healthwatch Manchester

Meeting the Manchester Demand

A Review of Access to Manchester's Sexual Health Services

October 2018

Contents

Recommendations

1. There is a need to address the localised pressures on the north, south and central sexual health provider hubs in order to improve patient access and experience.

2. There is a need to review and refresh the online presence for Manchester's sexual health services. This should be done through coproduction involving a diverse range of participants and in alignment with the NHS Accessible Information Standard.

3. The marketing strategy and plan for the Northern Sexual Health service should be refreshed and include methods for targeting specific groups of people according to market segmentation.

4. Healthwatch Manchester, as the independent consumer champion for health and social care, needs to either lead or be involved in the above.

5. The concerns regarding the low level of staff in relation to the large volume of patients in the clinics and the negative impact this has on patient experience need to be addressed.

1 Introduction

1.1 This report aims to provide a review of access to Manchester's Sexual Health Services. Access to these services is currently provided via a hub and spokes model in Manchester. The services operate as a combination of walk-in and appointment services along with the provision of home testing kits. In April 2017 the Healthwatch Manchester board agreed to include an investigation into Manchester's sexual health services within the organisation's annual plan. This piece of work was identified as a priority due to the high volume of comments and complaints noted by the Healthwatch Manchester Office from local people regarding their difficulty in gaining access to the service they required.

1.2 Key commissioned functions of Healthwatch Manchester are to:

- Inform and signpost people to local health and care services
- Respond to and investigate information received from local people regarding these services where there is cause for concern

Where local people had been signposted to the 7 day GP service by Healthwatch Manchester they later reported a lack of access.

1.3 The service review was carried out using questionnaire surveys and was conducted by Healthwatch Manchester staff and volunteers over a period of 9 months between November 2017 and July 2018.

1.4 The main objectives of this report are to:

- Present an analysis of the service through review methodology and key findings and
- Make recommendations regarding areas for improving access to Manchester's sexual health services.

2 Background & Rationale

2.1 In 2014 Healthwatch Manchester attended an All Party Parliamentary Review as a panel member to present a city perspective on sexual health services. The APPG concurred that the demography of Manchester and its high demand for services required a robust sexual health service which is responsive to need.

2.2 Between 2015 and 2016 the Healthwatch Manchester Office received a large number of complaints and negative feedback regarding access to Manchester's sexual health services. These were mostly in regard to the lengthy waiting times before examination and treatment and also in regard to confusion regarding the online presence and its signposting function.

2.3 A review of other sources of feedback including Google Reviews, NHS Choices and Patient Opinion confirmed the need for an initial investigation into this issue and contact was made with local clinics. Staff there confirmed there was an issue with the way each service across the city was being accessed and agreed to collaborate on an investigation into this.

2.4 Manchester remains the highest area in the North West region of England for the incidence of new STI infections and the second highest area in England for the incidence of new HIV infections.

2.5 In 2016 the saving and investment programme for public services required a reduction of more than a third in the budget for sexual and reproductive health services in Manchester.

2.5 The board of Healthwatch Manchester approved investigation into patient experience of accessing Manchester's sexual health services. The Healthwatch Manchester Chief Officer assembled a team to implement the investigation.

2.6 Healthwatch Manchester was invited to the Manchester Sexual Health Management Board and the Greater Manchester Sexual Health Commissioners Group to present on its plans for the investigation. The plans were met with approval.

2.7 A questionnaire survey was developed by Healthwatch Manchester in collaboration with lead clinicians from the North, Central & South Sexual Health Provider Hubs and the lead commissioner for Manchester's sexual health services (Manchester Health & Care Commissioning).

2.8 Some immediate issues were identified regarding service configuration and local uptake. These informed the content of the questionnaire.

2.9 A focus group was held in conjunction with the launch of the questionnaire survey to review the home Sexually Transmitted Infection (STI) testing kits for their accessibility.

2.10 Due to the sensitive nature of the service the surveys were left for people to complete and post into response boxes left in the waiting areas of the clinics. Reception staff at Central and South Hubs also actively handed them to patients for completion.

2.11 The method of investigation offers an overview of patient experiences spanning nine months. It is both a quantitative and qualitative, person-centred approach which values individual views, opinions and experiences.

3 Methodology

3.1 Questionnaire surveys were used as the method of investigation. This provided an opportunity for Healthwatch Manchester to gain substantial comparative information from within a range of patient demographics.

3.2 Healthwatch Manchester values individuals' experiences with, and feelings about, health services. A qualitative method such as this means we can better understand some of the issues patients face.

3.3 Healthwatch Manchester conducts investigations with the aim of collecting data that is of practical use. We believe research should be used as a starting point to suggest service improvements.

3.4 Three Healthwatch Manchester volunteers were recruited to conduct this research and the tasks were distributed equally amongst them.

3.5 Paper copies of questionnaire survey and response boxes were deployed to each of the three sexual health provider hubs in Manchester:

- North Manchester General Hospital Sexual Health Clinic (North)
- The Hathersage Centre (Central)
- Withington Community Hospital Clinic (South)

The link to the online survey was also clearly displayed through posters in the waiting areas.

3.6 Each hub was encouraged to distribute the surveys to patients. This was successful in the central and south hubs.

3.7 The survey was actively promoted through the Healthwatch Manchester monthly e-bulletin and social media platforms. The issue of access to sexual health services was discussed through the online chatroom forum 'Hivemind' hosted by Healthwatch Manchester.

3.8 The results are not configured by north central and south hub but as an overall city-wide response. Configuration by hub could be a useful direction for future research.

