

Sexual Health Services Review

Please return this survey by 30 November 2013

Gateshead Council is undertaking a review of sexual health services in Gateshead to help design future services. As part of the review it is important that we seek as many people's views about the existing services as possible. We would like to hear about your opinions, insight and experiences.

Once you've completed the survey you may choose to enter our **Free Prize Draw** for the chance to win one of two **£50 shopping vouchers** (any personal information you provide for the draw will be handled separately from the survey data so that you remain completely anonymous).

All the responses we receive will be stored securely and treated in the strictest confidence. The results that we will analyse to improve future sexual health services will be groups of responses, ensuring individuals remain anonymous.

You can **complete this survey online** at www.gateshead.gov.uk/consultation which may be quicker for you and makes it easier and less costly for us to collect the information. Alternatively, you can send this paper version to SHS Review, Chief Execs Office, Gateshead Council, **FREEPOST** NEA 3381, Gateshead, NE8 1HH (no stamp required).

For further information contact David Brady on 0191 433 3147 or Emma Gibson on 0191 433 2845.

Sexual Health Services

1. Are you completing this survey for yourself or on behalf of someone you care for?

(Please select one option only)

- Myself
- Someone I care for

2. Over the last three years, which of the following services have you used at a GP, pharmacy, hospital, sexual health clinic or another location such as at school/college? (If you have not used any of the services, please go to question 5)

(Please tick all that apply in each column)

	GP	Pharmacy	Hospital	Sexual health clinic	Other
Provision of contraception (for example condoms, pill, coil, injection, emergency contraception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom card scheme (for under 25's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people's contraception clinic (for under 25's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening programme (for under 25's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination advice and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing and treatment of sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling for sexual health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception information and advice (For example condoms, pill, coil, injection, emergency contraception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on menopause symptoms or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Thinking about the service(s) you have used in the last three years, how satisfied or dissatisfied were you with the service you received?

(Please select one option only in each row)

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
Provision of contraception (for example condoms, pill, coil, injection, emergency contraception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom card scheme (for under 25's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young people's contraception clinic (for under 25's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening programme (for under 25's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination advice and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing and treatment of sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling for sexual health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception information and advice (For example condoms, pill, coil, injection emergency contraception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on menopause symptoms or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Thinking about any sexual health services that you were dissatisfied with, please state the reason why...

(Please tick all that apply)

- Not applicable, I was satisfied with the service
- It was not easy to find out about the service
- The opening times did not suit me
- I was unable to get an appointment that suited me
- It was not easy to travel to the service
- The information given to me by the service was not very easy to understand
- I was not treated with dignity and respect
- Other (please specify)

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5. What may put you off using sexual health services in the future?

(Please tick all that apply)

- I don't know what services are available or what they offer
- I don't know where to find them/they're not easy to get to
- I don't know whether I need to be referred to services, if I need to make an appointment, or if I can just turn up
- The opening times don't suit me
- Not being able to choose between a male or female member of staff
- I'm worried about confidentiality
- I feel too embarrassed to use the services
- I have had a bad experience of using the services in the past
- Other (please specify)

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6. Where would you prefer to go for sexual health advice and/or treatment?

(Please tick all that apply in each column)

	Advice	Treatment
GP	<input type="checkbox"/>	<input type="checkbox"/>
Local pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health clinic	<input type="checkbox"/>	<input type="checkbox"/>
Community Centre	<input type="checkbox"/>	<input type="checkbox"/>
School/college/university	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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7. What would be the best time for you to access sexual health services?

(Please tick all that apply)

	Morning (8am-12pm)	Lunchtime (12pm-2pm)	Afternoon (2pm-5pm)	Evening (5pm-10pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have any other comments or ideas about sexual health services?

About You (or the person you are completing this on behalf of)

We would like to ask you some questions about yourself. This will help us to see if views vary across different groups and communities and how representative the responses are compared to the population of Gateshead. As with all of the questions in this survey, your responses will be completely confidential. If you do not wish to answer a question, then please leave it blank.

9. What is your age group?

(Please select one option only)

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45 to 54 |
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 55 to 64 |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 65 and over |
| <input type="checkbox"/> 35 to 44 | |

10. Are you...

(Please select one option only)

- Male
- Female
- Transgender

11. What is your ethnic group?

(Please select one option only)

White

- British
- Irish
- Gypsy or Irish Traveller
- Other

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other

Other

- Arab
- Any Other Ethnic Group

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

Black/Black British

- African
- Caribbean
- Other

- Prefer not to say

12. What is your sexual orientation?

(Please select one option only)

- Bisexual
- Gay man
- Gay woman or lesbian
- Heterosexual
- Other
- Prefer not to say

13. Please tell us the first half of your postcode e.g. NE10 1...

(The first half of your postcode does not identify your individual address. Thousands of addresses share the first half of a postcode. This information will help us to see if the responses we receive are representative of the views of people across Gateshead)



When you send your survey back to us, we will detach this section from your survey responses to ensure that you remain completely anonymous.

Next Steps

If you would like to be involved in the next stage of the sexual health services review, please provide us with your name and a phone number or email address that we can contact you on in the future:

Prize Draw

- Please enter me into the prize draw**
My name and phone number or email is:
Your contact details will enable us to contact you if you are the winner and will not be used for any other purpose

Prize Draw terms and conditions: **1.** Your chances of winning do not depend on any of the answers given in this survey. **2.** Winners will be selected at random after the consultation has closed in December 2013. **3.** Only one entry will be made for each individual respondent. **4.** Entries received after the closing date will not be entered into the prize draw. **5.** The prize draw is only open to residents of the UK. **6.** The prize draw is open to employees of Gateshead Council with the exception of any employees (and their families) who are directly connected with the setup and management of this consultation. **7.** No correspondences will be entered into other than with the winner. **8.** Any prizes that fail to be claimed within 6 weeks of the draw date will be redrawn. **9.** We accept no responsibility for the prize being lost, damaged or delayed in the post.

Thank you for completing this survey