

Equality Impact Assessment – Appendix 1: Harrow

London Sexual Health Transformation Project

Service User Survey Results – June 2015

Harrow Sexual Health and Contraception Services

Introduction, methodology and context

- 1.1 The Harrow Sexual Health and Contraception Services User Survey is part of the wider research activity completed to support the Harrow Sexual Health Needs Assessment and Service Review carried out in April to September 2015. This survey is part of research that has sought to compliment the other research being carried out on behalf of the joint Public Health Directorate and will contribute to the prioritisation of commissioning intentions for sexual health services going forward.
- 1.2 This survey was intended to enable data capture from service users in the locality to the borough's needs assessment and service review. The survey was distributed as a paper based and electronic web link survey through service providers in contract with the Public Health Department. Service users were asked to complete and return these surveys principally whilst waiting for their appointment. The survey was designed to identify the service user's point of access to local provision, perceptions of the service, awareness of good sexual health, sexual health information, influences to use services and barriers to using services, and prioritisation of areas for improvement.
- 1.3 This report will highlight the findings of the research and seeks to identify the implications of these findings to inform the Sexual Health Needs Assessment and Service Review and the prioritisation of services for the future.

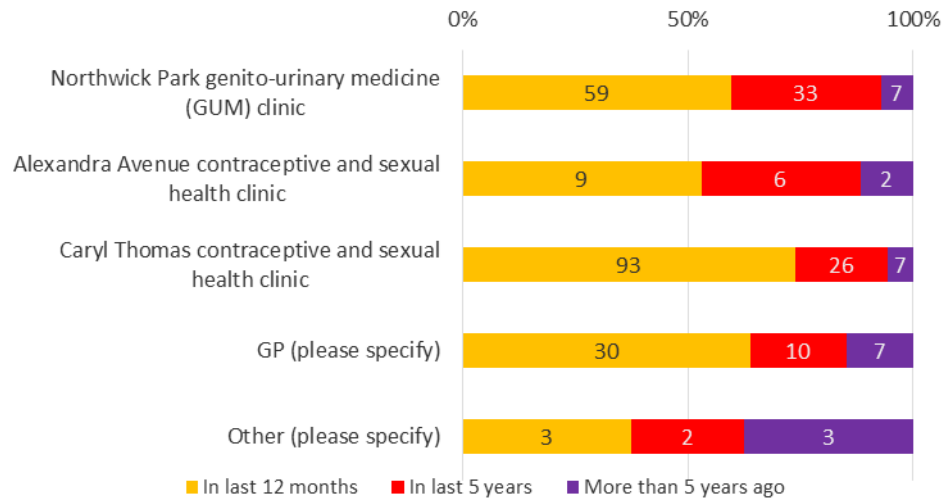
Key findings

- 1.4 The survey was open between April and May 2015 and in total 239 responses were collected which is a strong sample size.
- 1.5 The first questions sought to identify which sexual health services respondents have ever used in Harrow.

Figure 1: Which Sexual Health services have you ever used in Harrow? Please tick all that apply:

Answer Options	In last 12 months	In last 5 years	More than 5 years ago	Response Count
Northwick Park genito-urinary medicine (GUM) clinic	59	33	7	99
Alexandra Avenue contraceptive and sexual health clinic	9	6	2	17
Caryl Thomas contraceptive and sexual health clinic	93	26	7	126
GP (please specify)	30	10	7	47
Other (please specify)	3	2	3	8
Please specify				28
<i>answered question</i>				206
<i>skipped question</i>				23

Chart 1: Which Sexual Health services have you ever used in Harrow? Please tick all that apply.



1.6 The majority of respondents have used the Caryl Thomas contraceptive and sexual health clinic followed by Northwick Park Hospital and then GPs (some of which are specified below).

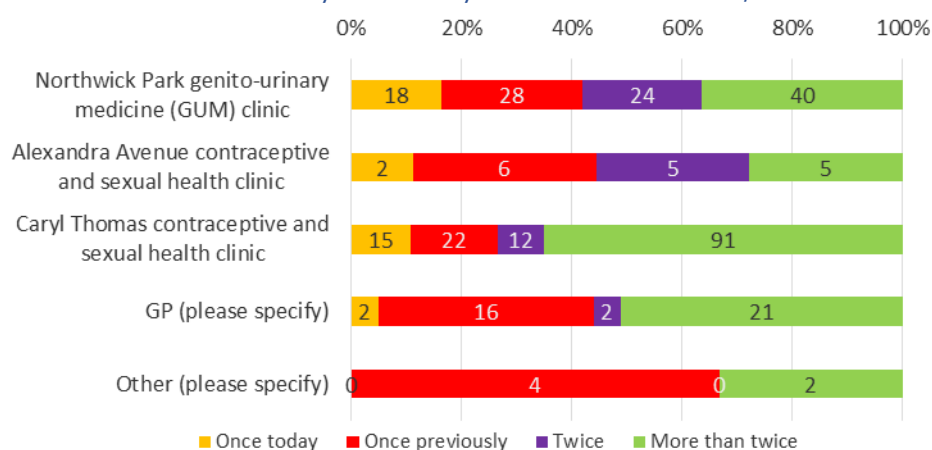
- Walm Lane surgery
- Elliot Hall medical centre
- Crowndale clinic (Camden)
- Broadmead surgery
- Paddington Sexual Health Clinic
- Hatch end medical centre
- Enderley Road
- St Marie Stopes, Ealing
- Kenton Bridge Medical Centre
- Kenmore clinic
- Acre Surgery Northwood
- Pinner Medical Centre
- Roxbourne Medical Centre

1.7 The next question sought to identify how many times respondents have been to these services/clinics. Service users were asked if they have used names services once today, once previously, twice, and more than twice.

Figure 2: How many times have you been to these services/clinics? Please tick all that apply:

Answer Options	Once today	Once previously	Twice	More than twice	Response Count
Northwick Park genito-urinary medicine (GUM) clinic	18	28	24	40	110
Alexandra Avenue contraceptive and sexual health clinic	2	6	5	5	18
Caryl Thomas contraceptive and sexual health clinic	15	22	12	91	135
GP (please specify)	2	16	2	21	41
Other (please specify)	0	4	0	2	6
Please specify					20
answered question					213
skipped question					16

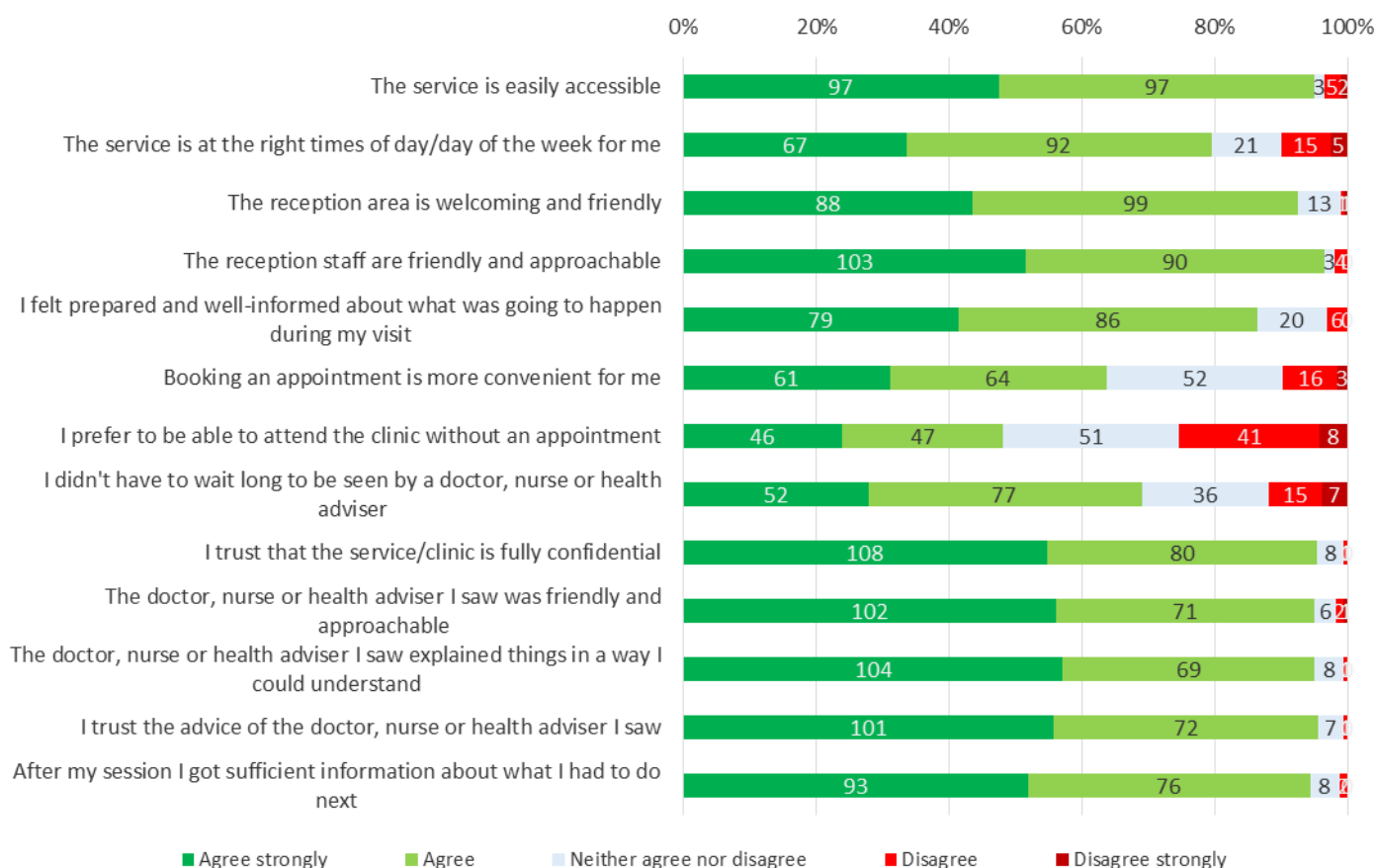
Chart 2: How many times have you been to these services/clinics?



