

# healthwatch

## Tower Hamlets

Sexual Health Services in  
Tower Hamlets

April 2019

## Project Overview

Between January and March 2019, we spoke to 66 local residents about their experience of sexual health services in Tower Hamlets. We also received 116 comments on sexual health services through our outreach and engagement programme between April 2018 and March 2019.

We wanted to understand:

- how well service users feel sexual health services meet their needs;
- any challenges to accessing sexual health support;
- the amount of information and advice is given to individuals;
- the perspectives of young people when it comes to accessing sexual health services.

To achieve this, we conducted **five Enter & View<sup>1</sup> visits to three sexual health services** where we spoke to **48 services users**, held a **workshop with 16 young people**, and conducted **two mystery shopping activities**. We also attempted to conduct mystery shopping at the Dean Street Express clinic, but were unable to book appointments. In addition, we analysed feedback in our Community Insights Repository that we had received in the last 12 months from sexual health service users. The services we visited and/or mystery shopped were:

1. Ambrose King Centre at Royal London Hospital;
2. Sylvia Pankhurst Centre at Mile End Hospital;
3. St. Andrews Medical Centre Sexual Health Satellite; and
4. Sexual Health London free home STI Testing Kit (Mystery shopping)

SafeEast provides sexual health and substance misuse services to young people in Tower Hamlets. However, this service was not specifically included in this work and was not mentioned by young people during the workshop.

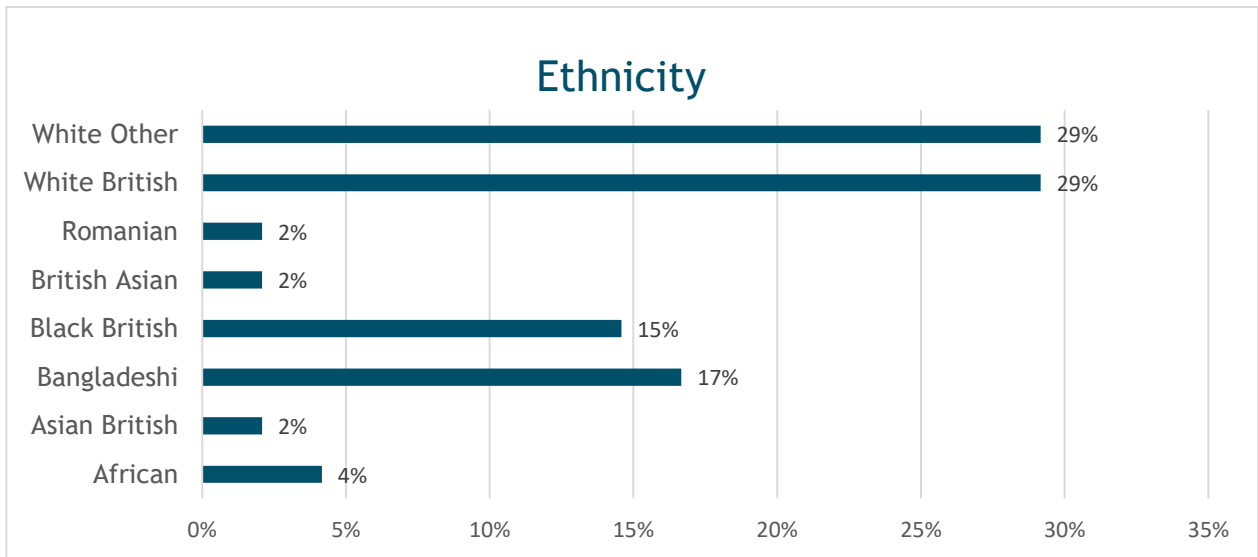
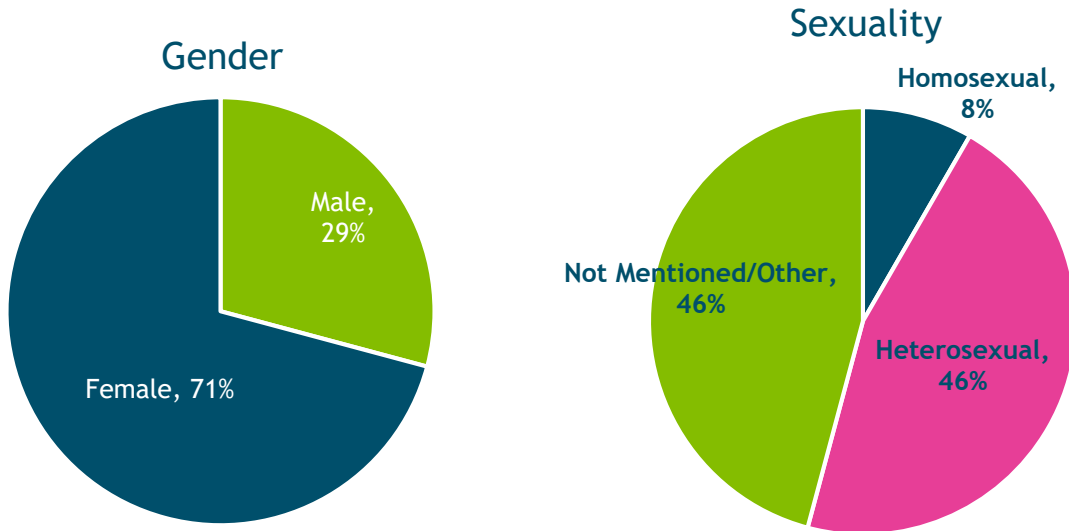
### Ambrose King Refurbishment