3.9 The results were in part analysed to explore correlation between various factors such as willingness to use an appointments-based service with age, method of transport and household income.

3.14 Healthwatch Manchester recognises the limited scope of this research due to resource constraints resulting in only contacting each city hub and social constraints precluding one to one interviews with patients.

4 Key Findings

A total of 437 completed survey questionnaires were analysed to present key findings.

4.1 Access to Clinics

This section relates to the ability an ease of the survey participants to access the sexual health clinics, their reasons for accessing the clinic and the type of services they sought to access.

4.1.1 The Hathersage Centre was the clinic a majority of the survey participants, 82.75% indicated that they are aware of. A majority of the respondents also indicated that they had heard about the clinic from the internet or word of mouth.

4.1.2 A majority of the participants indicated that they found it easy to access information about sexual health services in Manchester. It is however worth noting that 24.59% of the participants who did not find it easy is a cause for concern.

4.1.3 Below are sample comments illustrating the experience of the respondents:

"Search palatine clinic on web. Lots of out of date information. Have to know who runs the clinic. Attended twice to find clinic closed due to incorrect information given by hospital staff."

"Finding the website is easy, however the time patients are expected to be at a clinic to be seen are not always clear"

"Although there seem to be so many different types of services, when I called up to book an appointment the person I spoke to was very vague."

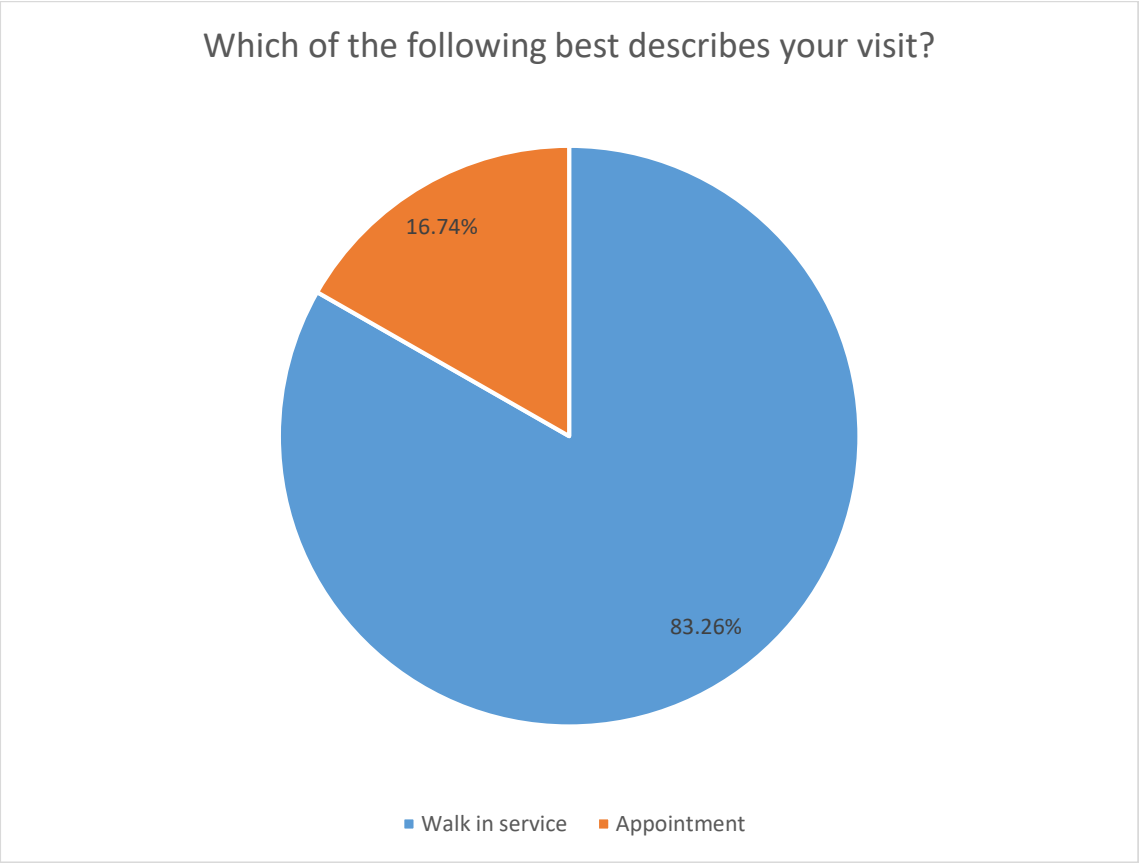
"Poor. The website isn't user-friendly. I called the hotline and it cut me off three times trying to ring through to Stockport. I explained my issue several times and was told I could not attend an "under 25 only" clinic which is ridiculous. All I needed was to have my IUD removed. Trying to get a hold of someone to discuss this with was difficult. I was also informed that I may be able to get it removed "if a doctor was in but I can't be sure we will have one in"-- awful. I had 3 conversations and was given 3 different answers."

"Over recent years I've found online info to be mostly inaccurate/ out of date about clinic times, service available on a given time/date (e.g. walk in/ appointment, etc.)"

4.1.4 Many of the survey participants indicated that they travelled from the M14 area. A majority of them also indicated that they drove or took a bus to the clinic.

