healthwatch Islington

Sexual health services: feedback from our local community

The London Sexual Health Services Transformation Programme is a partnership of 29 London Boroughs. It is reviewing the sexual health commissioning model to provide greater open access to services, improve patient experience and outcomes and reduce teenage pregnancies and sexually transmitted diseases.

Healthwatch Islington commissioned local partners Community Language Support Services and Jannaty to gather views on sexual health services to share with our public health colleagues to inform the model. Sexual Health services for Islington residents are commissioned by Camden and Islington Public Health team in the Local Authorities. Our partner organisations work with residents of both Camden and Islington.

Jannaty Women's Network supports women from a range of Black and Minority Ethnic communities particularly across North Africa, the Middle East and Eastern Europe to access services and build networks.

Community Language Support Services (CLSS) is a registered charity set up to assist speakers of community languages, especially refugees from east Africa and other Arabic speakers to access mainstream services such as health, education, welfare, housing, legal services.

Partners brought a wealth of knowledge from decades of experience advocating for clients and navigating them through health and social care services, as well as providing housing and benefits advice. This enabled them to encourage service users, who may otherwise have been reluctant, to give their views.

Healthwatch Islington is part of a national network of Healthwatch organisations that gather local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

Partners carried out focus groups with residents who were users of sexual health services.

22 Islington residents and 10 Camden residents took part in the focus groups.

Sex of respondents

Female	30
Male	2
Total	32

Age of respondents

18-24	0
25-34	7
35-49	15
50-64	10
65+	0
Total	32

Did respondents identify as disabled?

Yes	5
No	27
Total	32

Caring responsibility

Primary carer of child under 18	20
None	10
No answer	2
Total	32

Ethnicity

Arab	7
Black or Black British - Eritean	7
Black or Black British - Somali	16
White - Latvian	1
White - Turkish/ Turkish Cypriot	1
Total	32

Awareness and choice of methods of contraception

Group one
In the first group there was a high awareness amongst respondents of the variety of contraceptive methods available (see appendix for list). All respondents knew about almost all of the methods. But no respondents were aware of diaphragms, the cap and the vaginal ring. The contraceptive implant (Coil) was the most popular method of contraception (6 respondents) followed by the progesterone only pill (4) contraceptive injection (3), contraceptive patch (3) and natural family planning methods (2). Some respondents listed more than one method.

Group two
Awareness of different methods of contraception was much more varied in the second group and though all respondents were aware of some methods, none were aware of all methods. Four respondents were using the coil, three respondents were using natural family planning methods, two used condoms. Three respondents were using the pill and one had also used the contraceptive patch. Two respondents had used several methods of contraception.

'I use the contraceptive pill as it is the easiest and my most preferred method.'
Respondent 1, Group 1

'I have use the coil as it was suggested as the best method for me.'
Respondent 9, Group 1

'I used the combined pills for two years but I did have a lot of side effect then I used coil. This also caused a lot of bleeding and back pains. I kept it for two years and I have to remove it because it caused me infection.'
Respondent 3, Group 2

'I used the coil for twelve years before I came to the UK. In the UK I used it for another two. My understanding is when you reach the age of 30, it may affect your health, and then I removed it and used [natural] family planning.'
Respondent 7, Group 2

'Yes I used condom. As a young person sometime I forgot to use it when I am drunk. This caused a lot of complication in my health.'
Respondent 16, Group 2

Where people receive their sexual health services

Group one
Six respondents had received services from the Archway Sexual health clinic and eight from their GP practice. Generally, there was positive feedback about the information and service provided.

Group two
14 respondents received advice from their GP, one younger person had visited Brook Family Planning and Sexual Health Clinic (Euston) and one respondent had used a drop-in clinic in Kentish Town (Brandon Centre).

How well do the services offered meet your needs?

Facilitators explored whether services were accessible, whether respondents were made to feel comfortable and whether there was clear information given about treatment options.

Generally, respondents felt that their options had been clearly explained and that services were accessible. One respondent noted that they would have preferred more information on 'the different purposes and methods of contraception'.