We conducted our Enter & View visits while there was an ongoing refurbishment at the Ambrose King Centre. As a result of the refurbishment, some services have needed to be shifted around the borough and patients who would typically be seen on Saturdays have been moved to other clinics. We included information and signposting about the changes during the refurbishment in our questionnaires to patients, and while we were interviewing at Ambrose King, we focused on the service, not the environment, due to the impending changes.

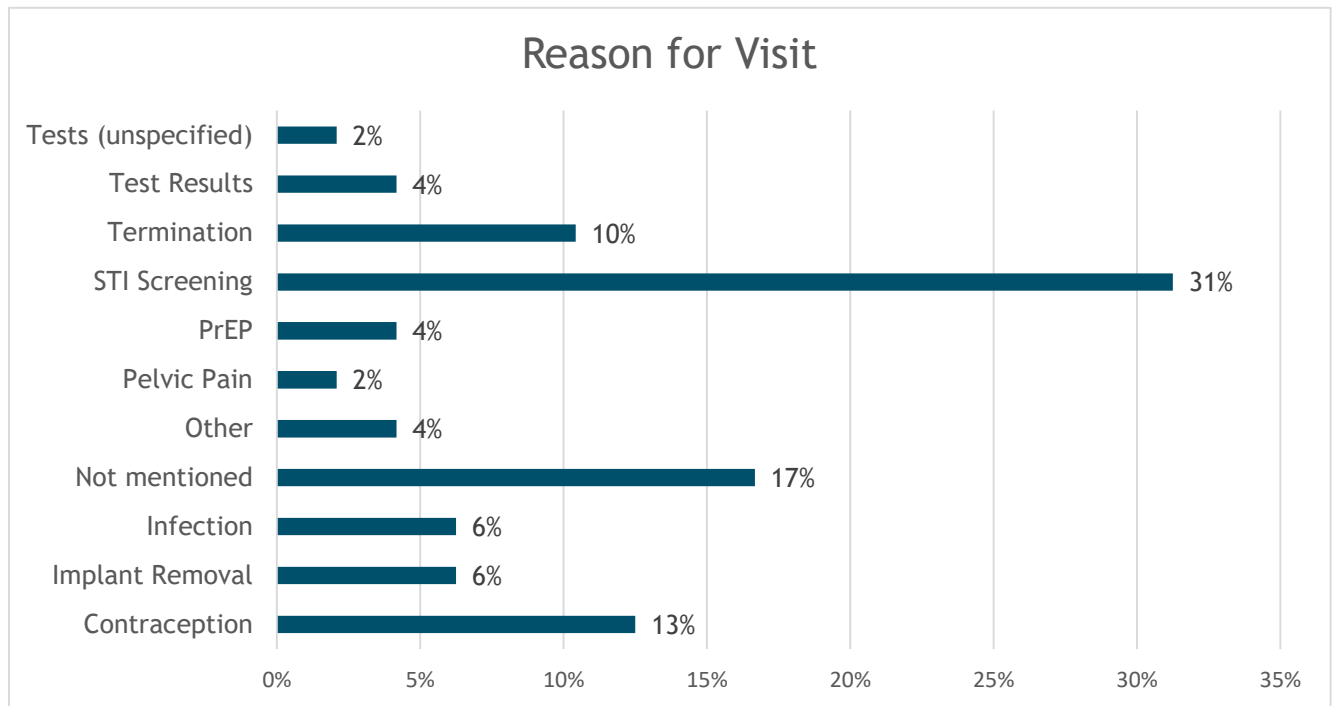
<sup>1</sup> Healthwatch Tower Hamlets has a statutory right to 'Enter & View' certain premises to talk to users and observe activities. The purpose of these visits is to hear and see how people experience the service and collect the views of services users. The results of these visits are reported to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, and Healthwatch England, and are used to develop insights and recommendations to inform strategic decision making at local and national levels.

