

Consultation on proposed changes to sexual and reproductive health services in Lambeth and Southwark: Early findings from analysis of consultation responses for Council Cabinet members and Overview and Scrutiny Chairs

1.0 Executive Summary

- 1.1 This report has been prepared for Council Cabinet members who lead on health and Overview and Scrutiny Committee Chairs. It highlights the early findings of the recent consultation on proposed changes to sexual and reproductive health services in Lambeth and Southwark. The public consultation between 25 August and 30 September was undertaken in response to a reduction in funding for services provided by Guy's and St Thomas' NHS Foundation Trust and commissioned by Lambeth and Southwark council.
- 1.2 Between June and September, Guy's and St Thomas NHS Foundation Trust, supported by both Councils, completed various patient and public engagement activities including the recent consultation. During this time, the views of over 1200 patient-public stakeholders have been collected.
- 1.3 Please note this report does not highlight the outcome of the consultation or any decisions, as these must be considered by the Trust in partnership with commissioners, before the consultation report is published.
- 1.4 The key findings from early analysis indicate the following:
- Overall there are no strong objections to the proposals – the vast majority of respondents appear to be understanding of the need to change the way the services are provided
 - A minority of comments refer to concern about the closure of clinics - 11 free text comments in the survey and 16 patient interview respondents note concern about or objection to the closure of clinic(s)
 - There is positive support for increasing the use of SH:24 / home testing, however there is some polarisation of views for various reasons, which are noted below
 - Respondents comments have requested slightly longer evening open hours than are currently proposed
 - Findings of discussion groups and previous focus groups in June, suggest patients lack confidence in and awareness of the sexual and reproductive health services that are offered by primary care providers
- 1.5 Details of next steps and the timetable for implementing any agreed changes are noted at paragraph. We expect the consultation report to be published by 25 November.

2.0 Recommendations

- 2.1 Councillors are asked to **NOTE:-**
- a) the early findings of the consultation process and;
 - b) the next steps and timetable highlighted at paragraph 5.0

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1.0 Introduction and background

- 1.1 Since 2013, borough councils have been responsible for commissioning Public Health services, including sexual and reproductive health services. The Government significantly reduced the amount of money it gives to Lambeth and Southwark councils to fund these services. As a result, the councils have reduced the amount of funding for sexual and reproductive health services delivered by Guy's and St Thomas's NHS Foundation Trust (GSTT) and King's College Hospital Trust (KCH). With further reductions in funding expected between now and 2020, commissioners and providers across London and England continue to work to reconfigure services.
- 1.2 In response, between April and May both Lambeth and Southwark councils undertook a public consultation on changes to public health services commissioning that outlined proposals which both commissioners and providers agreed would best mitigate the impact of funding reductions to these services for patients and service users in the longer term:-
 - To have fewer clinics, but offer extended opening hours to support accessibility
 - Extend home-testing for asymptomatic patients, as currently provided by the online service SH:24
- 1.3 Following the consultation, the cabinets of both Lambeth and Southwark councils agreed to adopt the proposals. In order to meet its legal 'duty to involve', it was agreed that further patient and public engagement and a wider public consultation would be undertaken by Guy's and St Thomas', to ensure the views of service users could inform the further development of the commissioning proposals. Since June, the Trust, with support from both councils, has successfully sought the views of over **1200** patient and public stakeholders.
- 1.4 A table summarising the full range of patient and public engagement activities since May is included at Annex A. This report summarises the early findings of the **wider consultation process only**, which ran for 5 weeks from 25 August and closed 30 September. Please note these are preliminary findings, following brief analysis. Thematic analysis of qualitative user engagement methodology is not complete at the time of writing this report. Further analysis of all data is required and may result in some change to the report findings, although significant variation is not expected.

