8%) comment said there were no concerns.
- 1 (8%) comment said more admin staff are needed.
- 1 (8%) comment said more staff working on postal test kits are needed.
- 1 (8%) comment said better IT systems and better online access is needed.
- 1 (8%) comment said the service needs more funding.
- 1 (8%) comment said there is a need for better data collection.
- 1 (8%) comment said there is a need to promote sexual health, services and options to everyone.

2. **“A1: What works well at Unity Integrated Sexual Health service?”**

There were 13 responses to this question. They said the following:

- **9 (69%) comments were positive about good collaboration, teamwork and support.**
- **4 (31%) comments were positive about location:**
 - 1 (8%) comment said there is good access to community clinics for young people.
 - 1 (8%) comment said there is a good, central location.

- 1 (8%) comment said that having BPAS in the same building prevents picketing.
- 1 (8%) comment was positive about the purpose-built premises.
- **3 (23%) comments were positive about the general service:**
 - 1 (8%) comment said it is good overall.
 - 1 (8%) comment said there is a good range of services.
 - 1 (8%) comment said it is good at dealing with urgent cases.
- **3 (23%) comments were positive about staff:** Efficient, caring staff who offer a confidential service and mix of skills.
- **3 (23%) comments were positive about specific services:**
 - 2 (15%) comments said the offer of PrEP means patients don't need to be referred on.
 - 1 (8%) comment said the Panther machine efficiently tests for STIs.
- 1 (8%) comment said ordering online test kits works well.
- 1 (8%) comment said the service is able to target vulnerable groups.
- 1 (8%) comment said there is good leadership.

3. **“A4: What more could we be doing as a system to prevent STIs, HIV and unplanned pregnancies?”**

There were 13 responses to this question. They said the following:

- **8 (62%) comments were about appointments:**
 - 4 (31%) comment said better access is needed, and reduced waiting lists and delays with delivering interventions.
 - 1 (8%) comment said more evening clinics are needed.
 - 1 (8%) comment said an online booking system is needed.
 - 1 (8%) comment said to reinstate drop-in clinics.
 - 1 (8%) comment said more appointments are needed.
- **7 (54%) comments were about collaboration:**
 - 2 (15%) comment said better collaboration is needed with other services - link in with forum groups.
 - 1 (8%) comment said partner organisations should STI test.
 - 1 (8%) comment said to let other parts of system deal with less complex cases so the focus can be on more complex interventions.
 - 1 (8%) comment said requests for contraception have dropped since COVID.
 - 1 (8%) comment said HIV should work alongside health advisers.
 - 1 (8%) comment said the vision/strategy should be shared among partners.
- **4 (31%) comments were about education:**
 - 3 (23%) comments said there needs to be better education on sexual health at schools and universities, and on social media.
 - 1 (8%) comment said there needs to be better health promotion around unwanted pregnancies/post abortion.
- **3 (24%) comments were about contraception:**
 - 1 (8%) comment said there needs to be funding to fit coils.
 - 1 (8%) comment said there needs to be easier access to the morning after pill.

- 1 (8%) comment said there should be better, free contraception services for over 25s.
- **2 (15%) comments were about information:** Better advertising of service including at GP surgeries.
- **2 (15%) comments were about specific services:** Earlier/wider testing for HIV and syphilis.
- **2 (15%) comments were about STI/HIV tests:**
 - 1 (8%) comment said BCC needs to know that HIV testing in ED should be being rolled out.
 - 1 (8%) comment said more at home STI tests are needed.
- 1 (8%) comment said better community access in North Somerset is needed.
- 1 (8%) comment said quicker results are needed.
- 1 (8%) comment said the website needs updating.
- 1 (8%) comment said better recruitment and retention needed.
- 1 (8%) comment said reinstate services for under 18s.

4. **“A2: How well does it work with Unity partners - do you feel like a fully integrated service? This is a key question for MSI and BPAS”**

There were 13 responses to this question. They said the following:

- **9 (69%) comments were positive:**
 - 2 (15%) comments said they are not fully integrated – they have their own identities.
 - 2 (15%) comments said they are integrated, and it works well.
 - 1 (8%) comment said communication issues with BPAS have been resolved.
 - 1 (8%) comment said there is more contact with BPAS now they are in the building.
 - 1 (8%) comment said the issues with MSI not updating patient details or calling patients for three weeks has been resolved.
 - 1 (8%) comment said they are integrated, with lots of referrals, but would like to know more about services partners offer.
 - 1 (8%) comment said it works well for Unity at a clinical level.
- **6 (46%) comments were negative:**
 - 1 (8%) comment said BPAS and MSI are reluctant to deliver training.
 - 1 (8%) comment said there is not as much liaison with MIS or BPAS as sexual health.
 - 1 (8%) comment said it does not work so well with Brook and THT who are more disparate.
 - 1 (8%) comment said there are communication issues between THT, Brook and MSI.
 - 1 (8%) comment said there need to be more links at a clinical rather than managerial level.
 - 1 (8%) comment said there are weaker links with MSI choices.
- **4 (29%) comments were neutral:**
 - 1 (8%) comment said they are integrated, but it isn't seamless due to staff shortages.

- 1 (8%) comment said Unity mops up the services that are not offered elsewhere.
- 1 (8%) comment said they do not have contact with partners as their role is in the sexual health clinic.
- 1 (8%) comment said the termination of pregnancy service is less integrated by its nature.