# Who we spoke to

The 48 service users we spoke to during Enter & Views were broken down in the following way.



## Sexual Health Services in Tower Hamlets



## What we learned

### What worked well

- Overall, sexual health services in Tower Hamlets receive **very positive feedback from service users**.
- Services users appreciate having **specialised clinics** in the borough like Ambrose King and Sylvia Pankhurst.
- Staff are said to be **kind, reassuring and supporting**, regardless of the type of treatment services users are receiving.
- Service users feel that staff are **non-judgmental and maintain confidentiality** consistently across the service.
- The **self-referral/walk-in system** is very popular with patients.

### What needs improvement

- There is a lack of clarity around walk-in versus booked appointments at Ambrose King Centre and many services users struggled to use the **AKC phone lines**.
- There is general confusion as to what services are available in typical GP surgeries as opposed to sexual health centres or commissioned satellite clinics, particularly in terms of cervical screening and contraception.
- There is a lack of appointment times across the services but particularly at Ambrose King Centre, and people **struggle to book online** as a result.
- People are waiting up to several weeks to access appointments, which is particularly concerning for women trying to access terminations.
- Clinics tend to run behind schedule, **wait times often reach unreasonable lengths** (2-3 hours during both our visits at AKC)
- Service users are less likely to want to use satellite clinics, chiefly because of perception, distance, and lack of information.

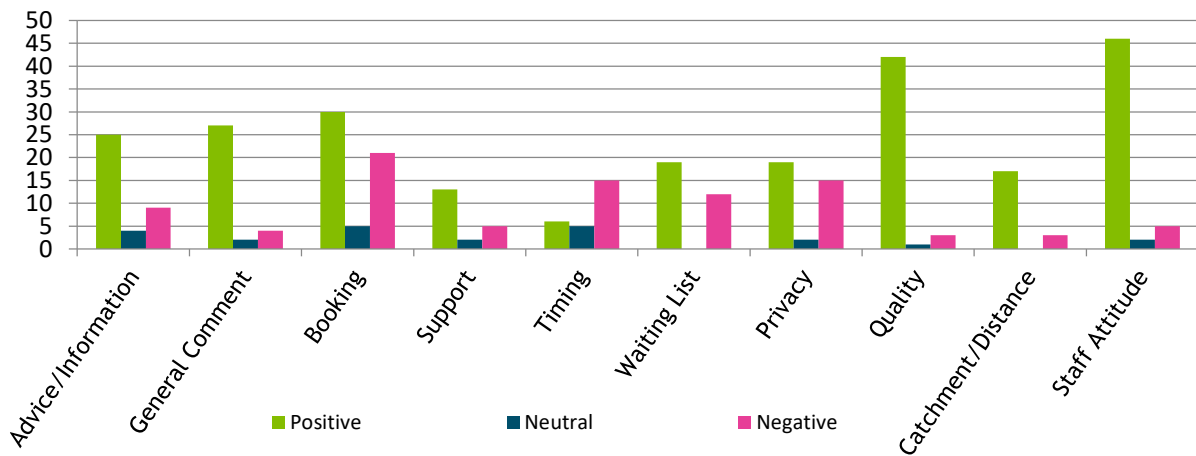
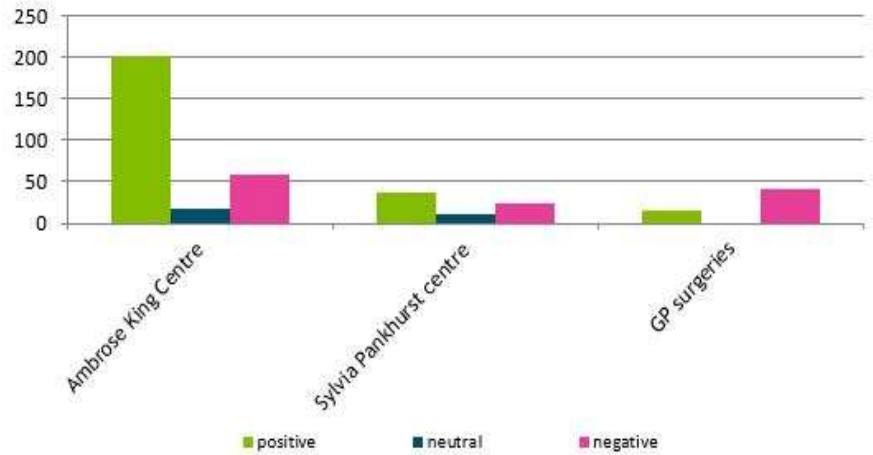
- **Privacy** is a concern for patients, particularly the lack of privacy available at reception.
- Young people are very hesitant about accessing sexual health services in the Borough - they feel that their confidentiality and anonymity will be compromised. They are also unfamiliar with the young person sexual health services available (SafeEast).
- Young People do not feel that they are given enough training and education about sexual health, particularly at the right time (e.g. year 12 instead of year 9)