2.0 A summary of the proposals for change that were consulted on

- 2.1 Following the public consultation led by the councils, the proposals below were consulted on:
 - Refer more asymptomatic patients (i.e. without symptoms) to 'home (self)-testing' by expanding and developing the existing online testing service SH:24
 - Reduce the number of sexual and reproductive health centres from 6 to 3
 - Increase the opening hours of clinics to provide longer weekday opening and weekend opening hours and continue to offer a combination of 'walk-in clinics' and 'advance booking appointments'
 - Increase awareness and make much better use of sexual and reproductive health services that are already offered by other healthcare providers, including GPs and pharmacies

3.0 Engagement and consultation activities between June and September 2016

3.1 During the public consultation (25 August to 30 September), the following activities were completed when the views of over **600** stakeholders were sought, including, patients, staff, GPs, local residents and community voluntary organisations:

- 544 surveys (191 online and 353 paper)
- 39 semi-structured, one-to-one 20-minute interviews with service users, held in clinic consulting rooms (with patients recruited from the waiting room)
- 25 service users discussed their views as part of an open dialogue / group discussion in Burrell Street waiting room
- 16 patient-public stakeholders attended 3 specialist community focus groups
- 7 patient-public stakeholders attended a public meeting

3.2 This is a successful response given the transient nature of the patient population using these services and the topic matter itself, not necessarily being conducive to public discussion

3.3 The table in Annex A provides further summary information about the various communications and public engagement activities that have taken place since June, which in total have engaged over **1200** people.

4.0 A summary of the consultation findings

4.1 The following section summarises the findings of the consultation under each of the main proposals. In summary, the demographic profile of respondents is described as follows – further details are included at Annex B.

- Lambeth residents 38%
- Southwark residents 34%
- Other boroughs (including outer London) 28%
- The majority of respondents are;
 - White females aged 18 – 34 years (28%)
 - White males aged 18-34 years (11%)
 - Black females aged 18-34 years (10.62%)

Respondents described their gender and sexuality as;

- Heterosexual / straight female 58%
- Heterosexual / straight male 17%
- Gay, male 14%
- Bisexual, male 2%
- Bisexual, female 4%

4.2 Overall, early analysis indicates the following:

- Considering the large number of responses, overall there are no strong objections to the proposals – the vast majority of respondents appear to be understanding of the need to change the way the services are provided
- A minority of comments refer to concern about the closure of clinics - 11 free text comments in the survey and 16 patient interview respondents note concern about or objection to the closure of clinic(s)
- There is positive support for increasing the use of SH:24 / home testing, however there is some polarisation of views for various reasons, which are noted below
- Respondents comments have requested slightly longer evening open hours than are currently proposed
- Findings of discussion groups and previous focus groups in June, suggest patients lack confidence in and awareness of the sexual and reproductive health services that are offered by primary care providers

4.3 Referring more asymptomatic patients (i.e. without symptoms) to ‘home (self)-testing’ by expanding and developing the existing online testing service SH:24

4.3.1 Although many respondents support the notion of self-testing and can see its benefits, there is some polarisation of opinion amongst those we spoke to, which is also reflected in the survey results. Interestingly, many people we have spoken to so far in discussion groups or interviews are NOT aware of SH:24

4.3.2 Many patients are very interested in the idea of home testing, while others feel they would not have enough confidence in the self-testing option and prefer to see a healthcare professional – this appears to be about a lack of confidence in their ability to do the test. For those responding

- 65% thought people would use the online service, with 35% having reasons why they thought patients might be reluctant.
- Comments on possible reasons varied from ability to use or access the technology, to concerns about accuracy of self-testing and ‘getting it wrong’.
- Concerns were raised about access for, and impact on, vulnerable groups such as the young, disabled and those for whom English is not their first language.

