Experiences and perspectives of individuals using sexual health services

Overview

The Commons Health and Social Care Select Committee launched an online survey 'How can sexual health services be improved?' on January 8th 2019. The survey was publicised on social media (Twitter), the Committee's webpage, and by a press notice to the Committee's contact list. In addition, the Parliamentary Outreach team contacted relevant organisations with an interest in this area and asked them to share the survey. The survey was liked 83 times on Twitter (across four tweets) and retweeted 145 times, including by Parliamentary accounts (@UKParliament, @HouseofCommons and @ParliOUT), several sexual health organisations (in particular by the Terence Higgins Trust @THTorguk, Brook Charity @Brook_Charity, Sexually Transmitted Infections @STI_BMJ and The Faculty of Sexual & Reproductive Healthcare @FSRH_UK), and by MPs. 385 individuals completed the survey between the 8th of January and the 30th of January. The Parliamentary Office of Science and Technology (POST) was asked to prepare a short report detailing the key issues raised in these responses.

Please note that the Committee did not solicit evidence from all individuals using sexual health services and the submissions received are likely to demonstrate 'self-selection' or 'volunteer' bias, whereby they over-represent individuals who have strong opinions or interests.[1] As such, this report is intended to summarise and reflect the key perspectives of the individuals as outlined in the submissions received, and should not be interpreted as representative of all users of sexual health services.

Summary of responses

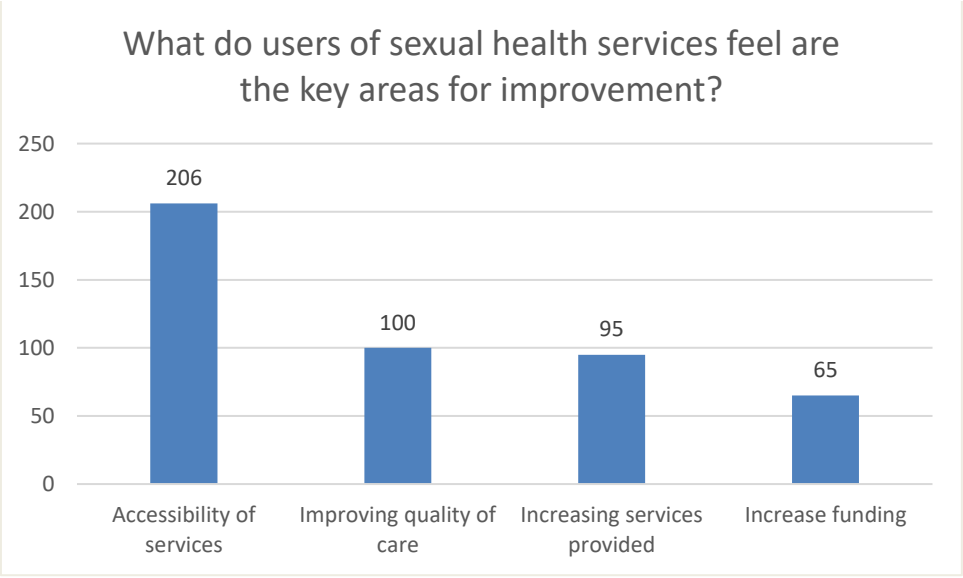
The sexual health services survey was completed by 385 individuals (including 198 who identified as LGBT+ and 39 respondents who identified as Black, Asian or Minority Ethnic). 142 respondents identified as men, 220 respondents identified as women, 23 preferred not to state a gender or identified as other gender identity. When asked to select which sexual health services they had used from a list, the most common choices were sexual health clinics (335 responses) and GPs (170 responses). When asked to select reasons for using these services, the most common choices were for STI testing (296), contraception (217) and HIV testing (189).