## Recommendations

1. Ensure that **privacy is protected** in clinics - ensure that reception areas are private space, away from waiting areas and other waiting patients wait at a distance.
2. Develop processes to **communicate delays** in clinic, to keep patients aware of how long they may be waiting - e.g. a regularly updated whiteboard or screen.
3. Clarify the process, if any, that women can go through to expedite the termination process - e.g. priority appointment booking.
4. Offer cervical screenings to all women accessing contraception or sexual health services as a matter of course.
5. **Improve telephone services** at Ambrose King Centre.
6. Implement strategies to **inform and encourage patients to use satellite clinics** where they may be seen quicker/have fewer wait times. For example, posters in Sylvia Pankhurst and AKC, explaining that minor procedures and screenings can be done elsewhere.
7. Make it clear the types of services available at regular GP practices versus Barts Health satellite clinics (e.g. St. Andrews) and simplify the system for people to book available contraception and screening appointments online at those services.
8. Develop a text-based system for disseminating test results that don't require follow-up, as well as reminders and locations for appointments.
9. **Update the SafeEast website** to accurately and clearly reflect current opening hours of all centres and satellites.
10. Better signposting at St. Andrews Satellite clinic to direct patients to the services without compromising privacy.

## Community Insights Analysis

Using our Community Insights Repository, we analysed 116 comments from sexual health services users received between April 2018 and March 2019. Over the past year, feedback on sexual health services in the borough has been broadly positive. Service users largely prefer to use specialist services such as the Ambrose King Centre and Sylvia Pankhurst, as opposed to going to their GP for their sexual health needs.



As can be seen, feedback is largely positive for sexual health services as a whole. Quality of care is seen to be particularly high, and service users found staff attitude to be particularly positive. Areas that were more challenging were booking, timing, waiting lists and privacy.



## Service User Feedback

### Booking

As a whole, patients really appreciated the ability to walk-in and make a same day appointment at Ambrose King Centre. In addition, some patients found the online booking process relatively easy and straightforward, particularly in comparison to their GP surgeries.

However, some patients struggled with understanding the process of the booking system (e.g. booking a time slot as opposed to a specific appointment), and many reported having to wait too long to get an appointment. At Sylvia Pankhurst, our mystery shopper went round in circles trying to access an online appointment, and appointments were only available at 8am. In addition, at Sylvia Pankhurst centre, patients were confused as to whether they could book online or walk-in.



*"I do walk-ins and I do call, but it's easier to walk-in. Yeah, I've been to other locations, Dean St., Warren/Euston, but I prefer here. It's closer and there's a walk-in. Other places you have to wait like a week."*



*"This is not my first time here, I always come here. It is more of an effort to see the GP than to just come here. I booked my appointment on-line. Appointments are available the same day. Works according to my schedule"*



*"I called loads of places to try to get in earlier but kept getting re-directed here. Waiting for two weeks is too long, and the earliest appointment was today, a Friday, which means the next one will have to be after the weekend. This causes me anxiety because I need to be seen."*



*"Didn't quite understand the booking—it just took me back to a general information and booking page which then sent me round in circles. It did say I could just walk in though. That's more difficult because I work and it didn't seem to me to be clear as to whether that was just sexual health and emergency contraception."*

For patients trying to access termination services at Sylvia Pankhurst, the inability to book appointments quickly was stressful and induced anxiety, given the time sensitivity of accessing medical abortions. Some patients had tried multiple centres in an effort to be seen within the timeframe.