4.3.3 The survey asked respondents to indicate how they would prefer to order home-testing kits should they visit the clinic and be directed to SH:24. The responses indicate that a larger proportion of respondents would prefer to:-

- order a testing kit for delivery to their home (69%) before leaving the clinic, using the device provided and
- 63% would take away information about SH:24 and use their own device to order a kit

4.3.4 We also asked respondents to tell us how they would prefer to received the testing kit

- 76% would prefer the kit to be delivered to their home
- 29% would prefer to collect it from another location (e.g. an NHS community clinic – health centre or GP)

4.4 Reducing the number of sexual health centres from 6 to 3

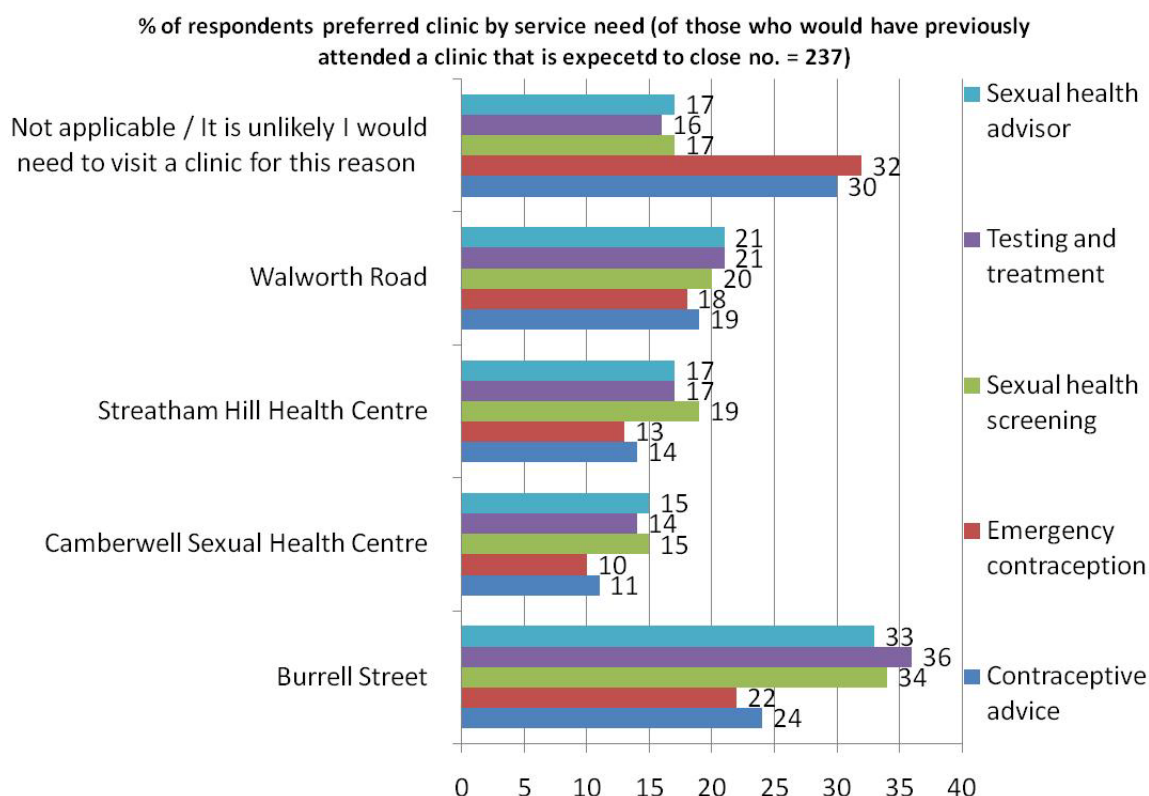
4.4.1 Findings of waiting room-based patient interviews and discussion groups highlight the following:-

- Patients seem to be understanding of the need to reduce the number of clinics given the financial situation
- Patients would have a plan for where to go if their nearest clinic closes (i.e. by utilising remaining clinics in the two boroughs)
- Some patients have voiced agreement with the closure of Lloyd Sexual Health Centre, as they would not travel there from the community
- Waiting times in clinics are a concern for some, but it is acknowledged that home STI testing could help to alleviate this
- Patients are keen that all sites offer a genuine one-stop service

4.4.2 We asked survey respondents to indicate which clinics they have used most often. The table below indicates those clinics use most, currently.

20% use Streatham Hill Health Centre	15% Burrell Street
19% Lloyd Clinic at Guys Hospital	12% Walworth Road
16% Vauxhall Riverside Health Centre	10% Artesian Health Centre.