1.8 It is clear that the majority of respondents particularly at Caryl Thomas clinic return to the service more than one time. This could be for regular check-ups, follow up procedures and a wide variety of reasons. What is critical is the need to ensure that access is good and that clients feel welcomed and encouraged to take up the services on offer.

1.9 This next question aimed to give people the chance to state whether they either agreed strongly, agreed, neither agreed nor disagreed, disagreed or disagreed strongly with a range of statements. These statements addressed a wide range of issues from accessibility to and awareness of services, perceptions of the facilities services are housed in, attitudes and friendliness of staff, and pre and post appointment information.

Chart 3: Please mark the extent to which you agree/disagree with the following statements:



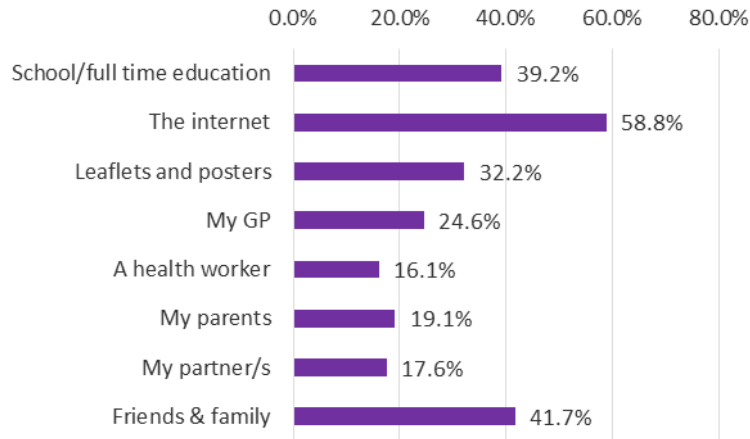
1.10 Interestingly from the perspective of this research:

- 97% agreed that the reception staff are friendly and approachable
- 96% agreed that I trust the advice of the doctor, nurse or health adviser I saw
- 95% agreed that the service is easily accessible
- 95% I trust that the service/clinic is fully confidential
- 95% agreed that the doctor, nurse or health adviser I saw was friendly and approachable
- 95% agreed that the doctor, nurse or health adviser I saw explained things in a way I could understand
- 94% agreed that after my session I got sufficient information about what I had to do next
- 93% agreed that the reception area is welcoming and friendly
- 86% agreed that I felt prepared and well-informed about what was going to happen during my visit
- 80% agreed that the service is at the right times of day/day of the week for me
- 69% agreed that I didn't have to wait long to be seen by a doctor, nurse or health adviser
- 64% agreed that booking an appointment is more convenient for me
- 48% agreed that I prefer to be able to attend the clinic without an appointment

1.11 These responses are strong particularly in service user's perceptions of the friendliness, trust, accessibility, information explanations and confidentiality of services.

1.12 The chart below describes the responses to question 4 which aimed to identify where service users got their awareness and understanding of good sexual health.

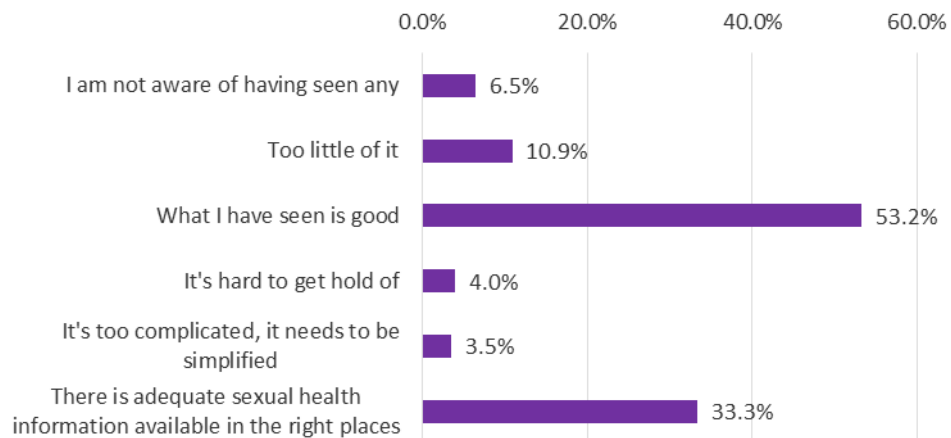
Chart 4: Have any of the following helped you understand more about good sexual health? Please tick all that apply.



1.13 Clearly the internet is by far the most significant vehicle for helping service users to understand good sexual health. This is followed by friends and family, school and education leaflets and posters.

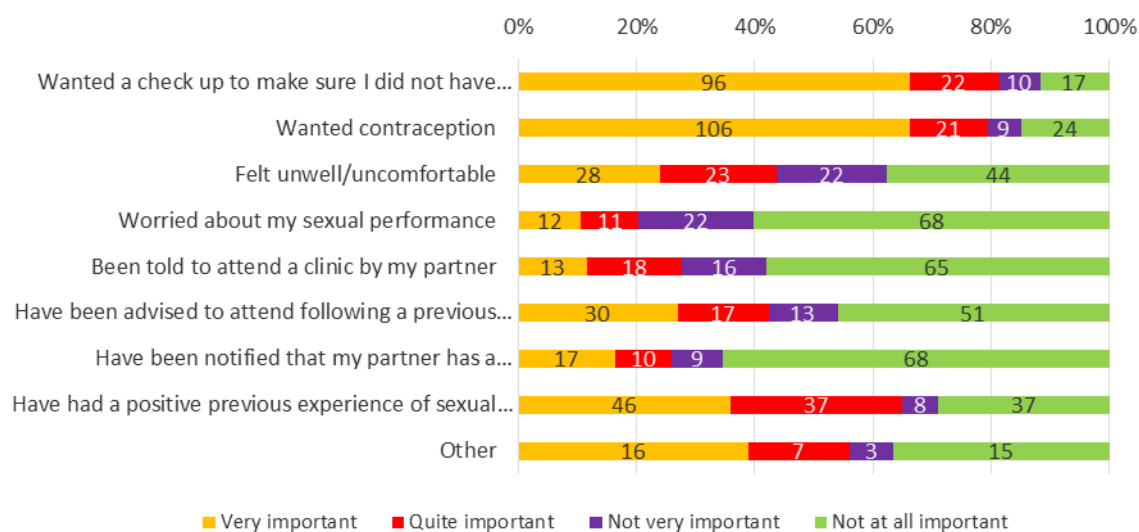
1.14 Question 5 sought to get opinions of what service users feel about the sexual health information is available. 53% of respondents felt that the sexual health information they have seen is good, 33% felt there is adequate sexual health information available in the right places.

Chart 5: What do you think about the sexual health information that is available? Please tick all that apply.



1.15 Question 6 asked 'What influenced you to use this sexual health service?'

Chart 6: What influences you to use this sexual health service?