When asked 'what are your views about the service you received?', responses focussed around three main areas: accessibility of services (318), quality of care (335), and concerns about changes to services (30). Most respondents reported negative experiences around accessibility, with commons complaints including that it was difficult to book an appointment, there were long waits at walk-in sessions, and services were not available at convenient times or in convenient locations. Some respondents who had used services in

[1] Rovai, A., Baker, J. and Ponton, M. (2014) *Social Science Research Design and Statistics: A Practitioner's Guide to Research Methods and SPSS Analysis*. Watertree press; Dan, A., Kalof, L. and Dietz, T. (2008) *Essentials of Social Research*. Open University Press.

different geographical locations noted that there was variability in accessibility and quality of care. Many respondents (238) gave positive comments about the quality of care, specifically that treatment had been good or excellent and that staff had been kind, reassuring and non-judgmental. However, there were negative comments about quality of care, including complaints about staff (specifically about them being judgmental, insensitive or lacking appropriate knowledge), a lack of coordination between sexual health services, and a lack of sensitivity towards certain protected characteristics (specifically regarding age, sex, sexual orientation and gender identity). Some respondents raised concerns over changes to sexual health services, including that there were fewer available appointments in part due to sexual health clinics being shut down.

When asked 'what improvements do you think would make sexual health services better?', responses focussed on four main areas: accessibility of services (206), improving quality of care (100), increasing services provided (95), and increasing funding (65). Respondents who talked about accessibility of services most commonly suggested improvements to the availability and booking of appointments, locating sexual health services more conveniently in the community, having more convenient opening times for sexual health services and doing more to reduce waiting times at drop-in sessions. Some respondents also suggested that sexual health services should be more widely advertised so people knew where to go and what was on offer. Respondents who discussed quality of care suggested that sexual health services needed more staff, staff should have more training and there should be greater specialty in sexual health clinics for certain protected characteristics (specifically sex, sexual orientation, gender identity and age). The most common suggestions from respondents who discussed increasing services included more access to STI home-testing kits and greater availability of pre-exposure prophylaxis for HIV (PrEP). Further responses suggested that sexual health services should receive more funding.



When asked 'what information and resources do you use to look after your sexual health?', the most common responses were health websites (135), NHS Direct and NHS Choices

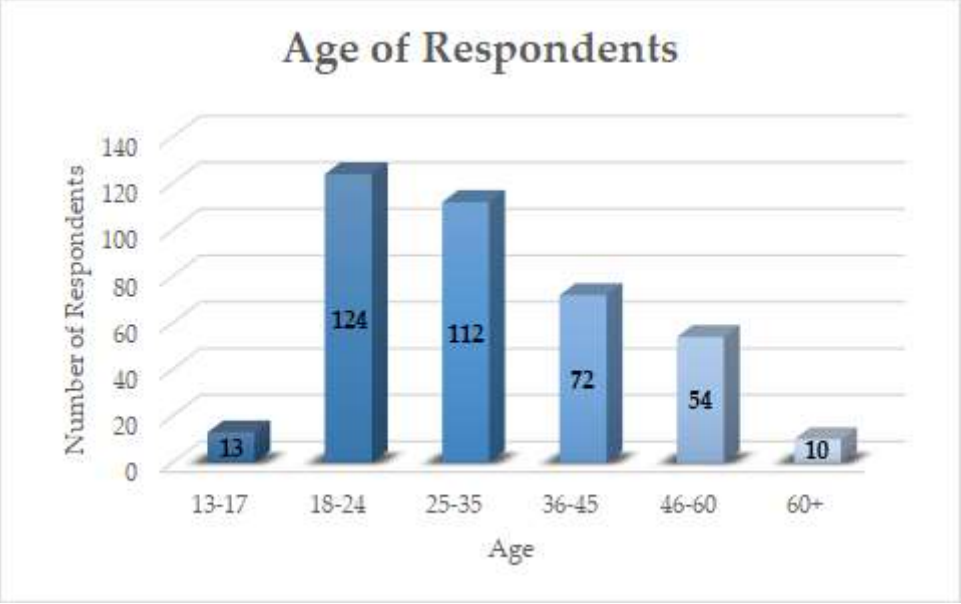
websites (79), and medical staff (38). When asked 'what other information and resources would you like to be available?', the most common responses were more information and resources (50), better sex education in schools (37), more public health campaigns and general awareness raising around sexual health (18), and more information specific to LGBT+ individuals (14). Finally, respondents were asked 'is there anything else that you would like to tell us about your experiences and perceptions of contraception and sexual health?'. Of those individuals who answered this question, most focussed on three key areas: reducing stigma around accessing sexual health services (41), offering a wider variety of contraception (16) and increasing or maintaining funding for sexual health (11).

Demographics of respondents

In total 385 submissions were reviewed. 142 respondents identified as men, 220 respondents identified as women, 16 preferred not to state a gender and 7 identified as other gender identity. 198 respondents identified as LGBT+ (including 110 who identified as gay men, 7 who identified as lesbian and 74 who identified as bisexual or pansexual). 39 respondents identified as Black, Asian or Minority Ethnic (BAME).