4.4.3 We asked survey respondents that ticked a clinic that was due to close, to indicate where they would be most likely to go in the future. The chart overleaf below summarises the early findings.



4.4.4 Further analysis is required to understand the above results.

4.5 Increase the opening hours of clinics to provide longer weekday opening and weekend opening hours

4.5.1 The consultation document highlighted the proposed opening hours of clinics and the survey asked respondents to select the most convenient Sunday opening hours for Burrell Street. Findings are as follows, with **Sunday, 10.30am – 5.00pm** being the most convenient.

Opening time options	Sum of responses rated 'very' or 'fairly' convenient			Weighted average score
	Patient-public stakeholders	Trust staff and primary care providers	All respondents	
8.30am – 3.00pm	69.79%	69.49%	69.63%	0.74
9.30am – 4.00pm	74.47%	82.14%	75.81%	0.97
10.30am – 5.00pm	81.79%	82.26%	81.97%	1.26

4.5.2 In June, the Trust sought the views of services users on the most convenient opening hours and the opening hours included in the consultation were informed by the earlier findings. Q16 of the consultation questionnaire invited general comments and suggestions - **17% (94) of respondents made comments**. The comments were analysed and coded thematically and the top 5 most frequently recorded are noted below.

- 4.5.3 The most frequently recorded comments suggest longer evening opening hours than currently suggested would be preferable and make services more accessible to the working age population.
- 4.5.4 There are concerns about long waiting times and how the waiting time might be affected by the closure of clinics in the future.
- 4.6 Increase awareness and make much better use of sexual and reproductive health services that are already offered by other healthcare providers, including GPs and pharmacies**
- 4.6.1 Accessing sexual and reproductive services offered by primary care providers – some respondents are strongly against this and the reasons are as follows, which reflects themes gathered through earlier focus groups conducted in June:
- Dependent on the quality of their relationship with the GP
 - Access to GP appointments (often being difficult / long waits)
 - Lack of confidence in GPs and pharmacists to deliver what patients consider to be ‘specialist services’
- 4.6.2 In general, survey responses indicate that very few people are prepared to travel more than 30 minutes to access the required service
- 4.6.3 Survey responses indicate that if patients needed to access sexual and reproductive health services offered by primary care providers (i.e. emergency contraceptive, Chlamydia test, regular contraceptive) service users would approach the following providers:-

Service need	Responses by provider (top 3 per service need where % responses are 25% and over)
Emergency contraceptive (taken with 72 hrs)	44% Pharmacy (under 30 mins travel) 26% Order online 25% Sexual health centre
Contraceptive advice and contraception	32% My local GP practice 31% a sexual health clinic (under 30 minutes travel) 25% Order online - sent to my home
Regular contraceptive prescription	32% Order online - sent to my home 29% My local GP practice 27% Pharmacy near my home (under 30 minutes travel)
Post exposure prophylaxis	43% Sexual health centre (under 30 minutes travel) 29% GP practice where patient is registered
Testing and treatment	52% Sexual health centre (under 30 minutes travel) 27% Order online - sent to my home 25% My local GP practice
Sexual health advisor	56% Sexual health centre (under 30 minutes travel)

4.7 General comments on the proposals and suggestions for improvement

- 4.7.1 Q16 of the consultation questionnaire invited general comments and suggestions - **17% (94) of respondents made comments**. The comments were analysed and coded thematically - the top 5 most frequently recorded are noted on page 6.

Pos.	Most frequently recorded comments (of 94 comments received)
1 st	32% Request for long evening opening hours (later than those proposed)
2 nd	21% Other (broad range of comments that did not fit into any other category)
3 rd	13% Complaints about current waiting time and / or concern about these increasing
4 th	12% Objection to / concern about closure

	12% Earlier morning opening hours
5 th	9% Support for weekend opening hours

5.0 Next steps

5.1 During the next few weeks, the Trust will continue to review the findings of the consultation and consider its response, in partnership with commissioners and other stakeholders. Some aspects of the consultation will require the response of commissioners e.g. those relating to access to sexual and reproductive health services provided by primary care providers. A timetable is noted below.