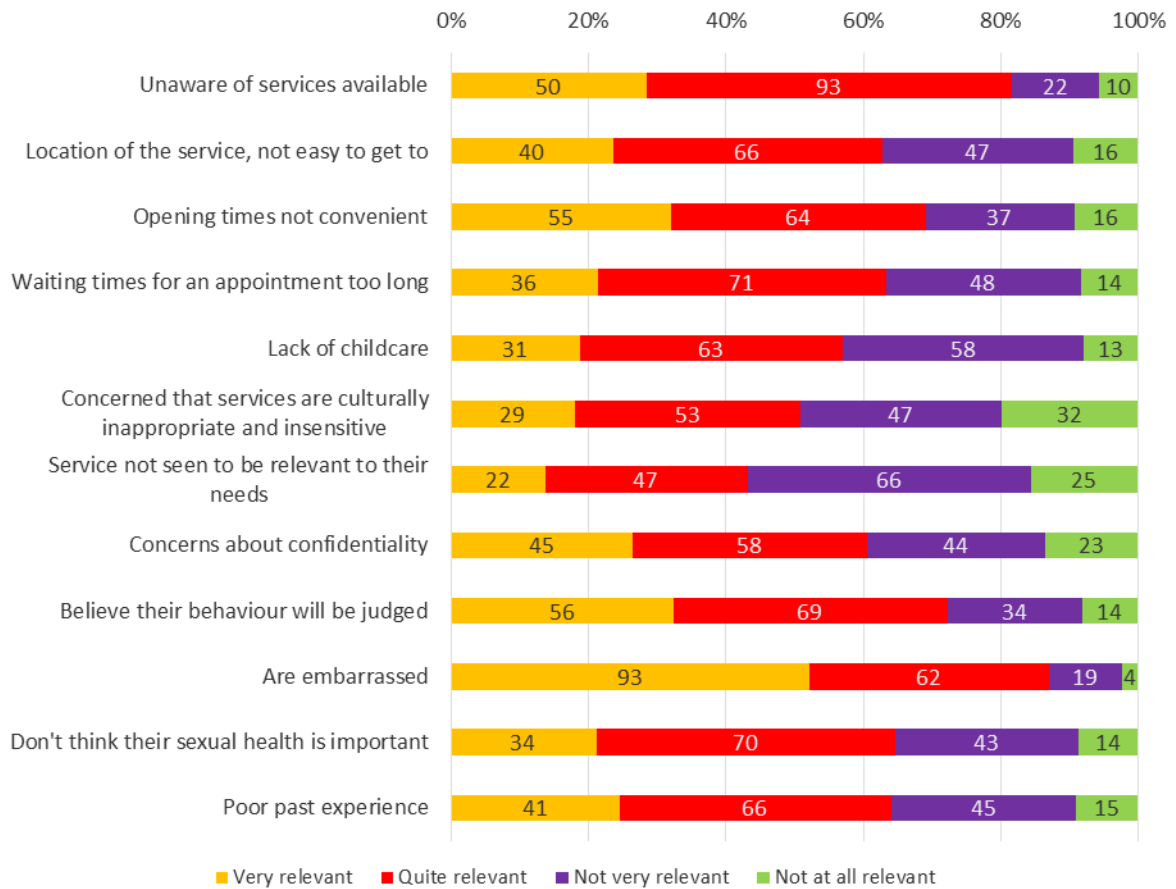


1.16 Taking very important and quite important scores together the following criteria was seen as the most influential to sexual health service users:

- 81% felt they wanted a check up to make sure I did not have an infection
- 79% wanted contraception
- 65% have had a positive previous experience of sexual health services
- 44% felt unwell/uncomfortable
- 42% have been advised to attend following a previous appointment/visit
- 28% have been told to attend a clinic by my partner
- 26% have been notified that my partner has a Sexually Transmitted Infection
- 20% felt worried about my sexual performance

1.17 Question 7 asked service users what they think are the reasons people don't go to sexual health services. In short this seeks to review the 'barriers' or the perceived barriers to using services from a service user perspective. Indeed to some extent these responses come from people who may have overcome these concerns.

Chart 7: What do you think are the reasons people don't go to sexual health services?



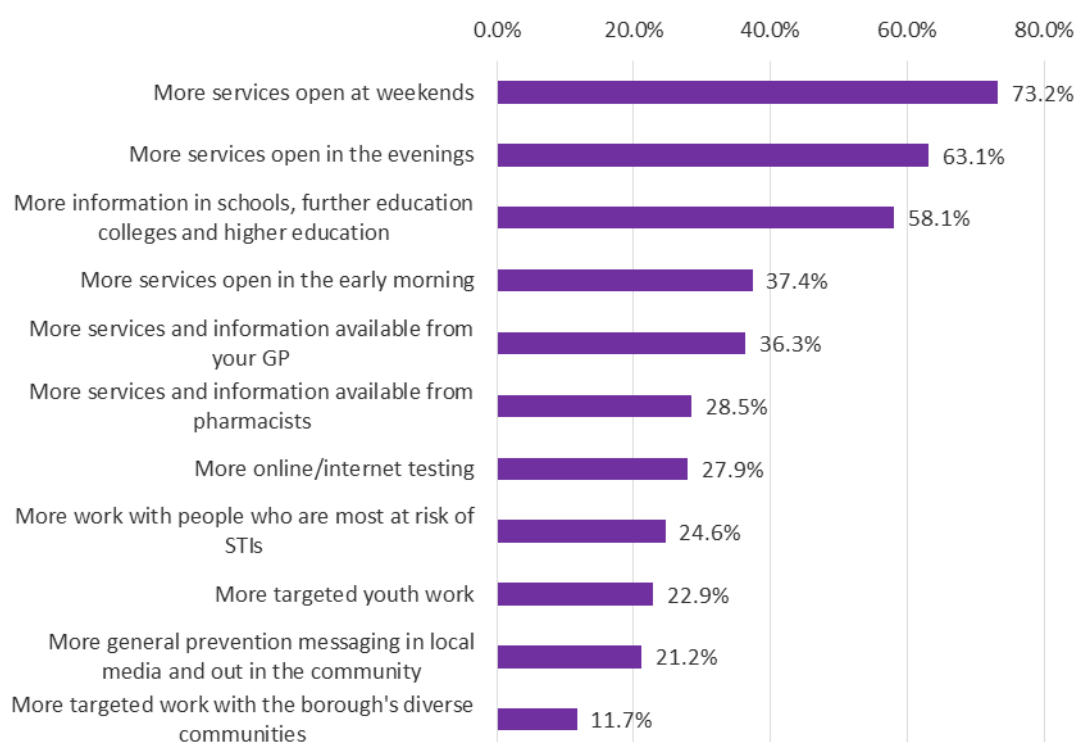
1.18 The most significant reasons people don't take up services is reviews below by adding together the very and quite relevant responses.

- 87% because patients are embarrassed
- 82% because of a lack of awareness of services available
- 72% because patients are concerned that they are being judged
- 69% because opening times not convenient
- 65% because patients don't think their sexual health is important
- 63% because location of the service, not easy to get to
- 63% because waiting times for an appointment too long
- 61% because of concerns about confidentiality
- 57% because of the lack of childcare
- 51% because patients are concerned that services are culturally inappropriate and insensitive
- 43% because service not seen to be relevant to their needs

1.19 Clearly the most significant concern is with people's sense of embarrassment, lack of awareness and being judged are the most significant reasons. This is followed by inconvenient opening times, not thinking sexual health is important and poor locations of services.

1.20 Question 8 sought to identify the most important improvements that service felt could be made to services locally.

Chart 8: Please rate how relevant you think the following barriers are for people to seek the help of service providers?



1.21 Weekends and evenings opening times are seen as significant improvements by the 179 service users that responded to this question. This is followed by more information in schools and further and higher education, more early morning services and services available at GPs and pharmacies. These all suggest that service users want services that fit better into their daily lives and around times and places they see as more convenient to them.

1.22 Question 9 gave service users the opportunity to state their preferences for improvements. These have been reviewed and key themes are set out below.

- More accessible services
- Better education and awareness of sexual health
- Empowering people to be responsible for themselves
- More awareness and education in schools and colleges
- Better opening times (longer)
- More local and national campaigns

1.23 Questions 10, 11, 12, 13, 14, 15, 16 and 17 sets out the demographic profile of respondents.

- 82% of respondents were women, 18% men
- 34% were aged 25 to 34, 24% 20 to 24, 24% 35-44 8% 16-19 and 8% 45-54.

- 89% were heterosexual, 4.5% bisexual and 3.4% Gay men. 3.1% of respondents felt they have a disability

1.24 From an ethnicity perspective

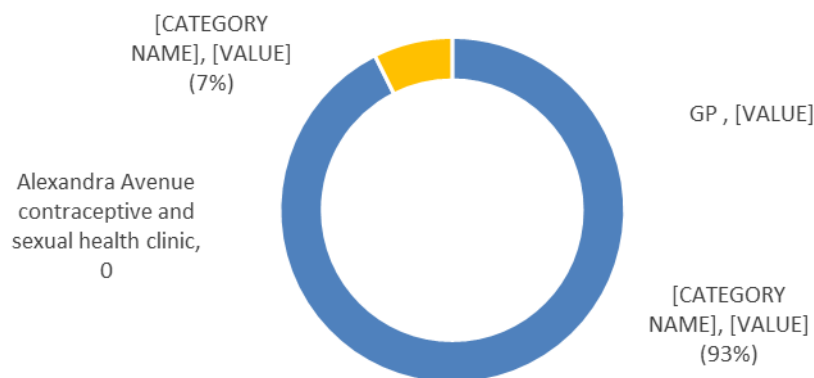
- 36.3% were white British
- 17% Asian British (Indian)
- 8.4% were white other
- 6.1% were black British Caribbean
- 5.6% black African and 5% white Irish.
- English is spoken at home by 81% of respondents, 9.1% Asian Languages (Hindi, Gujarati etc.) 5.4% other European languages and 2.7% African languages.
- 46.8% of respondents stated their religion/belief was Christian, 19.7% no religion/atheist, 11% Hindu, 6% Muslim.

Cross tabulations

1.25 As part of the analysis and following discussions with Public Health Commissioners it was agreed that a number of cross tabulations were carried out. For Harrow it was requested for a cross tabulation of Male responses to Question 1. Also a cross tabulation of Sexual Orientation to Question 1. Additionally a cross tabulation of age groups 20-44 and the services they have used in the last 5 months by the categories set out in question 1. Further cross tabulations were requested for age groups and ethnicity for questions 4, 5 and 6. These have all been done and have been provided to the client. However not that much was revealed however further analysis provided the following cross tabulation data sets for presentation in this report.