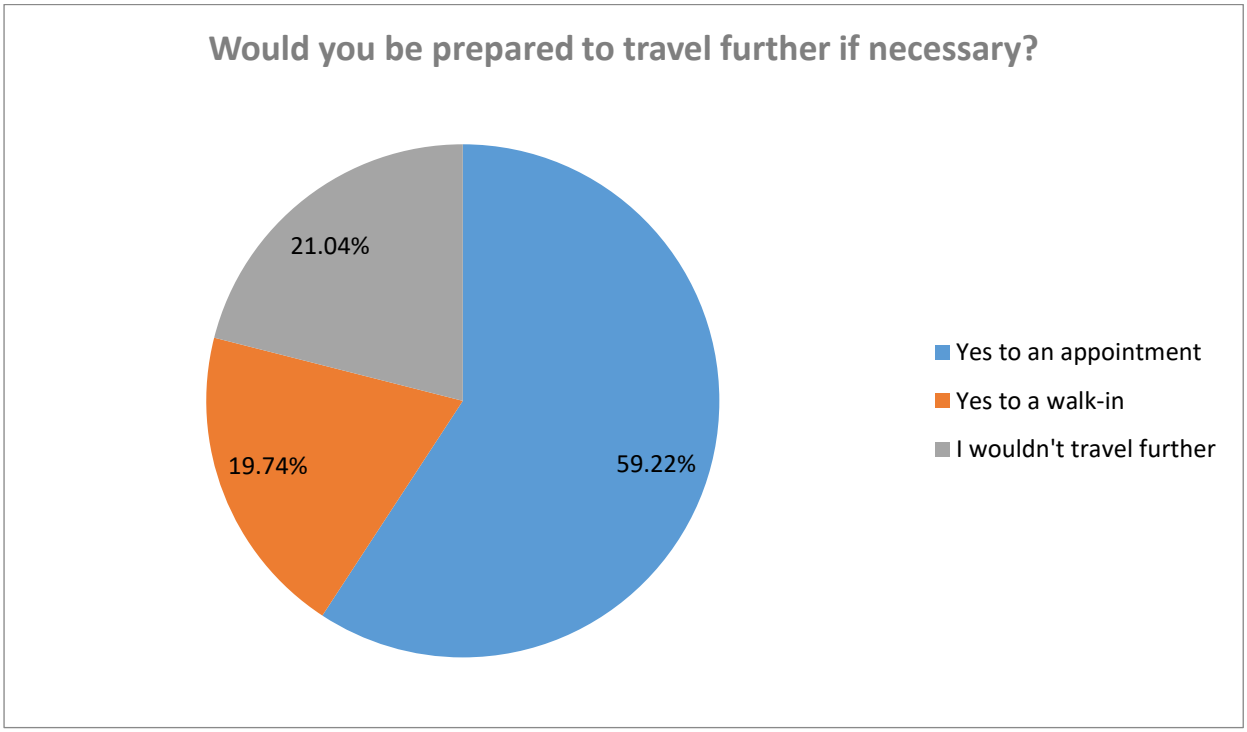
4.1.5 The ability to make advance appointment was considered a factor in the majority of the survey participants' willingness to travel further to access the clinic.

Figure 1. Type of Visit



4.1.6 Figure 1 shows that a majority of the survey participants, 82.26%, visited the clinic for a walk-in service. ***However, 68.59% of those respondents indicated that they would prefer an appointment as opposed to a walk-in service.***

Figure 2. Travel to another service



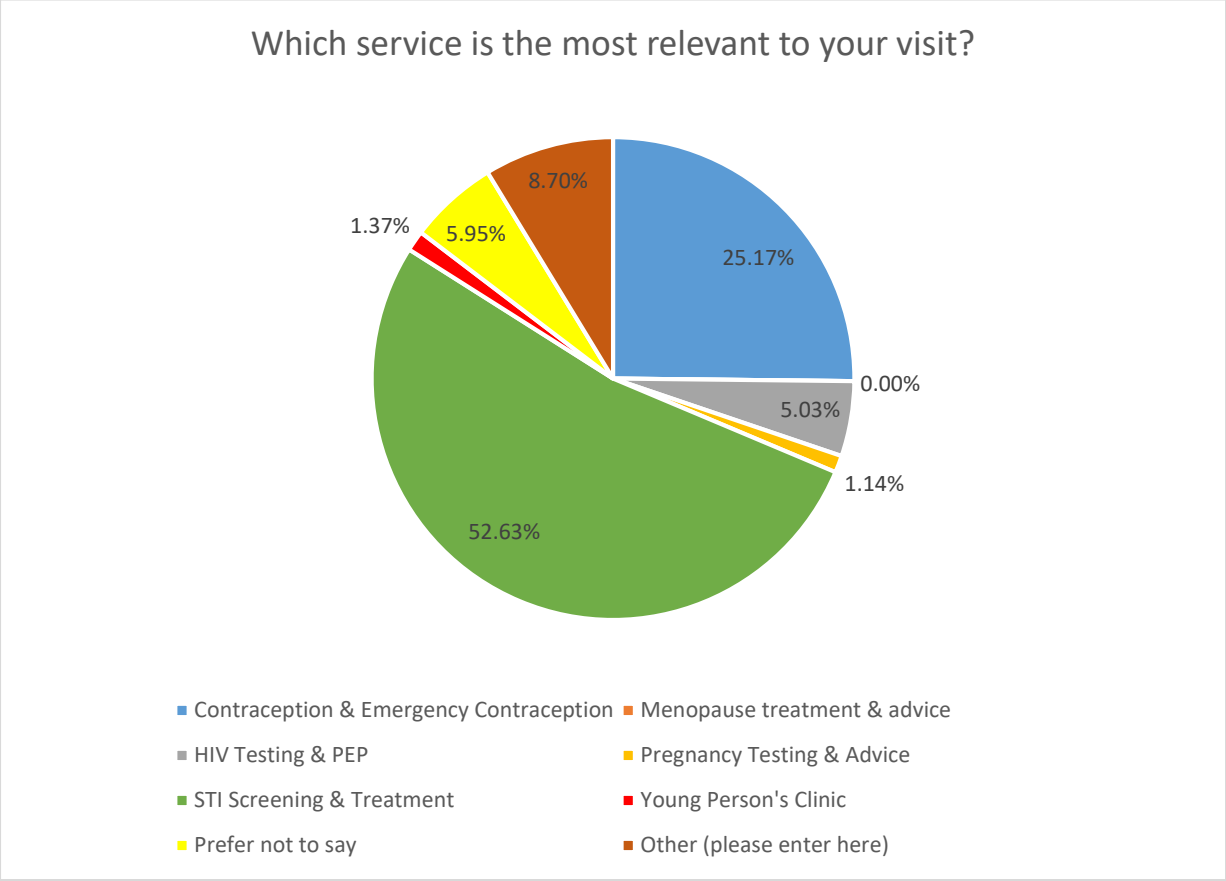
4.1.7 Figure 2 shows that a majority of the survey participants, 59.22%, would be prepared to travel further to an appointment. However, 21.04% of the respondents indicated that they would not travel further.