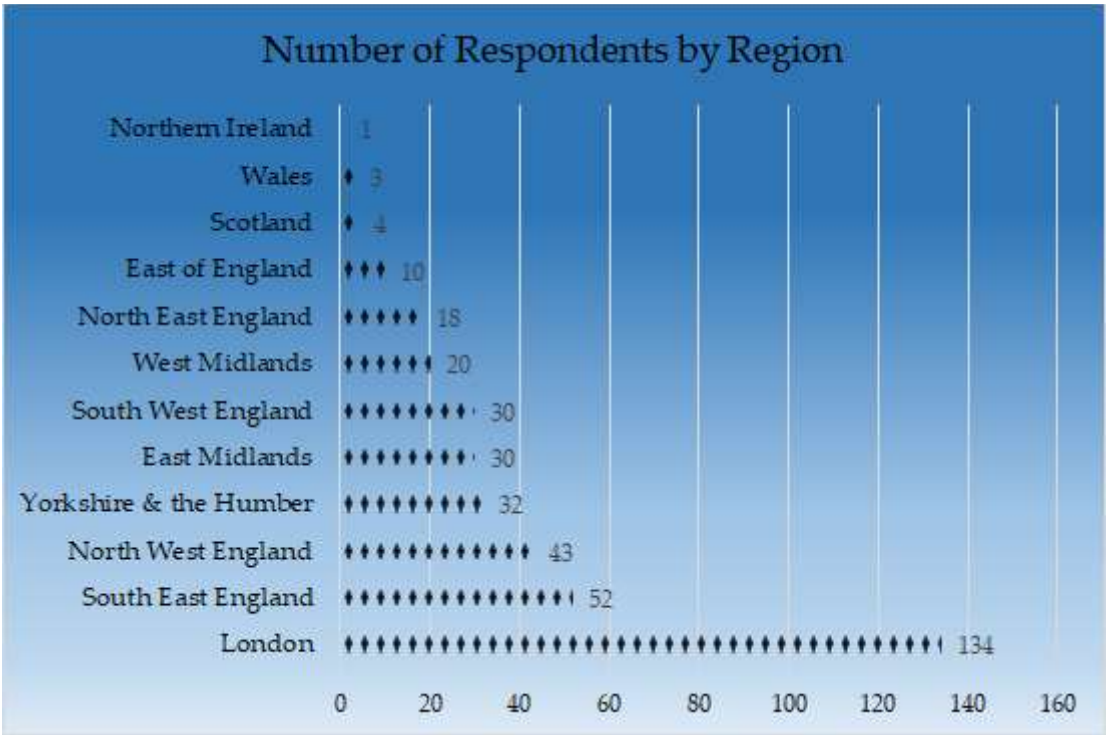
Respondents were from a spread of age groups, as follows:

- 13 respondents were aged 13–17
- 124 respondents were 18–24
- 112 respondents were 25–35
- 72 respondents were 36–45
- 54 respondents were 46–60
- 10 respondents were 60+



377 respondents gave their UK region/nation:

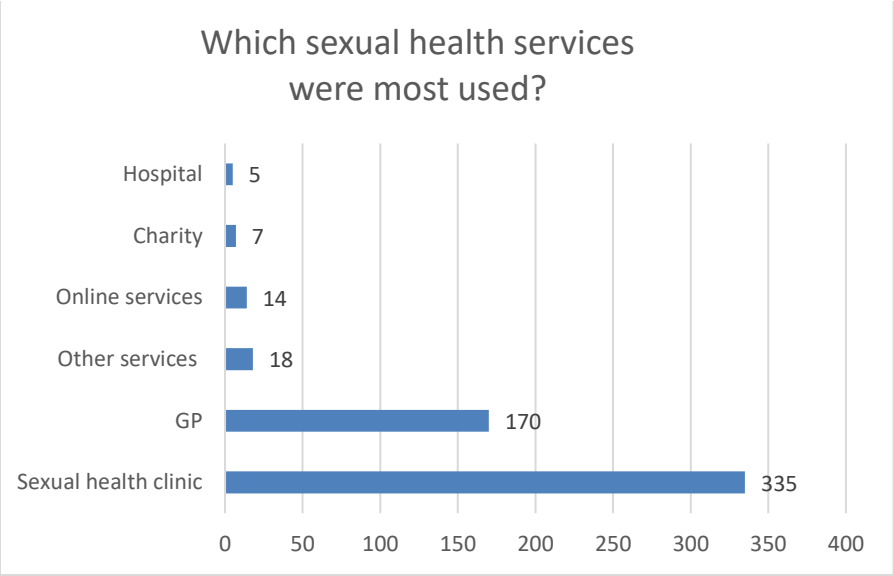
- 134 were based in London
- 52 were in South East England
- 43 were in North West England
- 32 were in Yorkshire & the Humber
- 30 were in the East Midlands
- 30 were in South West England
- 20 were in the West Midlands
- 18 were in North East England
- 3 were in the East of England
- 10 were in Scotland
- 4 were in Wales
- 1 was in Northern Ireland