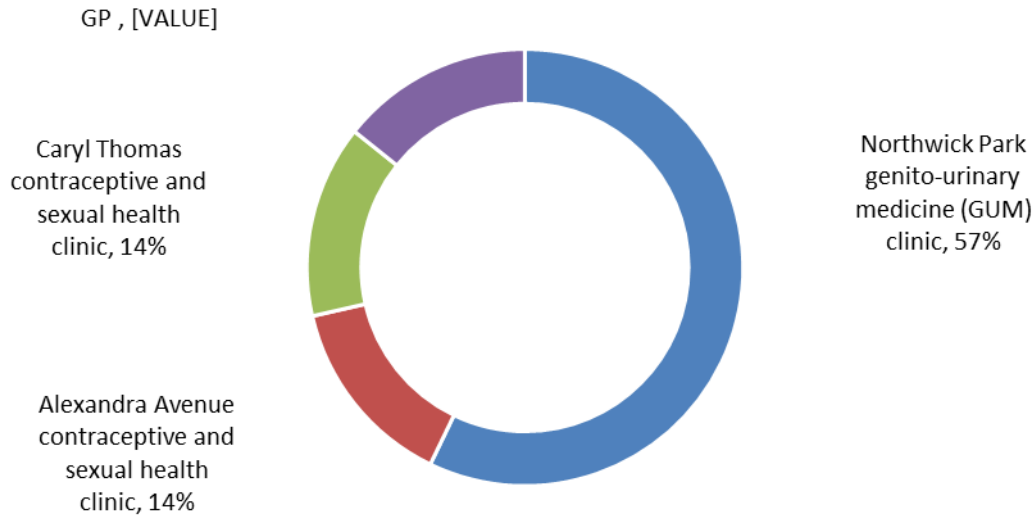
1.26 The chart below shows the profile of services that male respondents to this survey completed. In context male respondents made up 18% of all respondents with 33 men responding. 93% have used Northwich Park GUM either in the last year, last five years or more than 5 years ago. Two men 7% used Caryl Thomas Contraceptive and sexual health clinic.

Chart 9: Male use of services in Harrow



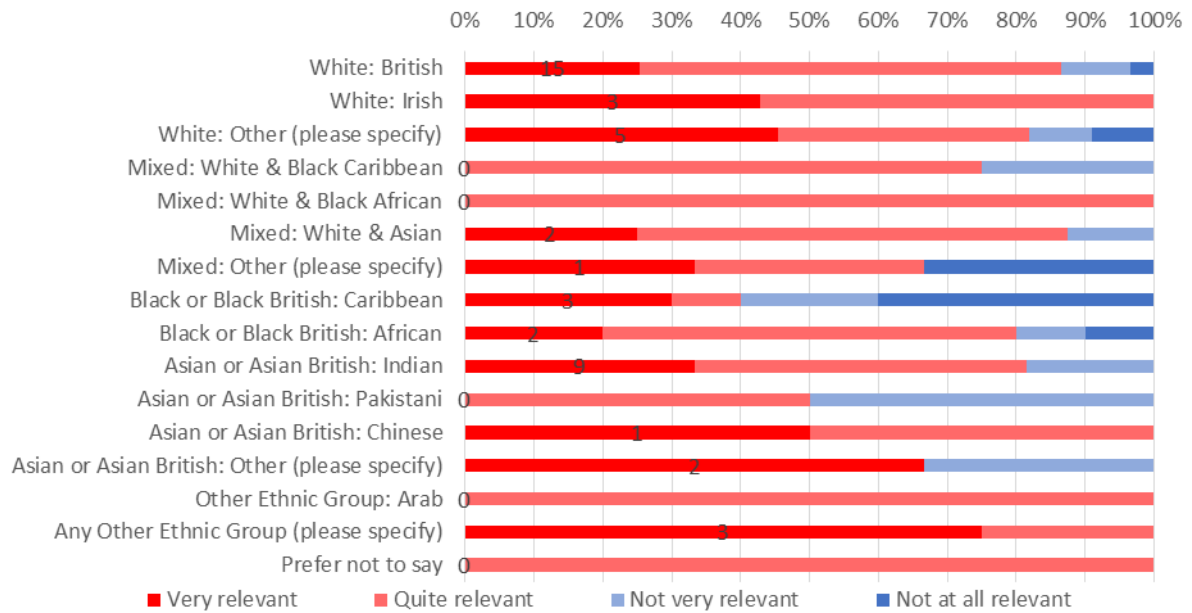
1.27 Gay and Bisexual use of services is set out in the chart below. It is clear that the majority of services used 57% is at Northwich Park Hospital's GUM Unit. 14% of Gay and Bisexual users also used Alexander Avenue contraceptive and sexual health clinic, Caryl Thomas contraceptive and sexual health clinic and GPs.

Chart 10: Gay & Bisexual use of Sexual Health Services in Harrow



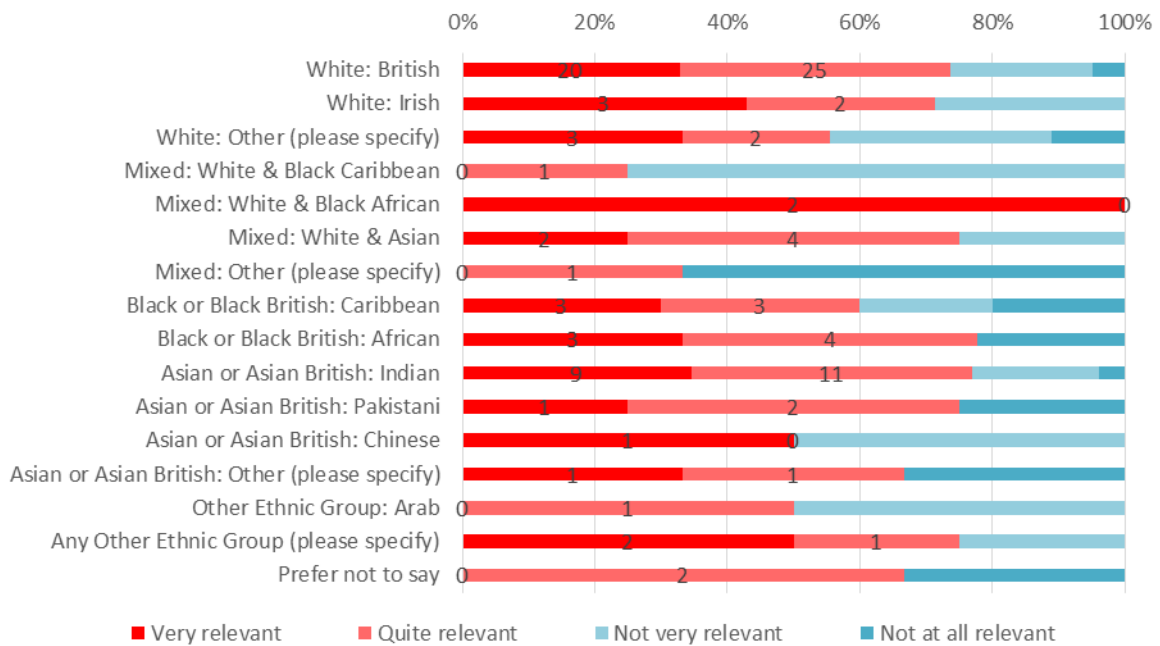
1.28 A clear focus of the survey was the need to address barriers to accessing provision and a particular aims was the need to address the whether there were any distinguishing factors for different ethnic groups. The cross tabulations below describe these differential element.

Chart 11: Relevance of the Awareness of Services as a barrier to provision by Ethnicity



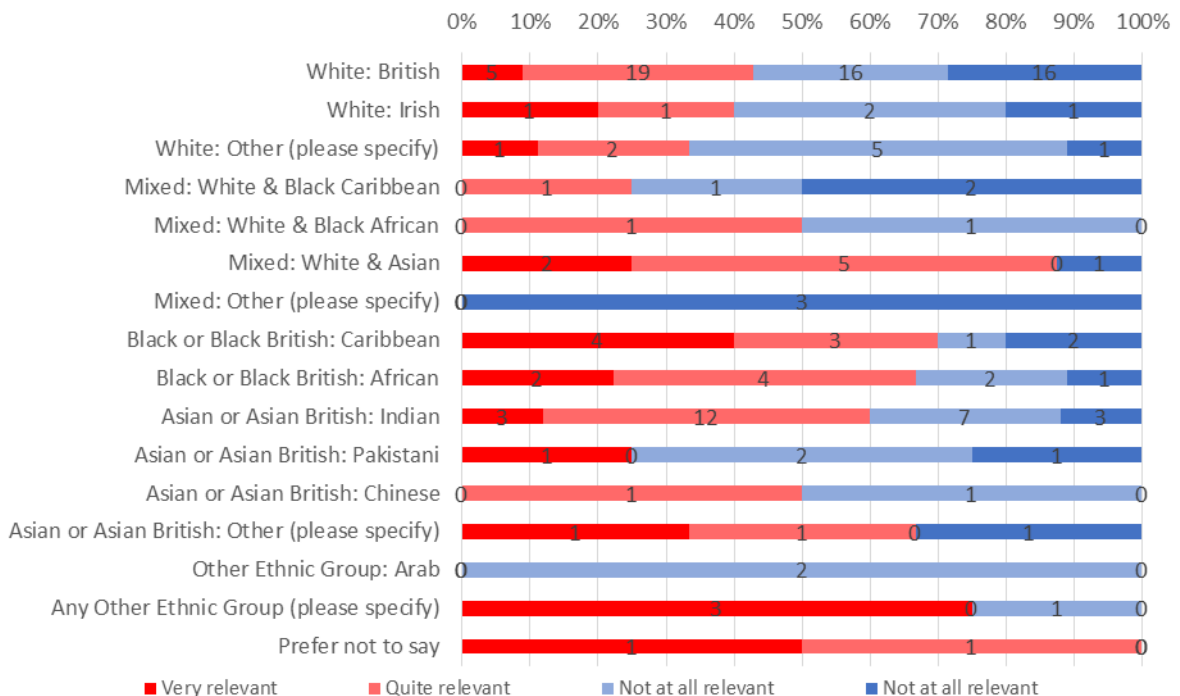
1.29 The chart above shows that service awareness is relevant for the majority ethnicities apart from Black British Caribbean and Pakistani who feel that awareness of services is not such a relevant barrier to them.