Figure 3. Breakdown of travel preference by age

Age range (years)	Preferred travel option (%)		
	To an appointment	To a walk-in	I wouldn't travel
<18	**1**	**4**	**2**
18 - 29	59	50	51
30 - 44	32	30	36
45 - 59	7	16	9
60+	1	0	2
Total responses	228	76	85

4.1.8 Figure 3 shows no significant variation across age range in relation to a preferred travel option.

Figure 4. Type of service



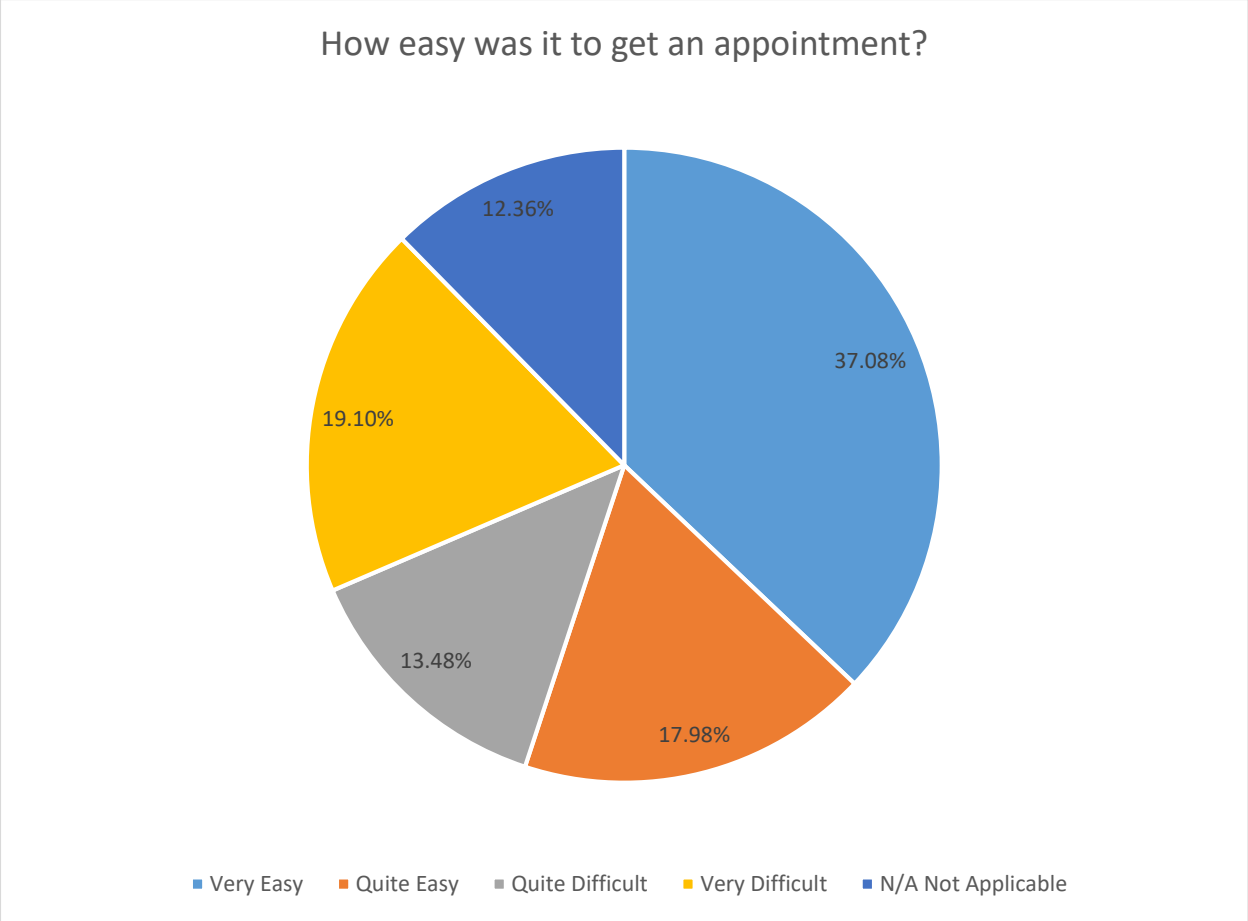
4.1.9 The diagram shows that the two main services that the respondents sought at the clinic were STI screening and treatment (52.63%) and contraception and emergency contraception (25.17%).