Services used by respondents

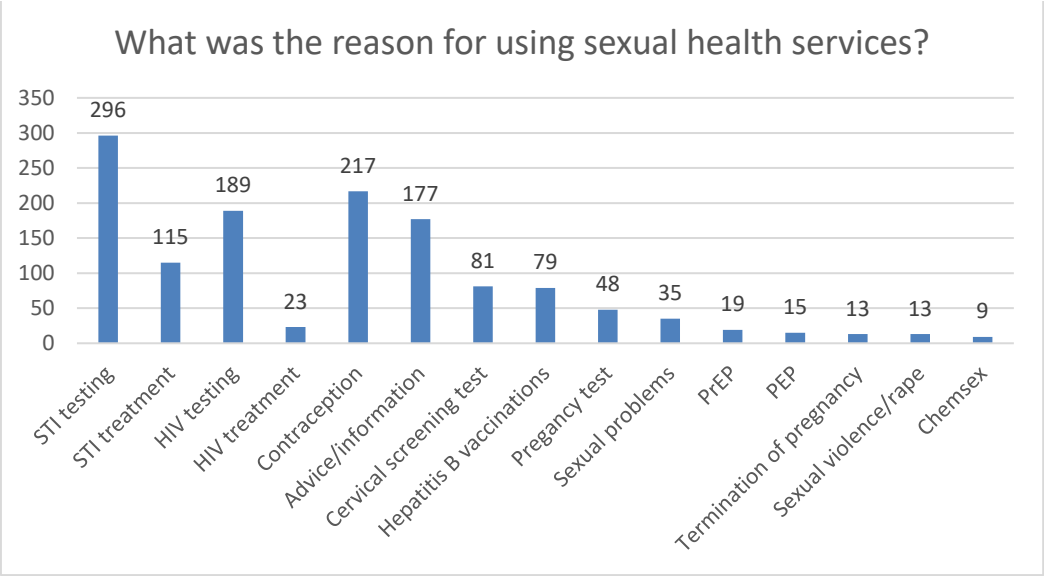
All individuals who completed the survey provided information about which sexual health services they used and their reasons for using them. Respondents used various sexual health services, with many using multiple services (most frequently a combination of sexual health clinics and GPs):

- 335 had visited a sexual health clinic
- 170 had visited a GP
- 14 had used online services
- 7 had visited a charity
- 5 had visited a hospital
- 18 had used other services (including pharmacies and school-based health centres)



Respondents used sexual health services for various reasons, with many stating multiple reasons:

- 296 used services for sexually transmitted infection (STI) testing and 115 for STI treatment
- 189 used services for human immunodeficiency virus (HIV) testing and 23 for HIV treatment
- 217 used services for contraception
- 177 used services for advice and information
- 79 used services for hepatitis b vaccinations
- 81 used services for cervical screening tests
- 48 used services for pregnancy tests
- 35 used services for sexual problems
- 19 used services for pre-exposure prophylaxis of HIV (PrEP) and 15 for post-exposure prophylaxis of HIV (PEP)
- 13 used services for the termination of a pregnancy
- 13 used services following sexual violence or rape
- 9 used services following chemsex (the use of recreational drugs during sexual activity)



Views on the sexual health services received

Survey respondents were asked 'what are your views about the service you received?' and the responses focussed around three main areas: accessibility of services, quality of care, and concerns about changes to services. 36 responses said that they had positive experiences using sexual health services but did not give further details.