Chart 12: Relevance of waiting times being a barrier to services by Ethnicity



1.30 Waiting times for services has a wider spread of responses by ethnic group. In most cases there is a majority of respondents from most ethnicity that feel this is a relevant barrier although this is challenged by Mixed White Black Caribbean and Mixed other respondents, the majority of whom felt this was not relevant.

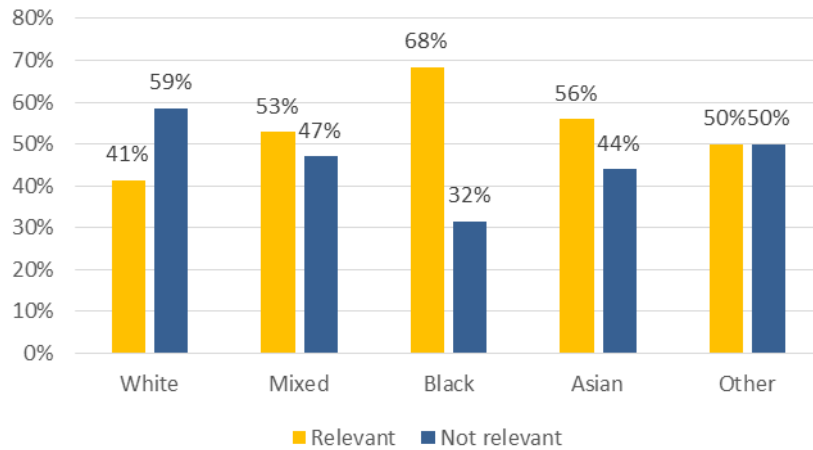
Chart 13: Relevance of cultural inappropriate/insensitive provision as a barrier to service by ethnicity



1.31 Culturally appropriate services is being strived for by all providers. However it is important if some respondents particularly from different ethnic groups feel this is a real barrier to service take up. Clearly there is a much higher majority of ethnic groups that feel this to be the case. Whilst the chart above shows the ethnic

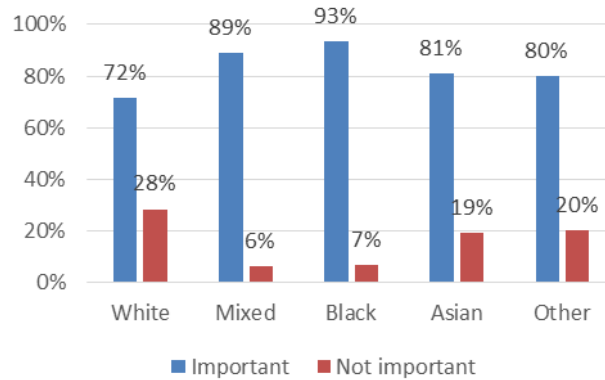
groups in greater detail the chart below describes the clustering of these groups. In this case the majority of white respondents (59% felt it was not relevant, however the majority of Mixed (53%, Black 68%, Asian 56%) felt that culturally inappropriate service is a relevant barrier to accessing services. Those from other ethnic groups had a level perspective and saw that it was neither relevant not irrelevant factor to accessing services.

Chart 14: Concerned that services are culturally inappropriate and insensitive by Ethnicity



1.32 The reasons for taking up services is also an important barometer and to see if there is any distinguishing factor for different ethnic groups is important for providers to address culturally appropriate services.

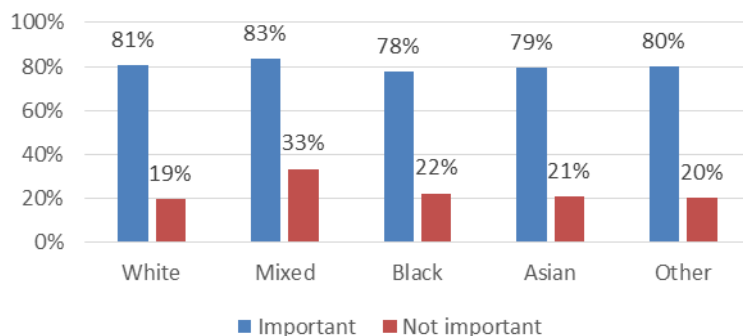
Chart 15: Importance of having wanted to check up to make sure I did not have an infection



1.33 Almost universally it was felt that wanting to have a check up to make sure 'I did not have an infection' is an important reason to take up services for all ethnic groups.

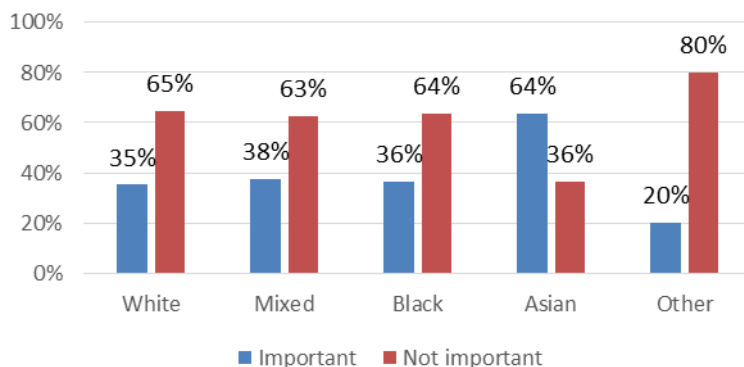
1.34 Equally the desire to want to have contraception is a universally important reason to take up services.

Chart 16: Importance of having wanted contraception



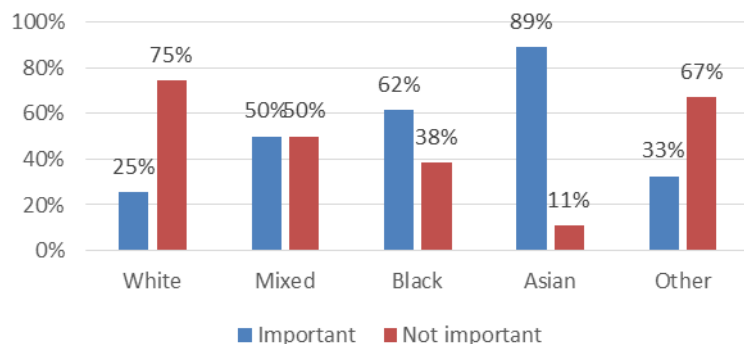
1.35 The importance of feeling unwell/uncomfortable is a slightly distinguishing factor with a higher proportion of Asian feeling it is important compared to other ethnic groups.

Chart 17: Importance of having felt unwell/uncomfortable



1.36 Interesting the notification by a partner is a reason felt to be important by Mixed (equally with unimportant), Black with 62% feeling it is important and by Asians 89% who feel it is important.

Chart 18: Importance of having been told to attend a clinic by my partner



Implications for the Sexual Health Needs Assessment

1.37 This service user survey has provided a strong insight into the views of service users of Sexual Health services in Harrow. There are essentially a set of clear suggestions emerging which could inform the Sexual Health Needs Assessment and key priorities going forward.

1.38 The core elements that are seen collectively to be important going forward are:

- Strong sense of support for existing services in terms of friendliness of staff, trust and confidence in professionals, awareness and accessibility of provision
- Doctors, nurses and practitioners explain things well and are to be trusted
- Preferring to attend without an appointment is not such an issue for service users many of who are CASH clients
- The internet is the most significant source of sexual health information
- Sexual health information that has been seen is felt to be good
- Wanting contraception and wanting to check on an STI are the most significant reasons for attending services
- Service users want services that fit better into their daily lives and around times and places they see as more convenient to them. In particular:
 - More accessible services
 - Better education and awareness of sexual health
 - Empowering people to be responsible for themselves
 - More awareness and education in schools and colleges
 - Better opening times (longer)
 - More local and national campaigns
- Cross tabulation findings suggest that BME services users feel that culturally inappropriate services is a barrier to service take up. Men tend to use GM services more than contraception services which is potentially quite obvious and Gay and Bi Sexual Clients also use GUM services predominantly although they have a greater take up of contraception services than do men per se.