Finally, patients struggled to access services via telephone, reporting that the Ambrose King Centre telephone line was rarely answered, which caused frustration for patients trying to ask questions or understand the booking process.



*“I found out I was pregnant two weeks ago and immediately decided I want an abortion but couldn’t get an appointment until today. I called loads of places to try to get in earlier but kept getting re-directed here. I tried BPA, Mary Rose Charity...loads, but all re-directed me here because of my post-code”*



*“At the Ambrose King Centre, they have a phone line, but they never pick up, never answer the phone”*



*“First time here. I just Googled, and this was the closest place. I actually walked-in and scheduled an appointment this morning for later today. I actually tried online; there wasn’t any available appointments. And I tried calling 2 days ago. First time, the line was busy. Second time no one answered.”*

### Case Study 1: Sylvia Pankhurst Mystery Shopping

I needed to have my IUD coil removed, so I phoned my GP Practice. They told me that they could not remove it there and to contact the Sylvia Pankhurst Centre at Mile End. I googled Sylvia Pankhurst Centre Mile End and ended up on the All East Website. I didn't quite understand the booking slots, as the information said they were released 'for the next 30 days', so I went back the next day at 8am to try again. However, it just took me round in circles on the booking pages. The website did say I could just walk in, but that is difficult because I work and it didn't seem to be clear as to whether that was just sexual health and emergency contraception, or whether I could walk in for coil removal as well.

The next day at 8am I went back onto to the website and appointments were available (this was now my third day of trying). The website worked well from this point and I went straight through to available appointments and was able to reserve a slot for the following Monday (three days away). I was sent a text confirmation.

Upon arrival, I found my way to the clinic easily. It was quiet in the waiting room and there was a sign telling me to report to the reception which was clearly signposted. There was one woman ahead of me, so I had to wait a while. I told the receptionist I had an appointment slot and my name. I guess I didn't have to give her my full name but I did, and I felt a bit uncomfortable doing that in front of the other woman waiting behind me. The receptionist was very friendly and welcoming and directed me down the corridor to another waiting room, and told me to weigh myself and take a ticket. She spoke very quickly though and I was a bit confused as to what this was all about, until I saw the weighing machine. I wasn't sure whether this was compulsory or optional, but I hopped on and did it. By the time I had done that and just sat down in the waiting area, the doctor came out and introduced herself. She also said there was a GP sitting in on the appointment and was I ok with that. I said that was fine, but I didn't really understand at that stage if she was just observing or if it was part of a teaching exercise.

In the appointment, the doctor asked me some questions about what I needed and how I was coping. They gave me plenty of privacy and explained everything to me. The woman that I thought was observing actually ended up removing the coil. I got the sense that the main doctor was helping her to learn how to do it, but that wasn't really explained to me. However, they were both lovely and explained what was happening so I didn't mind at all. Just as we were starting the procedure, the doctor asked if I was up to date with my cervical screening smear tests. I said that I wasn't and asked if they could do it at the same time but they said no. It would've made a lot of sense as now I'll just have to make another appointment at my GP, taking up valuable time.

Overall it was a very positive experience. They were friendly approachable doctors who made me feel comfortable and relaxed throughout. I didn't feel judged for not knowing some of my medical information and they gave me some positive feedback about my health choices and some advice about what I could be doing to ease my menopausal symptoms. I found them very empathetic and just the right kind of chatty.

## Wait Times

Patients were frustrated across the service at the amount of time they were required to wait in clinic before seeing their clinician. Many of our Enter & View visits were conducted while clinics were running between one and two hours behind schedule and patients were rarely updated on how long they would be waiting. There was also confusion as to how the walk-in service and appointment slots were treated, and patients were often confused as to why they were told to book time slots if they would then be treated first come first serve.



*“I was told to come at 12, it was supposed to be first come first serve. I am still waiting to be called at 3pm. People who were number five and six have already been called. I was number one. I spoke to them they booked online and have come for the same reason to have an implant removed. I don’t understand how they can tell me to come at 12pm, I was the first person here and I am still waiting to be seen.”*



*“Waiting time is unreal, I live in Essex and came here Monday, and they said the earliest they could see me was today (Thursday)—they give me a specific time but told me that wait time is over one hour.”*

## Information & Advice

As a whole, patients felt that they were receiving adequate information and advice from their medical professionals and that their opinions were taken into account when making choices about their sexual health.