Accessibility of services

318 respondents talked about the accessibility of sexual health services, with most comments (254) reporting negative experiences. 23 respondents commented that trying to book an appointment was a complicated process and 84 reported that there were no appointments available when they required one. However, 54 respondents said that they found booking an appointment was simple and easy.

> Getting an appointment is always difficult, have to phone really early in the morning and you still might not get one. (heterosexual woman aged 18–24)
>
> At one clinic booking was almost impossible. You could only get an appointment in a two minute window twice a week before all were booked. Another clinic's system said they would phone back to book an appointment, and they never did. (bisexual woman aged 18–24)
>
> Getting an appointment was difficult, had to ring through many levels to get to the right office. (heterosexual man aged 25–35)
>
> It's hard to get an appointment with my GP surgery as you have to book three weeks in advance. (heterosexual woman aged 25–35)
>
> Difficult to get through on the phone. No option to book online. (homosexual man aged 46–60)

Individuals who could not book appointments were often asked to come along to drop-in sessions. When individuals used drop-in sessions, they were concerned at the amount of time taken to be seen, with 83 responses saying that the waiting time to be seen was too long (often several hours). 13 respondents also noted that the services they tried to access were so oversubscribed that they could not be seen during the walk-in session that they attended.

> Even though I arrived as early as possible I still had to wait for a good 4 hours before getting an appointment, I was so happy with the service but the wait time was crazy for a midweek appointment. (bisexual woman aged 18–24)

> Getting an appointment was tough, as it was only walk-in services offered, meaning I had to stand in line outside before it opened at 8am. (heterosexual woman aged 18–24)

> Long wait to be seen as recent experience left us waiting for 3 hours to be seen (from registration to consultation). (heterosexual man aged 25–35)

> Difficult to get an appointment at sexual health clinics in London, had to queue for two hours and wait another two before being seen. (bisexual woman aged 25–35)

> Overcrowded. I have to wake up really early in the morning and start a queue 2 hours before opening times to get served on time. They've got limited number of people they can see daily. (homosexual man aged 25–35)

> I once had the implant and struggled to get it removed due to a lack of places offering the service, not having time to go to the clinic in the day, and the clinic being full for the day by the time I got there. I ended up cutting it out myself from frustration and have been left with a scar. (heterosexual woman aged 25–35)

26 respondents stated that it was difficult to attend appointments or drop-in sessions because they were frequently at inconvenient times (often weekdays between 9am and 5pm).

> Good service but very long wait and not many clinics open past 5pm. Not very good when most people finish work at 5pm. (heterosexual woman aged 25–35)

> Very hard to get an appointment that works with 9-5 working lifestyle must always take off work - means avoid going. (homosexual man aged 25–35)

> Also most sexual health clinics are only open at specific times during the week, often a weekday during the day. This means that I would have to take time off work to attend. (heterosexual woman aged 25–35)

17 respondents discussed the location of sexual health services, with 4 saying that they were convenient and 13 saying that they had to travel further than they would have liked to access sexual health services. 9 responses also mentioned having experienced sexual health services in different geographical areas and finding regional variability in terms of accessibility and quality.

> I would feel more confident to go to a clinic but they are far from where I live. (heterosexual woman aged 18–24)

> GP services on contraception vary massively between the two areas I have lived. In [redacted] I was never invited to consider any other type of contraception except for the pill. On moving to [redacted] I was invited to consider a whole range of other contraception and decided to go for the IUS [intrauterine system] coil, which was then fitted within the GP surgery. (bisexual individual aged 18–24)

> Access varies around the country, when I lived in [redacted] it was much harder to access compared to [redacted] where I live now. (heterosexual woman aged 18–24)

> I find that my clinic is quite far away, and there aren't many around me. (bisexual man aged 25–35)

> There seems to be different services provided in different counties not at all standardised across the country. (homosexual man aged 46–60)

Quality of care

335 responses discussed the quality of care received. Many stated that the quality of care had been good or excellent (140) and that staff had been kind, reassuring and non-judgmental (98).