Young People's Survey

Harrow Sexual Health and Contraception Services Young People's Survey - June 2015

Introduction, methodology and context

- 1.39 The Harrow Sexual Health and Contraception Young People's Survey is part of the wider research activity completed to support the Harrow Sexual Health Needs Assessment and Service Review carried out between April and September 2015. This survey is part of research that has sought to complement the other research being carried out on behalf of the joint Public Health Directorate and will contribute to the prioritisation of commissioning intentions for sexual health services going forward.
- 1.40 This survey was intended to enable data capture from young people in the locality to the borough's needs assessment and service review. The survey was distributed as a paper based and electronic web link survey through partner agencies, youth organisations, schools and colleges that have been in contract with the Public Health Department. The survey was designed to identify young people's experience of sexual health education, knowledge and awareness of local sexual health provision, points of access to local provision, preferences of how services could be delivered, awareness of good sexual health, access to sexual health information, influences to use services and prioritisation of areas for improvement.
- 1.41 This report will highlight the findings of the research and seeks to identify the implications of these findings to inform the Sexual Health Needs Assessment and Service Review and the prioritisation of services for the future.

Key findings

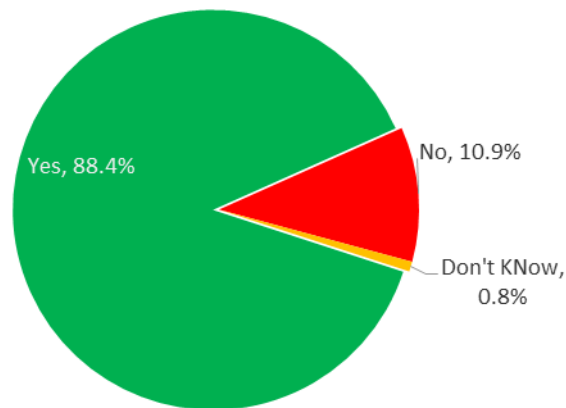
- 1.42 The survey was open in May and closed in June 2015 and in total 132 responses were collected. This represents a strong sample size.
- 1.43 In terms of the demographic profile of respondents 82% were women, 18% men. Most interestingly 47% were aged 19 to 24.
- 16% - 18
 - 17% - 17
 - 8% - 16
 - 8% - 15
 - 2.5% - 14
 - 1% - 13

This would suggest an older young people cohort with young people engaged in sexual activity and with a more mature post adolescent perspective on sexual health.

This would suggest an older young people cohort who are engaged in sexual activity and have a more mature post adolescent perspective on sexual health.

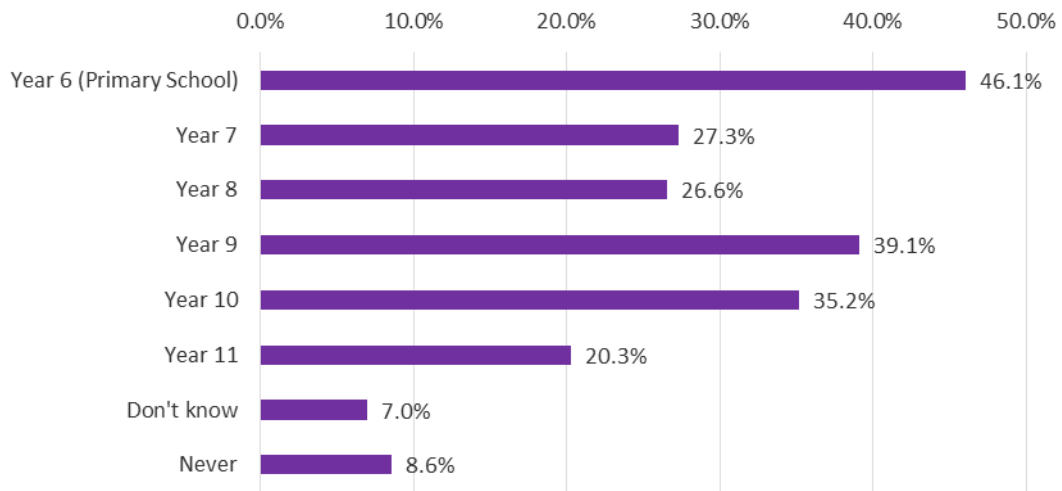
- 1.44 13. 86% were heterosexual, 4.3% bisexual and 2.6% Gay/lesbian, 1.7% were unsure and 5% preferred not to say. 6.1% of respondents felt they have a disability
- 1.45 Respondents ethnicity ranged from 39% - were white British, 11% Black African, 10% Asian British (Indian), 8% were white other and 8% were Black British Caribbean
- 1.46 46.8% of respondents stated their religion/belief was Christian, 19.7% no religion/atheist, 11% Hindu, 6% Muslim
- 1.47 The first questions sought to establish if respondents have had any sex and relationship education whilst at school.

Chart 19: Have you ever had any sex and relationship education in your school? Please tick all that apply.



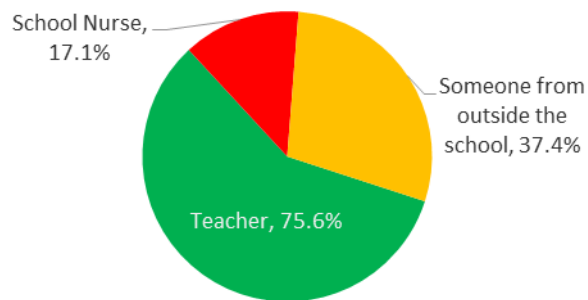
- 1.48 The second question asked in what school year did you have sex and relationship education in school (please tick all that apply).

Chart 20: In what school year did you have sex and relationship education in school (please tick all that apply)?



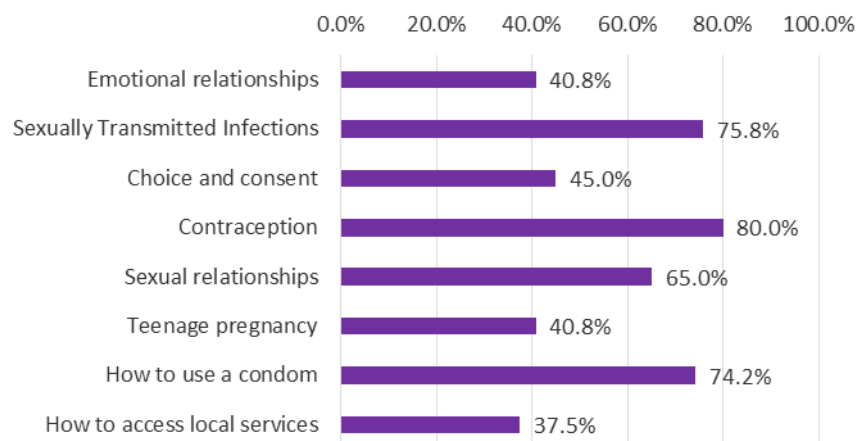
1.49 Question 3 sought to find out who delivered the sex and relationship education. 75% stated it had been a teacher, 38% someone outside school and 17% a school nurse.

Chart 21: Who delivered the sex and relationship education? (Please tick all that apply)



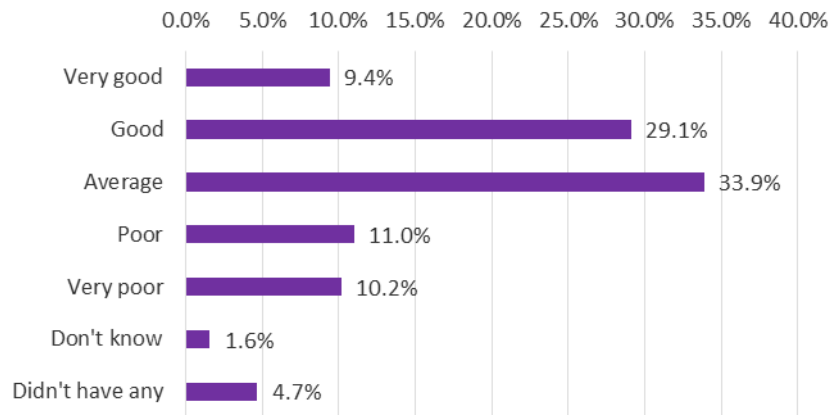
1.50 Question 4 asked respondents to identify the component subjects within the sex and relationship education content. Contraception and STI were the highest elements. With 80% and 76% respectively.

Chart 22: What did the Sex and Relationship education include? Please tick all that apply.



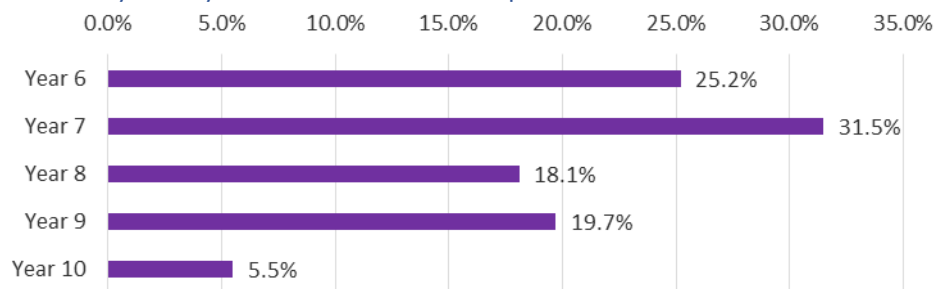
1.51 Question 5 asked respondents to rate their experience of sex and relationship education. The majority rated their experience as either good or very good at 39% and 33% felt the education was average. 21% felt it was poor or very poor.