*“I prefer to come here because its local, the staff are professional and I always get a good service. They are informative and I feel that they listen to your concerns.”*

Despite staff members at each centre providing information and advice, patients struggled to access the type of information they needed online and found navigating the websites to be confusing. In particular, they did not feel that information about opening times, walk-in clinics versus appointments were available.

In addition to better information via the website, patients also expressed a desire for better digital access in terms of learning about test results. Patients were frustrated at having to ring up or make an appointment to access their test results, and wondered why the service does not have a digital way of doing this for test results that do not require any further treatment.

Finally, there were a few instances in which we spoke to patients about their experience and they had struggled to access the information they required or had been told different information by other clinicians. This was particularly traumatic for individuals trying to access termination services, as they were stuck in a tight timeline for medical terminations, such as patient L in Case Study 2.



*“I walked in today, but did call yesterday because I tried to look it up but there’s no information on their website on how it works, their hours... nothing. I was confused. They told me it’s a walk-in clinic here from Tuesday-Thursday, but that’s missing from their website. “*



*“They need to modernise the system and think about the results being delivered by text. Other clinics in central London already do this. Here you have to wait one week and then call for results. They should think about letting people access services and results using the internet. This would be even better for privacy and anonymity. The more digital services the better.”*



*“Patient complained about incorrect information placed on the website. Patient attended the clinic over the weekend and was turned away because the walk in closes at 12.30 however those with appointment could be seen after 12.30pm. Patient was given a piece of paper with the walk in centre open hours and none of the times matched with what was displayed on the website.”*

### Case Study 2: Sylvia Pankhurst Termination Service

Patient L had come to Sylvia Pankhurst to seek a medical termination. Her English was limited, so she had requested an interpreter, but the interpreter had failed to attend. L was worried that she had passed the 9-week marker for the medical termination which was causing her considerable pain and anxiety. She did not know that there would be an initial assessment, followed by a scan, and a further consultation followed by the medical termination. The lack of interpretation had made the situation worse, as she could not complete the initial assessment without an interpreter and her husband was not allowed to interpret for her, or even be in the room. The booking system showed that no interpreter had been requested.

L wanted a termination as she already had three children under the age of five, and felt she could not cope with a fourth child at this time. 'I feel like I will die' is how she stated. She had previously used contraceptive pills, but still became pregnant with her third child. She did not want to continue with that pregnancy either, but as she had passed the nine-week stage and could not have the medical termination she decided to continue with the pregnancy as she did not want a surgical termination. This time they were using condoms, but L still became pregnant.

Following an in-depth discussion, and recognising how desperate, anxious, and worried L was, one of the receptionists eventually acted as interpreter so the initial assessment could be completed. As there were no scan doctors available, L was told she would have to return at a later date. This caused L a huge amount of distress, as she was told "it would all be done at this appointment". Following further discussion, the Matron managed to arrange a scan for L, given the extenuating circumstances. L was still worried that being unable to take the termination tablets today would push her over the 9-week deadline, and she would be required to choose between a surgical termination or continuing with the pregnancy. However, the nurse explained to her that it would not be legally possible for them to administer the tablets today. Eventually, the scan showed that L was only 7.5 weeks pregnant and therefore eligible for a medical termination. She said "I was very relieved, but the whole situation was very stressful. They arranged an interpreter to be present, they explained everything very well, and looked after me very well at the following appointments." She has also been given an appointment to discuss contraception options.

Since the termination, L has not been feeling very well and said she was suffering from symptoms of 'darkness'. She has arranged an appointment with her GP to talk about this.

## Facility & Environment

Feedback on the facilities and environment was mixed. St. Andrews medical centre, as a brand new establishment had an excellent layout, but patients were confused as to where to go when they were trying to access sexual health services. Across all of the services, patients were concerned with their privacy at the check-in/reception areas. At each location we visited, the reception was either located very close to the waiting area, or multiple people were checking in at once, undermining any efforts for privacy or anonymity.

Specifically, for the satellite sexual health hubs, there appears to be a sense of perception that is discouraging patients from utilising the hubs. For instance, despite St. Andrews being a brand new, clean service with almost constant availability, patients are less likely to attend there than they are to go and wait at Ambrose King Centre. This may be because Ambrose King is the first sexual health centre that comes up on google, or simply because AKC and Sylvia Pankhurst are more central, and therefore easier to get to. This feedback was reiterated by staff members, who were confused as to why St. Andrews was underutilised.