4.1.10 A fairly even number of the survey participants visited the clinic due to the fact that they experienced symptoms and wanted to get them checked up or were asymptomatic but due to some form of exposure, required to get checked.

4.2 Service

This section analyses the responses around the quality of service received and their opinions as to what the acceptable standards of service should be.

Figure 5. Getting an Appointment

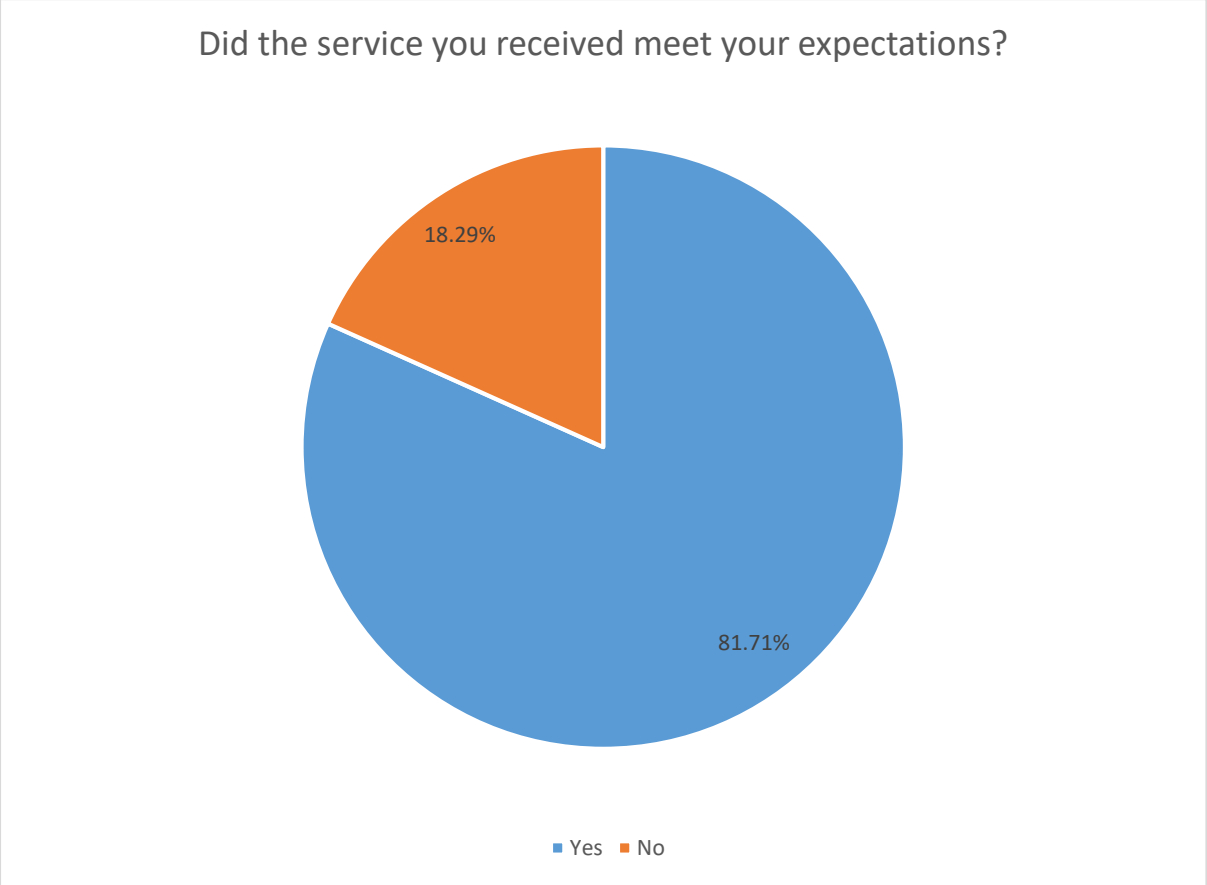


4.2.1 The diagram shows that most of the participants, 37.08%, found it very easy to get an appointment. It is however important to note that a significant number of the respondents, 17.98% found it very difficult to get an appointment.

4.2.2 Of the participants who answered this question, a majority, 35.09% indicated that they would be prepared to wait 1 week for an appointment. On arrival, 70.27% indicated that they would be prepared to wait 0 – 30 minutes for their appointment.

4.2.3 For walk-in services, 43.70% of the respondents indicated that they deem it acceptable to wait 0 – 30 minutes from the time they leave the reception and go to the waiting area and access the service they required.

Figure 8. Expectations



4.2.4 The diagram indicates that a majority of the survey participants, 81.71% were satisfied by the service they received.

4.2.5 Most of the respondents who did not feel that the service they received met their expectations noted long waiting periods and a difficulty in getting an appointment as the reason for the same.

4.2.6 Below are sample comments illustrating the experience of the respondents:

"Great service, friendly staff, clean!"

"Improve waiting times for pre-booked appointments."

"I have found it extremely difficult to arrange an appointment as I work full-time and difficult to leave my job in the day. The service would be greatly improved with evening appointments. Extra staff are needed to bring the waiting time down."

"Clinic has been full for 3 days and no alternative advice was given"

"Staff were so nice and really professional whilst being friendly. This is a really useful service. Could implement a ticket system for walk ins maybe (take a ticket and then wait)"

"Put a clear and well communicated structure in place which explains your priorities much like 111 vs A&E. Make it easy for people to do the right thing. It's counter-productive to encourage high risk groups to get regular testing then make that same testing hard to access."