Chart 23: How would you rate the sex and relationship education in your school/college?



1.52 The next question (Q6) asked respondents which school year they feel sex and relationship education should start. Year 7 was the highest response with 31.5% of responses followed by Year 9 (20%) and year 8 (18%).

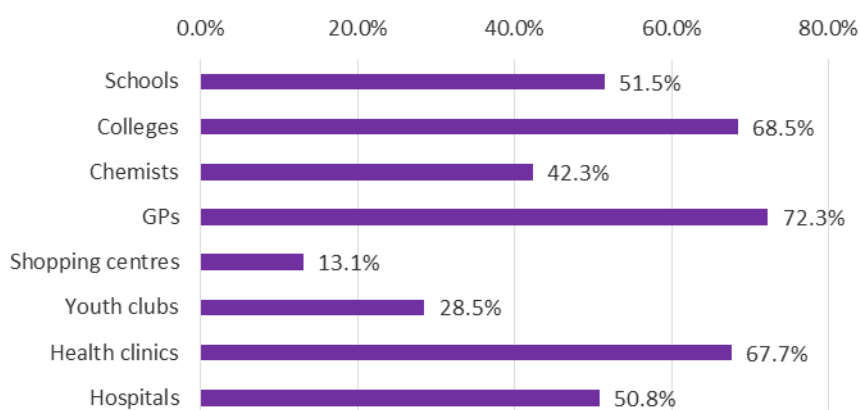
Chart 24: In what school year do you think sex and relationship education should start?



1.53 Question 7 asked whether respondent knew where their local sexual health and contraception clinics were. 72% stated that they did, 19% they didn't, and 9% did not know. Taking into account the 82% volume of women in the sample and the higher volume of 47% of respondent aged over 18 this would suggest that awareness within this cohort is good.

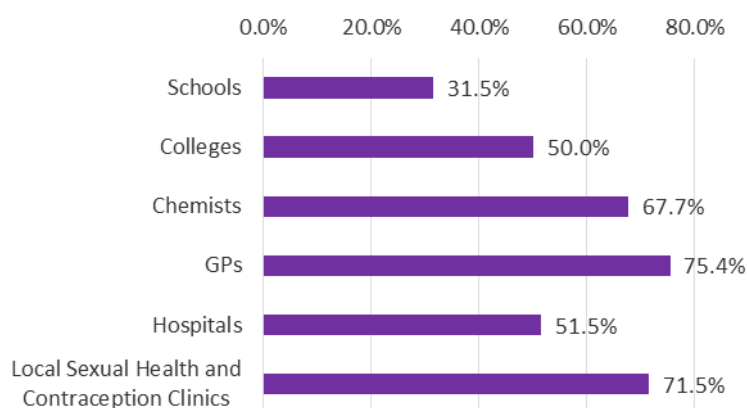
1.54 Question 8 asked respondents where they would want sexual health and contraception services to be provided and to tick all that applied. 72% responded GPs, 68% colleges and 67.7% health clinics.

Chart 25: Where would you want sexual health and contraception services to be provided? (Please tick all that apply)



1.55 Question 9 asked young people where they would want to access Emergency Hormonal Contraception (Morning after Pill). Interestingly a sizeable proportion felt it should also be available in colleges (50%) and schools (32%).

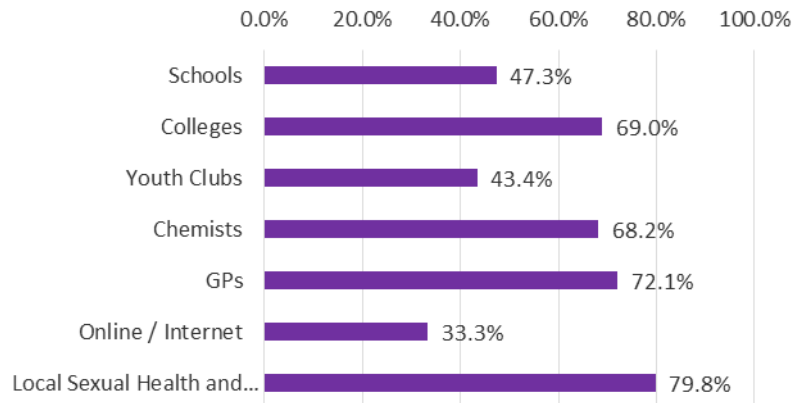
Chart 26: Where would you want to get Emergency Hormonal Contraception from? (Please tick all that apply)



1.56 Question 10 asked young people where they would like to access oral hormonal contraception (the Pill). This resulted in the same broad profile of responses as the previous question, with very slight variations, with the highest responses suggesting GPs (74%), Local Sexual Health and Contraception Services (72%), Chemists (59%), Hospitals (53%), Colleges 44% and Schools 29%.

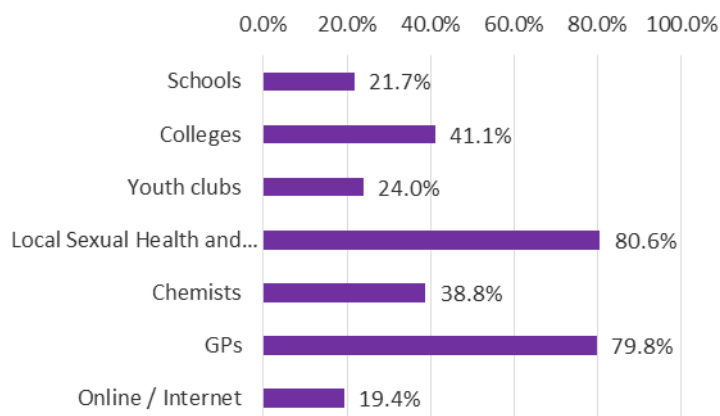
1.57 Question 11 asked young people where they would want to be able to collect free condoms. Local sexual health and contraception services scored the highest with 80%, 72% GPs 69% colleges and 68% Chemists.

Chart 27: Where would you want to be able to get free condoms from? Please tick all that apply.



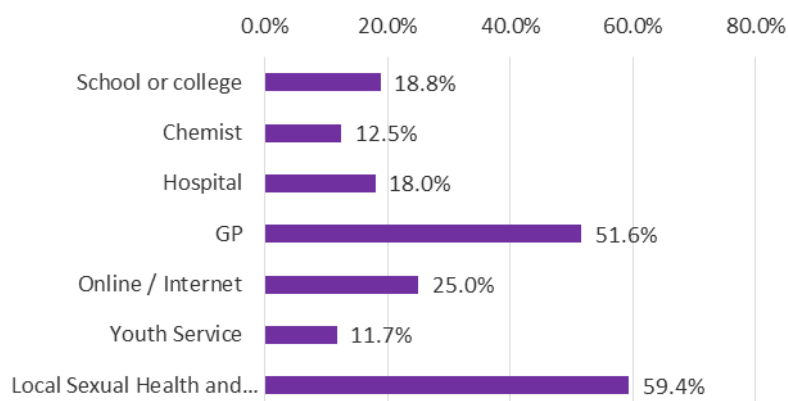
1.58 Question 12 asked young people where they would want to be able to have tests for sexually transmitted infections and were asked to tick all that apply. 81% stated local sexual health and contraception services, 80% GPs. Then 41.1% indicated colleges, 39% chemists 24% youth clubs and 21% schools. This clearly shows that young people would like a range of access points to STI testing but still prefer the confidentiality of services provided by sexual health services and GPs.

Chart 28: Where would you want to be able to have tests for sexually transmitted infections? Please tick all that apply.



1.59 Question 13 asked young people, if they had a query or concern about their sexual health, where do they think they would go to get help first. Local sexual health and contraception services and GP scored significantly higher again when compared to other options with 60% and 52% respectively, the next highest responds was the internet or online with 25% of respondents.

Chart 29: If you had a query or concern about your sexual health where do you think you would go to get help first?

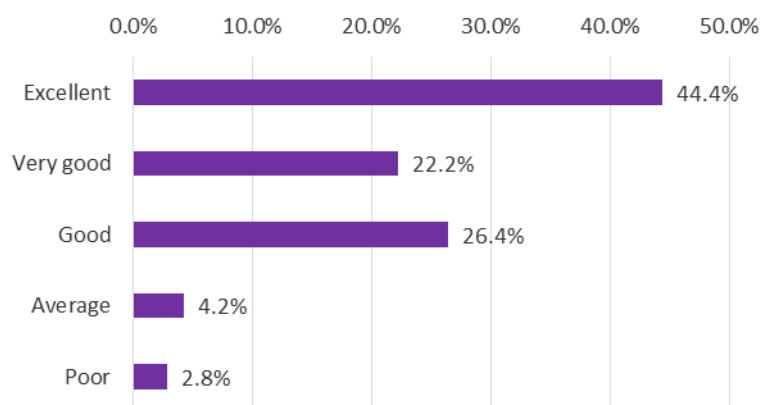


1.60 Question 14 asked young people if they had ever used a sexual health/contraception service or clinic. 52% said they had and 43% said they hadn't with 5% preferring not to say.