*“Privacy? I don’t feel like there’s really any privacy in the reception area. It’s poorly designed. The whole place feels unorganised. (Sylvia Pankhurst). “*



*“I think there needs to be a different set-up in the reception and waiting area. I wish they were further apart or had more privacy because I feel uncomfortable discussing my needs when others waiting could overhear. I don’t want to talk about my sexual health when men strangers are so close. I’m not a shy person, but it still makes me uncomfortable.”*



*“It’s confusing here - I went downstairs first because I wanted to see my GP about the results. But this was a waste of my time. I waited in a queue only to be told I have to go upstairs.” (Satellite Clinic @ St. Andrews Health Centre)*

## Staff and Clinical treatment

Across the service, staff members were praised for being friendly, helpful, respectful, and providing an environment where people felt comfortable and able to speak freely. Patients felt that staff were non-judgmental and provided excellent clinical care while protecting their confidentiality.



*“I prefer to come here because its local, the staff are professional and I always get a good service. They are informative and I feel that they listen to your concerns.”*



*“M. is an excellent doctor I’ve had an appointment with him before and that was my second time. He patiently explained me what I wanted to know and gave me explanations about what I needed.”*



*“So, I’m gay, and obviously I said they’re very professional. I mean, they treat thousands of gay men every day; I don’t feel discriminated against.”*



*“My nurse was unbelievable, she was so kind and friendly and made me feel completely at ease, even dropping a couple of jokes to make me laugh because I was so nervous! Wonderful lady!”*

However, service users were frustrated by what they saw as understaffing and under resourcing of the service, which in turn impacted their ability to see clinicians as quickly as they would like, or at specific hours.



*“I find it frustrating that there aren’t enough doctors or nurses available, especially at the weekends.”*



Confidentiality was a key concern for patients, but, barring the lack of privacy at reception, patients largely felt that their confidentiality was held in high regard by staff members, which in turn led to an increased trust in the service overall.



*“The nurses made me feel so cared for and very, very comfortable. They made me feel at ease. I didn’t feel like I was being judged. They explained everything to me properly, what was going to happen, how I would feel. After the consultation I came back on Monday and Tuesday for the tablets. They respected my confidentiality and privacy and I was supported well during and after my termination.”*



*” In October, I came for the emergency pregnancy test, it was scary but they eased my nerves and patient confidentiality always felt maintained.”*



*”I’m very confident about the confidentiality here. There’s even an option to withhold the information from your GP. I’ve heard girls, younger, generally don’t want their GP to know about ... their issues.”*

### Case Study 3: Sexual Health London Mystery Shopping

I wanted to get my annual sexual health screening and had heard that you can get a test kit delivered to your house. I googled sexual health kit at home... Clicking on the website, I chose to register and it asked me for postcode, age and gender. On the next page it asked me to enter my email and a password and to agree to terms and conditions. Finally, it asked me for a mobile # and sent a confirmation code via text message. Once complete, I was asked to confirm my address.

Once the registration process was complete. I was asked questions about my sexual health, with the caveat that the kits aren't totally inclusive, but that I should select categories that were the most accurate for my needs. It asked my birth country, sexuality and ethnicity. I was then asked a series of questions about my sexual health - who I have sex with, sex risks, about any symptoms, HIV, alcohol/drugs (whether I had sex under the influence/with a drug user), my own drug use, and any history of sexual assault.

After finishing the questionnaire, I was recommended to complete a self-sampling kit, which I could pick up or have delivered. I chose to have it delivered to my home, and received a text confirming that my test was on its way. Two days later I received another text to say that it should arrive soon and told me that it was easier to draw blood if I kept my hands warm when attempting to do so.

The package arrived 3-5 days later in a very discreet package with no branding or identifying features. I would've felt comfortable if a family member or colleague had seen the external packaging as it gave no clues that it was in fact a sexual health kit.

Once I undid the packaging, the box itself was also very discreet. The kit came with instructions, alcoholic swabs, 3 disposable fingerpick applicators, a blood collection tube and stable packaging, a swab, plasters and a condom. I felt that the instructions clearly explained how to complete the self-kit, and I felt comfortable starting the process. The vaginal swab was very easy to complete and although it took some time to gather the required amount of blood (400ul), I found that relatively straightforward, although I did have to prick two fingers.