Timeline	Activity
Ongoing to 24 October	<ul style="list-style-type: none"> • Analysis of consultation responses (public and internal staff processes) and thematic coding of qualitative user engagement activities • Trust and commissioner liaison regarding the consultation response
27 October	<ul style="list-style-type: none"> • Consultation report (inc. internal staff and public consultation findings) and recommendations for response presented to the Trust Management Executive
27 October to 31 st March 2017	<ul style="list-style-type: none"> • Outcome of staff consultation, staff interviews and redeployment for new service model
By 25 November	<ul style="list-style-type: none"> • Public consultation report published online (summary version to be made available)
November– 31 st March 2017	<ul style="list-style-type: none"> • Phased implementation of agreed staffing changes
January to July 2017	<ul style="list-style-type: none"> • Phased implementation of site changes

6.0 Recommendations

6.1 Councillors are asked to **NOTE**:-

- c) the early findings of the consultation process and;
- d) the next steps and timetable highlighted at paragraph 5.0.

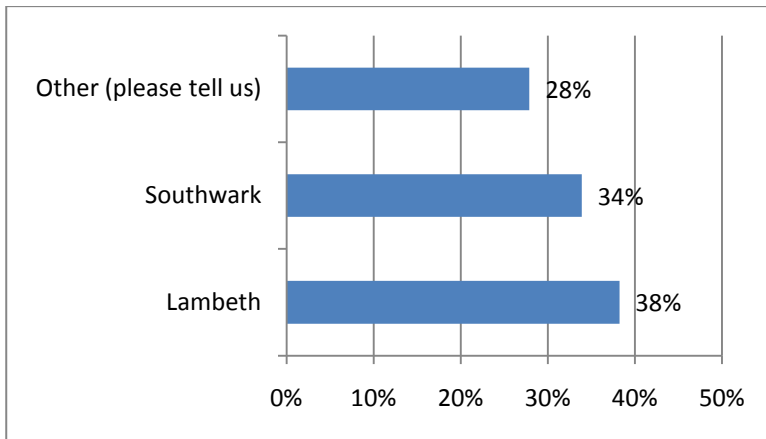
Andrea Carney, Trust Patient and Public Engagement Manager
 Robert Cook, General Manager, Specialist Ambulatory Services
 Dr Anatole Menon-Johansson, Consultant and Clinical Lead, Sexual and Reproductive Health Services
 Guy's and St Thomas' NHS Foundation Trust

Summary of all Trust-led patient and public engagement and consultation activities conducted between June and September 2016