"Walk in centre is quite busy and I can be sometimes left feeling frustrated not knowing why I'm waiting so long (up to 3.5 hours) for contraception. I understand that there must

be a reason for this but I would appreciate if it could be further explained on posters on walls, in information leaflets"

"Staff very friendly. Effective, non-judgemental. I had an appointment made for next day. Could improve website. Re: booking times, phone opening"

"I would rather be able to have walk in or make an appointment to have the implant changed the same day rather than having to make another appointment and come back"

5 Conclusions

5.1 Due to service configuration and uptake, Manchester's sexual health hubs face different pressures in the way they are accessed. Some of these can be addressed through the analysis of the data collected in this investigation.

5.2. The survey was an opportunity for Healthwatch Manchester to investigate the negative reviews on access to sexual health clinics through its feedback centre Google Reviews, NHS Choices and Patient Opinion.

5.3 While a majority of people prefer attending clinics through prior appointments as opposed to walk-in service, many of those who participated in the survey were attending the clinic as walk-ins.

5.4 This may be due to the difficulty patients faced while attempting to make appointments. Online sources contained wrong or out-dated information making it difficult for the individuals to make the correct appointments.

5.5 There were concerns about the low level of staff in relation to the large volume of patients in the clinics and how this increased the time during which the patients waited for their appointments and service.

5.6 The two main concerns were the difficulty in obtaining appointments and the long waiting periods; between making the appointment and the actual appointment and between arriving at the clinic and receiving the service required.

5.7 There was no significant correlation between point and method of access to the sexual health services and lifestyle factors such as household income or car ownership.

5.8 The age of the respondent appears to bear no relevance to the option of travelling to a service further away.

6 References

'Breaking Down the Barriers' Accountability Enquiry into Standards in Sexual and Reproductive Health All-Party Parliamentary Group on Sexual and Reproductive Health in the UK August 2014

BASHH and RCP paper on key threats from tendering of sexual health services, November 2013

'Sexual Health Services in Manchester' Report to Health Scrutiny Committee, Director of Public Health January 2015

'Sexual Health' Report to Health Scrutiny Committee, Director of Public Health May 2016

The King's Fund Understanding NHS Financial Pressures March 2017

Public Health Observatory – New Sexually Transmitted Infections 2017 North West Region

Appendix 1

Demographic analysis

This relates to the characteristics of the individuals who participated in the survey. And the knowledge they have about sexual health clinics in Manchester.

Figure 9. Gender

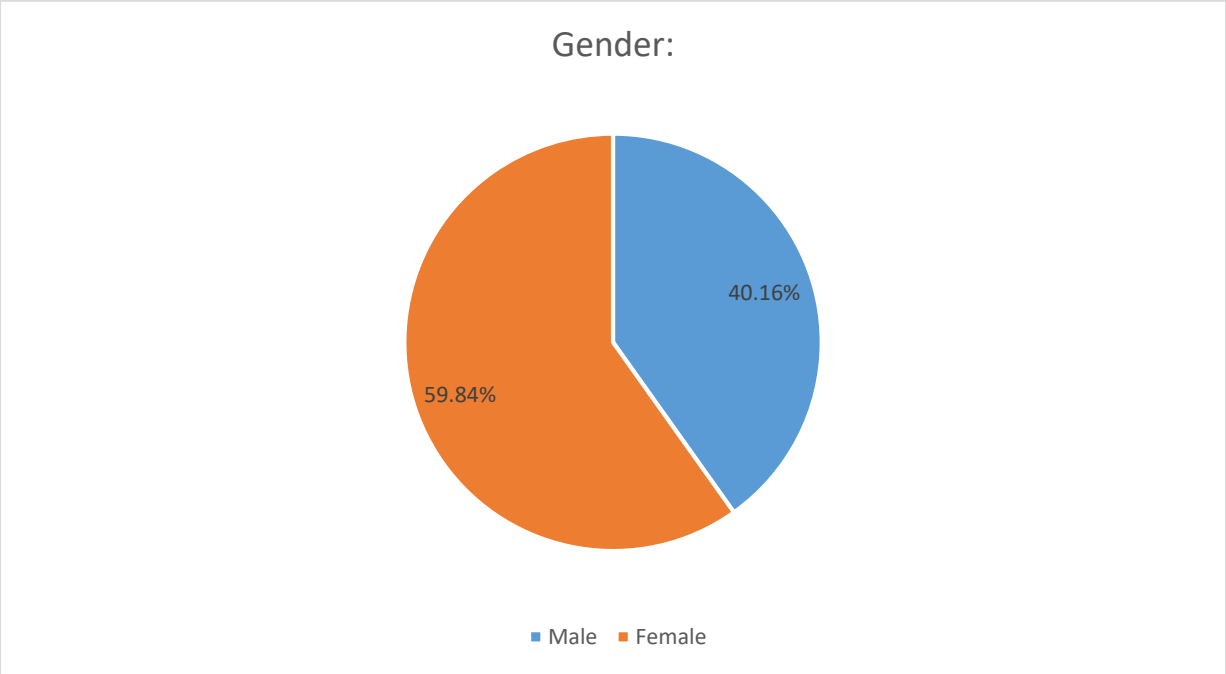


Figure 9 illustrates that of the 376 individuals who answered this question, a majority, 59.84% identified as female. Everyone who answered this question also indicated that their current gender is the same as the gender they were assigned with at birth.