> Quality of care: faultless - all clinical staff are friendly, professional, and non-judgemental. I think that many people who attend a sexual health clinic are scared or anxious, but the staff at [redacted] are amazing. (heterosexual woman aged 18–24)

> It was an as pleasant experience as one can have at a sexual health clinic. The particular clinic I went to were open minded and I felt no judgement or shame from the employees regarding my sexual orientation or sexual activity. (homosexual man aged 18–24)

> The quality of care I received following a sexual assault was incredible. I was looked after, everything was explained to me and they didn't rush me. (bisexual woman aged 18–24)

> As a man living with HIV for the past 6 years I have had almost uniformly excellent care, from health workers who are knowledgeable, considerate and highly professional. (homosexual man aged 36–45)

However, there were some complaints made about staff seeming judgmental (12), being insensitive (12), lacking appropriate knowledge (12), making incorrect diagnoses (8), ignoring patient requests (8) and making mistakes during treatments (2). Complaints about making incorrect diagnoses, lacking appropriate knowledge and ignoring patient requests were most frequently made about GPs (as opposed to other sexual health services).

> When I had an STI check following an assault the nurse continued to refer to my attacker as my "partner" even after clarification, which was unnecessarily upsetting. (bisexual woman aged 18–24)

> My GP was quite reluctant to acknowledge I had an actual problem down there when I said that it hurt when I had sex. She dismissed it at first in a general 'that's normal' kind of fashion until I asked her to check and she could see it was in fact thrush. (bisexual woman aged 18–24)

> I use contraception for a medical condition and I had problems finding someone willing to fit the mirina coil because I haven't yet had a child and I have endometriosis, therefore my local sexual health clinic refused to do it. (bisexual individual aged 18–24)

> Service from local GP was exceptionally poor and disappointing - had a coil fitted (after much persuasion not to - because I'm not married! Is it 1950?) in a room without a curtain with the bed facing the door, the GP had to leave the room which was humiliating while my legs were in stirrups. The coil was incorrectly fitted and had to be removed the next day. (heterosexual woman aged 25–35)

> It was degrading, humiliating and embarrassing. The staff were awful. (homosexual man aged 36–45)

> My GP misdignosed [sic] the Herpes altogether [sic] as hives or an allergy. (heterosexual woman aged 46–60)

10 respondents wanted better coordination of sexual health services (such as between GPs and sexual health clinics), noting that information about past medical history was often not shared between services.

> Some issues with services not linking up properly. I was referred by my GP practice to the sexual health clinic for an ultrasound to investigate a potential health issue, but never heard from them, and had to chase it up myself after many weeks. (bisexual woman aged 18–24)

> Service was good but not particularly joined up, it seems each visit was a single transaction rather than a programme of care. (homosexual man aged 46–60)

22 responses mentioned issues relating to protected characteristics (specifically sex, sexual orientation, gender identity and age). 6 respondents stated that services were uncomfortable or inappropriate for women or non-binary individuals, raising issues such as not wanting examinations being performed by male staff. 5 individuals noted that services were not inclusive for LGBT+ people, including medical staff assuming by default that service users were heterosexual. 4 respondents raised concerns about age discrimination, with 1 person saying that they felt unwelcome for being under the age of consent and 3 saying that it was harder to access services after the age of 25 as many services focussed on younger age groups.

> A common thread in all my interactions with sexual health services -- from STI and HIV testing, to pregnancy appointments and PCOS [poly-cystic ovary syndrome] consultations -- is that almost every health professional I interact with (with just one exemption) has assumed that I am straight. […] As a bisexual woman, this careless presumption of straightness and the thoughtless use of gendered language has tainted my experience of sexual and reproductive health services and potentially prevented me from comprehensive healthcare. (bisexual woman aged 18–24)

> And it was a male doctor who put in my coil though I wasn't told this and would have preferred to have been told beforehand. (pansexual individual aged 18–24)

> There was a huge stigma for being underaged. (bisexual woman aged 18–24)

> Easily accessible when I was under 25 but unfortunately much more difficult later. (heterosexual woman aged 25–35)

> Some still used gendered/heterosexual terms and assumptions when talking to me, even after I had stated I was not heterosexual. This wasn't so much rude as just bizarre and slightly out of touch. (homosexual man aged 25–35)

> Have some sexual problems that I have not sought help for because it is very difficult to communicate with a male doctor about disorders of sensation/desire. When describing symptoms I suspect that male clinicians do not fully understand what I am saying as their anatomy differs from mine. (heterosexual individual aged 46–60)

Concerns about changes

30 responses mentioned concerns about services changing, including that clinics that they had used previously had been closed (13), that fewer appointments were available (11) and that the services offered were reducing or getting worse (3). 22 said that they believed funding had been cut to their local sexual health services and that this was detrimental to the accessibility and quality of the service.