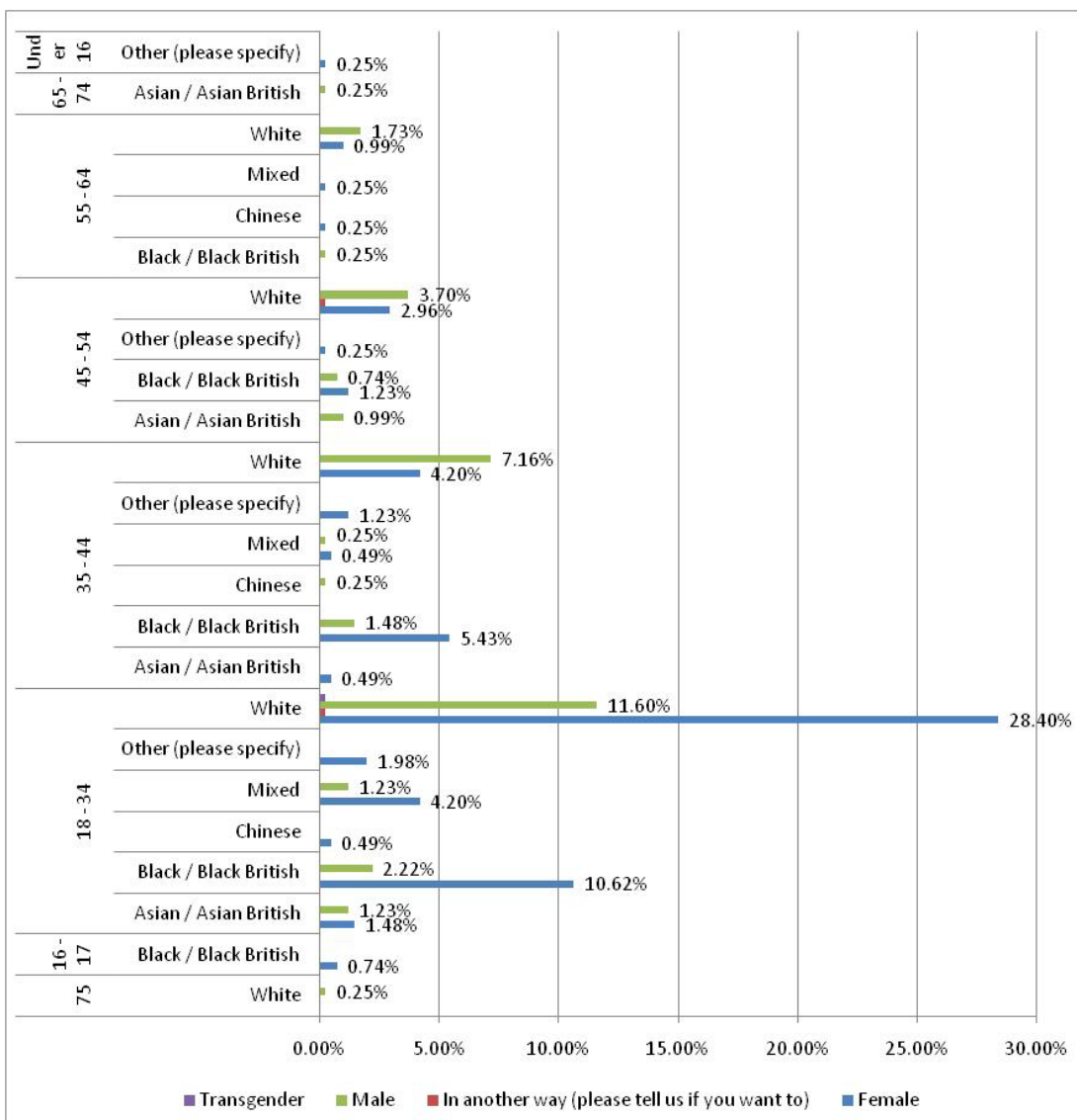
Activities	Progress update and comments
	Trust-led patient and public engagement activities June to July 2016 (to inform consultation proposals)
Online and paper service user questionnaire	<ul style="list-style-type: none"> • 588 survey responses <ul style="list-style-type: none"> ○ 91 online ○ 497 paper
User focus groups	<ul style="list-style-type: none"> • 6 x patient / user focus groups recruited from waiting room spaces in all 6 clinics • Total of 21 participants • Used to explore:- <ul style="list-style-type: none"> ○ User awareness of range of services offered by the Trust and test awareness of the providers ○ To explore options for future consolidation of clinics and notion of reducing clinics, using visual stimulus with key facts and figures about the clinics ○ Distance people are prepared to travel to access services ○ What influences people's choices of service provider
	Public consultation 25 August to 30 September
Online consultation document and questionnaire	<ul style="list-style-type: none"> • Publicised on the Guy's and St Thomas' NHS Foundation Trust website, with signposts from both council websites • Also publicised via the Trust's communications channels including monthly Team Briefing (for staff at GSTT), fortnightly King's Health Partners News (for staff at GSTT, KCH, SLAM and KCL), monthly e-GiST (for Foundation Trust members and key stakeholders), digital screens in our hospitals, news story on the Trust website • Link distributed by Public Health commissioning network and CCGs • Link publicised / distributed by Healthwatch • Shared with Foundation Trust Governors by email upon launch and discussed at a Governors working group on 13 September
Public information display (A0 posters) installed all clinic sites	<ul style="list-style-type: none"> • In situ for the duration of the consultation
Consultation questionnaire	<ul style="list-style-type: none"> • 544 survey responses (from a broad range of respondents, including patients, Trust staff, GPs,) <ul style="list-style-type: none"> ○ 204 online ○ 341 paper
3 community focus groups for specialist interest groups	<ul style="list-style-type: none"> • 3 community focus groups were completed <ul style="list-style-type: none"> ○ MSM focus group ○ Brook Young People's group ○ BME women's group
Discussion forums and one-to-one interviews in all six clinic waiting rooms	<ul style="list-style-type: none"> • 39 patients consulted through open discussion forums or one-to-one interviews with patients from clinic waiting rooms in all 6 clinic sites • A further 25 patients made general comments regarding their reactions to the proposals, as part of an open dialogue in the waiting room at Burrell St, where the waiting room made it possible to accommodate such a discussion
Public meeting, 6 – 8pm, Thursday 22 September	<ul style="list-style-type: none"> • The Trust and Lambeth Council designed the meeting in consultation with, which was also supported and promoted by local Healthwatch bodies • 7 patient-public and specialist interest stakeholders attended • Low turnout on account of subject matter