Figure 10. Relationship Status

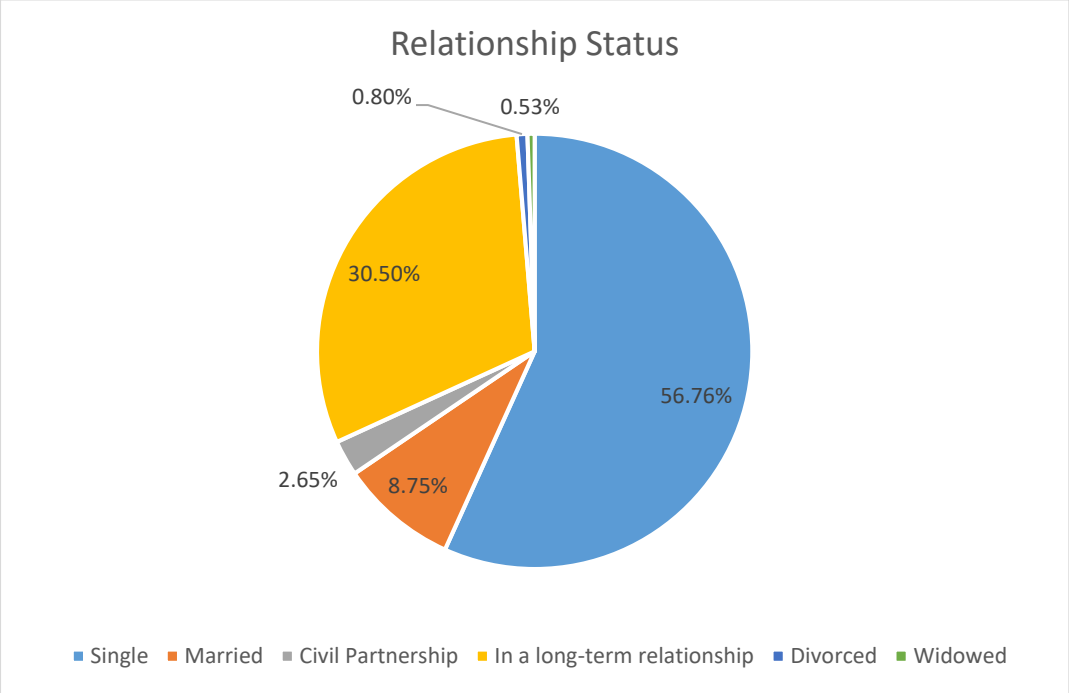


Figure 10 shows that a majority of the survey participants, 56.76% were single while 30.50% were in a long-term relationship.

A majority of the survey participants, 55.65% aged between 18 and 29 years. This shows that younger people are seeking the services of sexual health clinics.

While only 3.68% of the respondents indicated that they consider themselves disabled, it is important to be inclusive of this demographic and ensure that sexual health clinics and their promotion are aligned with the NHS Accessible Information Standard.

Figure 11. Sexual Orientation

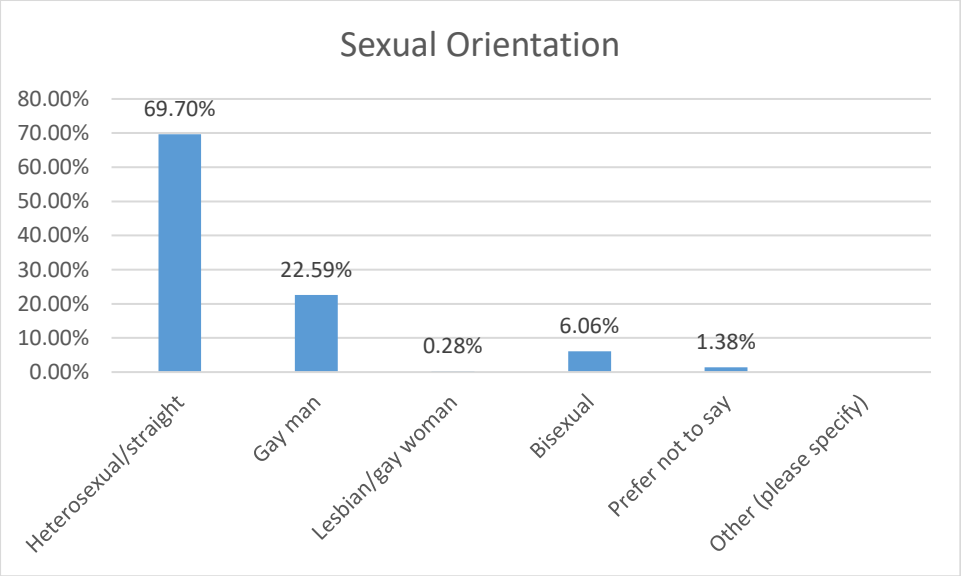
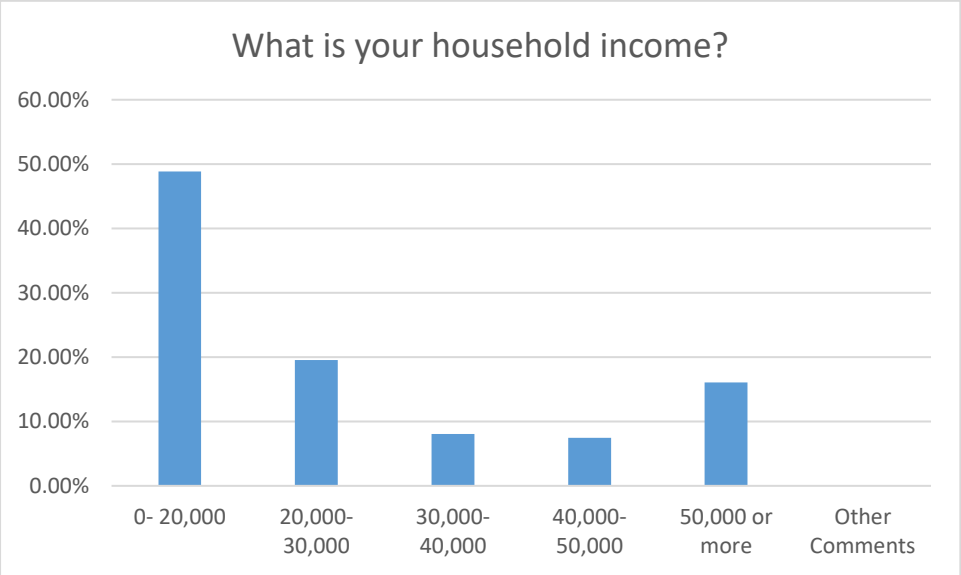