'My GP is local and I was offered various methods and each was explained clearly which made it easy to choose.'
Respondent 4, Group 1

'Archway clinic is very good and easily accessible.'
Respondent 5, Group 1

'I had a very good explanation and help from the service [GP practice]. I felt very comfortable and welcome to the service. I was given very clear information about the importance of using contraception. Although the coil did not work on me but I used the natural Family planning program.'
Respondent 1, Group 2

'It [GP practice] is very accessible and they do provide enough information when I need it.'
Respondent 7, Group 2

'The service [at the GP practice] was very good. Clear information was given and I was able to use the knowledge to advise other friends.'
Respondent 11, Group 2

'The service is good, but due to language barrier I don't understand it very much. But because my health issue my GP referred me to the hospital for further investigation. I have been infected for a long time which I did not know and contaminated my partner as well.'
Respondent 13, Group 2

'The service is very good [Drop-in clinic]. They give you a very good information and support. The nurses also give you a very good guidance and support.'
Respondent 16, Group 2

What could help improve access and choice?

1. Information

Although some respondents in both groups stated that they had found the information given useful, 17 respondents said that better information could improve services. This included making more information at local GP practices, offering community workshops, providing more information in schools, information in community languages. Information required included choice of contraception and possible side effects.

2. Locally-based

7 respondents emphasised the importance of a convenient, local location. In particular, for those that had been to a clinic, they responded that more local services would be better as other services were sometimes far which made them harder to access.

3. Convenient appointment times

Three respondents mentioned the convenience of appointment times, or availability of drop-in services. One respondent could only get a morning appointment and so had to take her children to her with the appointment.
Two respondents also emphasised the importance of respecting confidentiality within the service. Two respondents mentioned the importance of being able to see someone they knew (in this case the GP), another felt that good communication between the sexual health care professional and the patient's GP were important. Two respondents mentioned that they would find it useful to have more services located together.

Bringing sexual health services together in one service

What would be the advantages and disadvantages of more integrated sexual health services, i.e. services that can offer contraception and sexual health check-ups (i.e. testing for sexually transmitted infections)?

In both groups there was a mixed reaction to whether it was a good idea to bring services together.

Advantages

- Convenience,
- Possibly easier to diagnose conditions.

Disadvantages

- Lack of privacy/ feeling uncomfortable (being sure that other people don't know).
- There was a concern about sharing toilets with people who may have sexually transmitted diseases if services was shared. This suggests that further explanation is needed around the transmission of disease.
- Respondents in both groups talked about preferring separation of men and women's services.

What links to other services would be useful for you (or your family) when receiving contraceptive services?

- The following suggestions were made:
- Screening (particularly cancer),
- Pregnancy tests,
- nfertility tests,
- General gynaecological services,
- Couple's therapy,
- 'All female reproductive related matters in one place'.

Respondents also mentioned the importance of being referred to hospital-based services if these were needed, being given as much information as possible and in one case a respondent mentioned being able to see someone of the same gender.

How could these links to other services be developed or improved?

Respondents felt that the way to improve links between services mainly came down to clear information about what's on offer and to referrals between services being made in a timely way.

Would on-line services help to support information and access to contraceptive?

12 respondents thought this would be helpful. Reasons given included:

- Easy to access (something they already use for health information),
- Useful for background information.

20 respondents did not think that this would be helpful because:

- They would still need the reassurance of a healthcare professional,
- Language barriers make internet access difficult.

What would help promote information, choice and access?

Overwhelmingly respondents felt that information provided through local community organisations would be the most helpful. All respondents are engaged in local organisations, which is how they were recruited to the focus groups. Several commented that they had learned a lot from the focus group and sitting and talking with others about their health in this setting.

Other useful locations for placing information included GP practices and schools and through local community events. One respondent suggested that midwives would be well placed to give contraceptive and sexual health advice.

Healthwatch Islington would also like to highlight the huge variation in health knowledge within our local communities. It is important for healthcare professionals, whilst not patronising their patients, not to assume that we know more about our health than we do.

'I was not aware of anything as I did know about it and the doctor does not explain to you due to communication problem. I had three relationships, I never thought that I will be infected, but I have hepatitis C because I did not protect myself. I did not know if I had this from my ex husbands or my current husband. By lack of knowledge make you think differently. I could not imagine that a Muslim person could have transmitted disease. You think that they are clean but this is completely wrong.'
Respondent 14, Group 2

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