5. **“B3: Are there other partners in the system who could be utilised to do more? (such as primary care) Particularly when we think about taking a proactive approach to prevention.”**

There were 9 responses to this question. They said the following:

- **7 (78%) comments mentioned services GPs could provide:**
 - 1 (11%) comment said they could do HIV testing.
 - 1 (11%) comment said they could do the PrEP shared care protocol.
 - 1 (11%) comment said they could do more community/ opportunistic testing.
 - 3 (33%) comment said they could provide wart care.
 - 1 (11%) comment said they could offer sexual health advice.
- **6 (67%) comments mentioned services primary care could provide:**
 - 1 (11%) comment said primary care could do a LES for PrEP.
 - 1 (11%) comment said primary care could do more awareness raising and training for it.
 - 1 (11%) comment said primary care could do more partner notification.
 - 1 (11%) comment said primary care could deliver more contraception to all ages.
 - 1 (11%) comment said pharmacies need to provide more contraceptive services.
 - 1 (11%) comment said primary care and pharmacies needed to support Levels 1 and 2 more comprehensively, i.e. testing, LARC contraception, warts and referring more complicated cases.
- **2 (22%) comments mentioned Unity and partners:**
 - 1 (11%) comment said Unity and partners need to lead on community awareness and outreach.
 - 1 (11%) comment said Unity should be at Brecon and do more work online – looking at who tests, how results are shared and who acts on them.
- 1 (11%) comment said they could be worked with in order to educate young people on sexual health and healthy relationships.
- 1 (11%) comment said partners should work together on HIV services so that expertise and knowledge is shared. The FTC programme is looking at ways to reduce stigma.

6. **“A5: Do you have any other comments about what we should do for future services/models and/or partnerships to improve sexual health in BNSSG?”**

There were 13 responses to this question. They said the following:

- **8 (62%) comments were about collaboration:**

- 2 (15%) comment said to involve more local stakeholders.
- 1 (8%) comment said to strengthen third sector and NHS partnerships.
- 1 (8%) comment said HIV should work alongside health advisers.
- 1 (8%) comment said GPs should offer PrEP.
- 1 (8%) comment said there should be partnerships with schools.
- 1 (8%) comment said there should be links to school nurses.
- 1 (8%) comment said there should be more resources for THT so projects with them can be increased.
- **7 (54%) comments were about appointments:**
 - 4 (31%) comments said there should be better online systems for booking and feedback.
 - 1 (8%) comment suggested introducing an online triage system.
 - 1 (8%) comment said there should be more evening clinics.
 - 1 (8%) comment said there should be more appointments.
- **4 (31%) comments were information:**
 - 3 (23%) comment said there should be more awareness raising/education on sexual health including in schools and on social media.
 - 1 (8%) comment said there should be better advertising of the service including at GP surgeries.
- **4 (31%) comments were about specific services:**
 - 2 (15%) comments said there should be a menopause service across BNSSG.
 - 1 (8%) comment said more could be done to be a trans friendly service.
 - 1 (8%) comment said Unity is not currently commissioned for IUD for bleeding.
- **3 (23%) comments were about contraception:**
 - 1 (8%) comment said there should be easier access to the morning after pill.
 - 1 (8%) comment said there should be better contraception services for over 25s.
 - 1 (8%) comment said there should be better access to contraception in primary care for teen unwanted pregnancies/under 19s in North Somerset.
- **3 (23%) comments were about staff:**
 - 1 (8%) comment said there should be more staff.
 - 1 (8%) comment said there should be more admin staff.
 - 1 (8%) comment said a regular Unity training session is needed.
- 2 (15%) comments said there needs to be better communication with patients and partners.
- 1 (8%) comment said have clinics in a location people will attend, with privacy.
- 1 (8%) comment said there is a need for a fairer balance of focus on type of patient (too much focus on gay men - Monkeypox / PrEP).
- 1 (8%) comment said more funding needed.

- 1 (8%) comment said no, it works well.
- 1 (8%) comment said make the tendering process less lengthy and time consuming.
- 1 (8%) comment said there needs to be better access to the service.

7. **“B1: Do you feel Unity is the system leader in Sexual Health (or more like the specialist clinical service?)”**

There were 9 responses to this question. They said the following:

- 6 (67%) comments said both the system leader and specialist clinical service.
- 2 (22%) comments said no – there are separate units with crossover. No model is dominant. They all do something different.
- 1 (11%) comment said yes.

8. **“B2: HIV treatment is provided at another trust. How well does this work?”**

There were 9 responses to this question. They said the following:

- **4 (44%) comments were negative:**
 - 2 (22%) comments said it is disjointed and would be better all in one place.
 - 1 (11%) comment said consultants either work in HIV at Southmead or Unity – it would be better to be involved at both.
 - 1 (11%) comment said HIV treatment is commissioned separately but could work more collaboratively.
- **3 (33%) comments were positive:**
 - 1 (11%) comment said having Southmead works well.
 - 1 (11%) comment was positive about Brecon and NBT.
 - 1 (11%) comment said it works well for patients.
- **2 (22%) comments were about HIV treatment:**
 - 1 (11%) comment said HIV is commissioned by NHSA, and sexual health by LA, but it would be good to share and rotate. Expertise in Unity is not currently being used.
 - 1 (11%) comment said HIV treatment is only provided by NBT – the Unity team could be involved in HIV treatment at NBT.

9. **“Any other comments?”**

There were 5 responses to this question. They said the following:

- 3 (60%) comments were positive about working for Unity.
- 1 (20%) comment said it is difficult to access but a good service.
- 1 (20%) comment said a service should be run for trans groups.
- 1 (20%) comment said more appointments needed.