Summary demographic profile of respondents

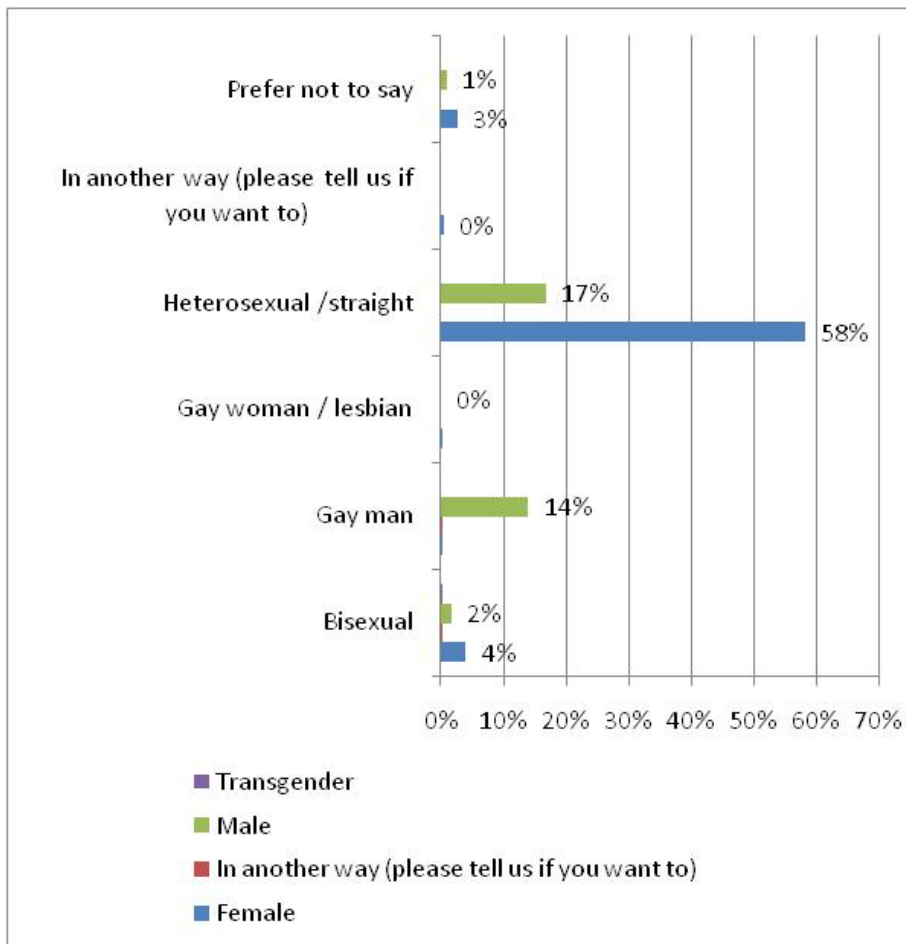
% of respondents by borough



Respondents by age and ethnicity



Respondents by sexuality and gender (%)



% of respondents with stated long-standing condition or disabilities