Figure 11 illustrates that most of the respondents identified as heterosexual/straight while only 22.59% identified as gay men.

Figure 12. Household Income



A majority of the survey participants did not answer this question. Of those that did however, 48.85% had an income of 20,000 or below.

A majority of those who did not indicate a figure here stated that they were students or living on benefits.

A majority of the survey participants, 40.94%, indicated that they had attained a Bachelor's Degree as their highest educational qualification.

Appendix 2

Analysis of Home Testing STI Kits

2pm on 1st November 2017.

A focus group of Healthwatch Manchester volunteers convened to review the home testing kits for their accessibility.

The focus group consisted of 5 people: 3 women & 2 men of an age range between 18 years old and 52 years old. All could speak and read English and none were sensory impaired.

Initial perception of STI kits:

The packaging is anonymous and also secure which is good. It is not too bulky and can easily get through your letterbox so won't be left outside on the doorstep. On opening the STI kit everything is rather samey. It is all a bit white so it is difficult to know where to start; it is unclear so to address this it was suggested a high colour brighter font was used for each component. It is unclear to know where to start. Suggest labelling each component clearly as e.g. 1, 2, 3, A, B, C.

There is a bio hazard bag which is commendable. The main recommendation is that there is an overarching instruction leaflet which says: 'Make sure you read and understand each section' and has step 1 step 2 step 3 and that this is separate from the kit in some way. One suggestion: the kit is in a separate box that is compartmentalised,

Questions regarding the kit in general were: 'Is it in any other languages?' 'Does it come in Brail?'

Component parts:-

Blood test:

The blood test component has a pre-posted bag and the packing for that bag is clear. There is a patient information form which has an information section to be completed. There were some queries regarding why this was necessary when there appears to be a unique identifier number with the kit. Is this perhaps in case it was ordered for someone else, if you were their carer for example, and if yes how the results are collected and can it be linked to you in this situation.

Overall the blood test component was clear with step by step instructions although there are two pages which would be better with pagination. It was recommended that the information sheet says to do this last or you may have blood coming out of your finger which could cross contaminate the other sections of the kit and could affect the results.

The lancets aren't safety labelled but we thought that was not a problem but the silica gel does maybe need a warning on the packet. The sample card asks you for your name and date of birth. Can the unique identification number be put on there?

There are two transparent bags and were not quite sure which one to put the card into so it was suggested they were clearly labelled. There also need to be instructions regarding where to put the silica gel after the test is complete.

On the blood card there are five circles requiring a sample on each circle. If blood is smeared between the circles does this ruin the test? There is also a demographic analysis card in the blood test. The categories are linked to higher risk groups such as men who have sex with men but lesbian is also included which to our understanding is not a high risk group of women regarding STIs. Can clarity be provided regarding the demographic section? It was

noted that the blood card is also quite a basic way of collecting this information; then again we understand that this is a lower level accuracy test kit and any reactive result requires a clinical intervention.

Box component:

The box was fairly explanatory, the information sheet containing the labels was all very clear. The attached instructions on the front with cartoons also made the process easy to understand, apart from how to assemble the completed kit for postage. At this point RUClear were rung for advice:

RUClear telephone support:

The picture on the box appears to show somebody putting the samples in the box in the bag for postage. For confirmation regarding this the helpline number was phoned. The response was very prompt. The operator checked twice that we understood each piece of information they gave us which were clear and concise. Of note was that the operator asked us to wait a minute while they went and got a kit so they could go through it with us at their end. They were friendly and non-judgmental.

Boxing the bags was quite tricky, but it was doable. The helpline operator said to put the absorbent cloth in the bag with the samples, but that is not stated in the instructions. It was suggested this needs to be more explicit.

Swabs:

The instructions on how to use each swab were clear with the following suggestions:

- Explain what rectal means
- Use a mirror for the throat swab
- Be gentle using the swabs

The test tube holder was sturdy. There was another form to fill out which was simple enough.

The test tubes were robust and strong and the swabs didn't snap easily. Snapping and sealing the swabs does require a level of manual dexterity which some people may struggle with.

Urine sample component:

Suggest this is labelled 'do this first' to prevent discomfort holding in urine.

The urine collector was a clear plastic cup with a handle. It was rather delicate and had been misshapen in packaging. This made it difficult to place securely on a flat surface. It was also rather small.

Other components:

The condoms that were in the kit could be a perceived as rather judgmental so we suggest these can be labelled in a bag that says 'free sample'.

In summary:

The kits are easy to use but need some improvements. They are a welcome addition to maintaining the sexual health of our population.

Acknowledgements:

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