After completing the test, I secured the box and put it in any postbox. A few days later I received a text, confirming that my test had been received and booked into the lab. A few days after that I received another text, saying that my results were ready to be viewed online. I logged on and went to my screening history. This was slightly confusing as I had expected that there would be some notification of new test results, but it required me knowing where to go. However, once I clicked on screening history, I was able to view my test results. The results were presented clearly, although I would've liked a point of signposting of who I could speak to if I had any other questions or concerns.

Overall, I found sexual health London to be an exceptionally efficient and discrete service. I would recommend it to anyone who wanted a standard screening and had no concerns about their sexual health. However, having the provision of further signposting or information would've been helpful, should I have had any further questions.

## Perspectives of Young People

In addition to our Enter & View visits across the sexual health services, we also held a workshop discussion on sexual health and access to information and support **with 15 young people from Tower Hamlets. They were aged 16-21, with six males and nine females.** We had a broad discussion on what it means to access sexual health services in Tower Hamlets and what barriers young people experience.

### What we learned

Sexual health is an awkward topic for most participants, partially because of their age and partially because they don't feel they have received adequate education about it. They received sexual health education in primary school, and some students received in secondary school. Only two students reported having sexual health education in college (year 12, for four weeks of PHSE class). However, for those two students, their PHSE classes were split by gender and they only received information about their own gender, none about the sexual health of the opposite gender. There was also some concern that parents can opt out of having their children get sexual health education, which young people didn't think was right,

and had even taken steps to stop giving their parents information if they thought it would impact their ability to receive sexual health education.



*"When I was younger, I didn't know any better, whatever letter I got from school, I would just give to my parents, so they always knew what was happening and could step in if they didn't approve. But once you get to secondary school, you either stop giving them the letters so they can't stop whatever it is, or they stop sending letters, so you don't get a choice, you just get taught it. "*

Outside of sexual health education, young people are unclear of where they would go if they needed additional help. Only two out of 15 students felt that they could speak to their parents about sexual health, or that their parents would be ok if they were sexually active.



*If my parents found out I needed sexual health help, they'd disown me*

In terms of other ways to access information or support, participants were very mixed in their feedback, ranging from video conferences with GPs to text messages, to in person consultations. None of the young people were familiar with SafeEast, the sexual health and substance misuse for young people in Tower Hamlets.

Young people agree that they would only go to sexual health services if they had a problem, not to get information or advice - that type of support would have to be disseminated in a different way. Some said they would consider going to Step Forward, but most were concerned that they would be recognised. Although students liked the idea of home testing kits, it wouldn't work for most of them, as their parents open their mail. One student asked if it was possible to send the kits to school instead.



*Just my luck, the one time I go in [to a sexual health service], my uncle is working there or my cousin or whatever, It's just not worth the risk*

Confidentiality is a huge issue, most students say they would not feel comfortable accessing services in Tower Hamlets, they would want to leave the borough, to go to the city instead. Young people also steered clear of pharmacists, as they found it awkward having to ask for help in that setting and would much prefer to go to a clinic if they had a problem.



*[A clinic] is just less awkward than a pharmacy, you don't sit around waiting in public to talk to the pharmacist, and those little rooms they have are creepy.*

Finally, as could be expected, there are a lot of cultural concerns around sexual health in Tower Hamlets, and weight of their cultural expectations was enough to discourage young people from trying to access services, particularly for girls.



*It's about respect, even if you're a wealthy family or doctors or whatever, you get a certain amount of respect in our community and if one person, just one, in your extended family, does something bad, then the respect for the whole family is ruined. It's even harder for girls, they have higher standards for respect. Whereas if a boy does well, he's intelligent and gets into university or becomes a doctor or whatever, he can basically do what he wants. It's much worse for girls.*

## Conclusion

Sexual health, as expected, is a tricky topic to engage young people in Tower Hamlets in. Language, context, and environment are all key in terms of working with young people to develop sexual health services that they feel empowered and supported to utilise. Participants at our workshop suggested ongoing conversations such as this one, in which young people could continue to share their perspectives and opinions, without the 'abrupt and directness' of online surveys, which they felt did not allow them to explain nuances in their feelings. Furthermore, broader efforts to educate young people about sexual health in general, and in particular, their rights in terms of confidentiality and access to services, were seen as two large gaps in current services.