

## Consultation summary

### About the consultation

The consultation ran for eight weeks, opening on 28 May and closing on 22 July.

We promoted the consultation through established Council channels including our consultation website, to our People Bank volunteers, and by including stories in the Public Health Bulletin, our staff update To the Point, and the Health and Social Care Newsletter.

The consultation was promoted to people using the service through the sexual health website, online STI testing, and posters at clinics. We also promoted it to staff working in the service, specialist teams supporting harder to reach groups, relevant partners and voluntary sector organisations producing community newsletters.

### Consultation activity

20 people completed an online survey. The biggest groups of respondents were people who had used one of the services (10 of 20 people) and staff working in sexual health services (also 10 people). Some people took part in more than one capacity.

### What people told us in the consultation

It should be noted that the amount of people who took part in the consultation was low compared to the numbers who use the service. In addition, staff working in sexual health services made up half of the respondents.

Due to the number of respondents most themes were mentioned by a couple of people at most. The summary below covers topics covered by more than one person. You can find more detail in the appendix of all the issues raised.

#### Summary

On the whole, people feel that the service model should work well for the majority of the general public who are online. They are concerned though that the changes would have a negative impact on young people, vulnerable individuals, and those who don't have internet access.

#### Views on the proposal

Just over half of the respondents disagree that the service would provide easy access to specialist sexual health services in East Sussex (11 of 20 people). The majority of people with this view work in sexual health services. Of the rest, nearly a third think the proposals would provide easy access to services, while the remainder gave a neutral response.

The main concern is that the service model wouldn't provide easy access for vulnerable individuals and those who would face access barriers, including people without internet access or their own GP. Staff, and the organisation response, are particularly concerned about the impact on young people, both in terms of their

ability to access the service and how well the service would be able to support them virtually.

Both staff and clients made the point that some people need, or prefer, face-to-face appointments. Staff said it is also harder to pick up on safeguarding issues over the telephone.

A few clients said that the location of the clinics would be no good for those living in the north of the county. The organisation response says that the closure of the Saturday clinics is disappointing and removes choice for patients.

The organisation response raises the increasing pressure on primary care GP services and questions their ability to see more symptomatic sexual health presentations. It also says that offering support to key marginalised groups through support teams leaves the most complex patients being managed by inexperienced non-specialist staff.

### **How people would be affected**

Clients said they would be able to access the online service, with some saying that it would make it easier for them.

Staff said the new model has increased their workload, made the service more remote from clients and made it harder to pick up on safeguarding concerns.

The organisation is concerned that patients would turn to out-of-area clinics like theirs if they can't get appointments locally. This would have cost implications and could affect future tendering in neighbouring areas.

### **Other comments and suggestions**

Staff felt that the service should work better for the general public, but said that we need to ensure that we are still meeting the needs of vulnerable groups and young people. The organisation response is concerned that the proposed service model does not get the balance right between digital and face-to-face services.

Suggestions included: involving stakeholders in the remodelling; doing more drop-ins at schools, youth clubs, colleges and universities; advertising the face-to-face services; keeping the drop-ins for young people; keeping the Uckfield clinic open; offering appointments in the north of the county; and developing nurse-led outreach services in the areas that wouldn't have a local clinic.

### **Sample quotes from respondents**

- “Many services have used online and phone based methods during the pandemic. As a resident this makes sense. Good to know that those that don't use a computer can still use a telephone too access support.”
- “It is great for the majority of people and a very safe way of working, regarding Covid, however, there are many vulnerable groups who are being missed and not accessing the service as they once would have.”
- “Vulnerable sectors are being completely missed. Including young people under 16. Homeless community and sex workers. People who are chaotic by their nature or circumstances are not able to access our services at all. How can a 14 year old who's parents are unaware they are sexually active have a

test kit sent to their home. Even if they do manage to call us they collect a kit, where are they able to complete it? in a public toilet?"

- "Young service users are penalised, they cannot attend confidential walk in services any more and be seen on the same day. Trying to phone and getting through is dependent on the amount of calls on the day. Patients complain they often are not getting through as phone lines are permanently engaged and they then have to wait for a call back and then to have an appt to be seen."
- "Clinicians working with young and other vulnerable people repeatedly tell us that phone calls miss vital visual cues, especially important where there may be safeguarding concerns. Young people are also more likely to downplay their needs and fears, which in a phone or digital consultation can result in inadequate and unsatisfactory assessments and consultations."
- "With a significant decrease in face to face appointments we are concerned that capacity for opportunistic SRH health promotion and risk reduction will be lost: LARC fittings; provision of emergency contraception; PEPSE and PrEP starters; CSE disclosures; sexual assault disclosures; and domestic violence disclosures."
- "If services are to be minimised re. face to face appointments/ booking appointments, there needs to be a big push towards sexual health promotion for all."