1.61 Question 15 asked those respondents that said they had used a sexual health / contraception service to identify which site; 25 (52%) stated that they had used the Caryl Thomas Clinic, 8 (16%) had used the GUM service at Northwick Park. The rest were in other facilities including, Clinic in a Box, Uxbridge hospital, Edgware Hospital, GPs and Marie Stopes.

1.62 Question 16 asked young people if they had ever used a sexual health or contraception service; to rate their experience. 92% of respondents (72 young people) stated that their experience was either excellent (44%), Very good (22%), and or Good (26%). This is a strong endorsement of the current service provision by young people who have used these services.

Chart 30: If you have used a sexual health or contraception service, what was your experience?

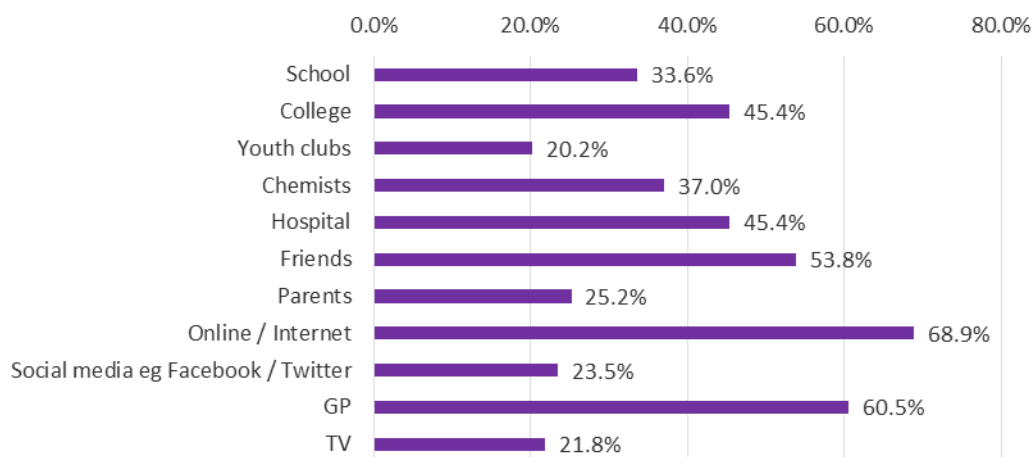


1.63 Question 17 asked young people when would be the most convenient times to assess sexual health and contraception services. Early evenings were identified as the most popular time of day to access services with 53%, followed by afternoons at 49% and lunchtimes at 32%. Preferred days of the week to access services were Saturdays with 63%, 61% preferring Monday to Friday and 56% preferring Sundays.

1.64 Question 18 asked young people what they think is needed to improve the sexual health of young people in harrow. 51 young people responded to this open ended question. The overwhelming response was to improve sex education, followed by greater awareness of sex and sexually transmitted diseases. Other responses included privacy, confidentiality, separate clinics for young people, greater accessibility to contraception, reducing the waiting times, more places for young people to get information, and more walk in clinics.

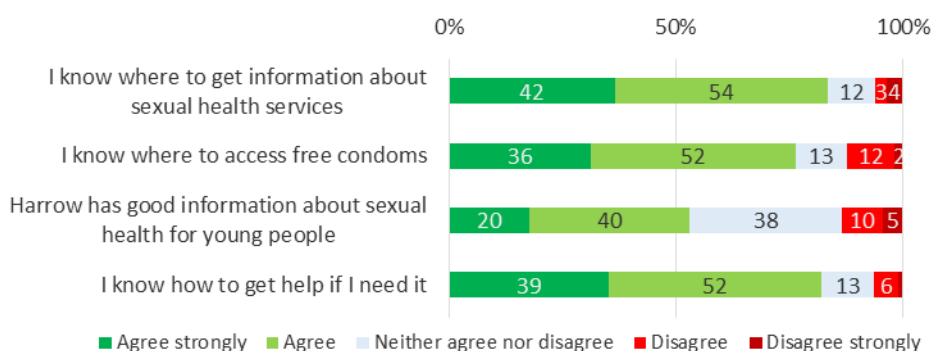
1.65 Question 19 asked young people how they would like to access information about sexual health. Online / the internet was the highest response with 69%, followed by GPs with 60%, Friends - 54%, Hospitals - 45% and College - 45%.

Chart 31: How would you access information about sexual health? Please tick all that apply.



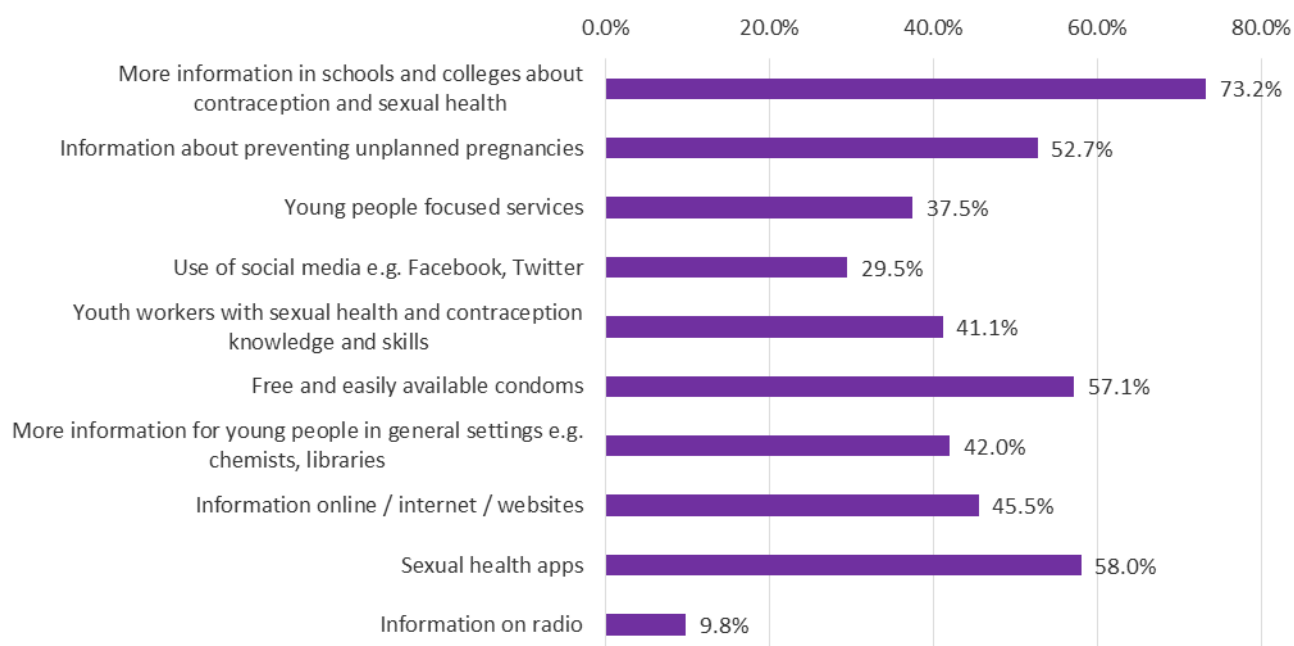
1.66 Question 20 asked respondents to review five statements and to state if they agree strongly, agree, neither agree nor disagree, disagree or disagree strongly.

Chart 32: Thinking about sexual health, do you agree/disagree with the following statements



1.67 Question 21 asked which of the following improvement they were most likely to support. The most significant response was for more information in schools and colleges about sexual health 73%, sexual health Applications for smart phones 58%, free and easily available condoms 57% and information about preventing unplanned pregnancies 53%.

Chart 33: Which of the following would help improve sexual health and contraception services in Harrow? Please tick all that apply.



Implications for the Sexual Health Needs Assessment

- 1.68 This young people sexual health survey has provided a clear insight into the views of young people in Harrow. There are essentially a set of clear suggestions emerging which could inform the Sexual Health Needs Assessment and key priorities going forward.
- 1.69 The cohort from this survey was predominantly older young people at college rather than at school. The core elements that were collectively identified as important are:
- Sex and relationship education should start in years 6 and 7
 - 72% of respondents knew where local sexual health and contraception services were and over 50% had used local services
 - 92% have had good, very good or excellent experiences of services
 - There is strong trust in the provision of existing sexual health services, dedicated service providers and GPs
 - There is a desire to increase service provision and access to services through schools and colleges
 - Preference for services are early evenings and afternoons Saturdays and week days
 - Information is mainly sought via Internet followed by GPs and friends
 - Key improvement include
 - Sex and Relationship Education
 - Awareness of sex and sexually transmitted diseases
 - Greater privacy and confidentiality
 - Dedicated clinics for young people
 - Greater accessibility to contraception
 - Reduced waiting times
 - More places for young people to access information
 - More walk in clinics
 - Predominantly this group know where to get information about sexual health, where to get free condoms and know where to get help if they need it. Additionally; over 50% felt that Harrow has good information about sexual health for young people
 - The most significant improvement is the need for 'More information in schools and colleges about contraception and sexual health'.