> Getting appointments and services has become incredibly difficult over the last few years, and I have seen and heard about the effects of defunding. Care quality when I have received it has been amazing (I recently had my contraceptive implant replaced at [redacted]), but it is much more difficult to get appointments than three years ago. (bisexual woman aged 18–24)

> In [redacted] I have been to 3 different clinics because cuts have meant they have been moved to different locations and centres closer to me have shut down. The closest one to me now is a 40 minute public transport journey away when it used to be 20 minutes away. (homosexual man aged 18–24)

> Sexual health is so crucially important and funding is just being cut and cut. I would be on the phone trying to reach sexual health clinics that I didn't know had actually been closed down. (homosexual woman aged 25–35)

> A few years ago I could get an appointment in several clinica [sic] quite easily, now I have to try and book appointments and a lot of the old clinics I visited have shut down. The staff are always friendly but they clearly are stressed out with more patients to see. (homosexual man aged 46–60)

Views on improvements to sexual health services

Survey respondents were asked 'what improvements do you think would make sexual health services better?' and responses focussed on four main areas: improving accessibility of services, improving quality of care, increasing services provided, and increasing funding.

Improving accessibility of services

83 respondents wanted improvements to the availability and booking of appointments, mainly focussing on having more appointments that were bookable (rather than drop-in sessions) and having easier booking processes (such as online booking).

> I'd love to be able to book an appointment and tell my GP/health care provider/sexual health clinic worker what I wanted an appointment for before the allotted time. (heterosexual woman aged 18–24)

> Maybe an online booking system for smaller clinics as walk in systems can mean people get turned away. (homosexual man aged 18–24)

> More appointments for people of all ages at both clinics and GP. (heterosexual woman aged 36–45)

> Appointments you can book online for the GUM [genitourinary medicine] clinic, the way you can for my GP. (heterosexual woman aged 46–60)

28 respondents wanted sexual health services that were more conveniently located for them in the community, another 7 suggested that all sexual health services should be located within GPs' offices and 4 more proposed that there could be 'pop-up' sexual health services in town centres or other locations.

> There should be more of them in every county i.e. sexual health clinics, in my area there is 1 clinic for the whole county which isn't practical. (heterosexual woman aged 18–24)

> Mobile clinics for non-urban areas - getting the expertise of staff specialising in sexual health services without having to travel to the nearest large town or city. (heterosexual woman aged 18–24)

> Weekly or monthly sexual health drop in sessions in public places such as libraries or shopping centres. (homosexual man aged 25–35)

> More local clinics. Integrate sexual health services at GP surgeries or certain pharmacies. (homosexual man aged 36–45)

> There need to be more local clinics. Not everyone has a car and travel by public transport can be difficult or at inconvenient times. (heterosexual man aged 60+)

40 wanted more convenient opening times, including provision of evening and weekend appointments.

> Longer opening times, weekend appointments. (bisexual woman aged 18–24)

> A late night service one or two days a week to 8-9pm. (heterosexual woman aged 25–35)

> I am not surprised young girls are still getting pregnant, and young people are still getting STIs at high rates - there is a lack of accessing services in my area as the main clinic closes before school finishes. (heterosexual woman aged 36–45)

27 wanted more to be done to reduce waiting times in drop-in sessions.

> The process to get seen is poor - you need to take a ticket, wait to be called, asked why your visiting before you can book in to be seen or to make an appointment. Then when you book, it asks you again why you are visiting. This part needs to be more streamlined. The waiting time is long, over three hours. (heterosexual woman aged 36–45)

> More nurses and doctors would make the service so much more efficient and drastically improve the rates of STI transmission. Currently people are put off from going to walk ins as they take so long to get through. (bisexual woman aged 46–60)

17 suggested that sexual health services should be more widely advertised so people knew where to go and what was on offer.

> Excellent service but not enough exposure - more people need to get regular testing and the way to do this is through letting them know that the resources are avaikabke [sic]. (heterosexual woman aged 18–24)

> Perhaps advertising their existence more openly; I don't think people are aware it's so easy to book and attend, and be basically anonymous for GUM clinics. (heterosexual woman aged 25–35)

> I think if people knew how to access the wonderful services available and if they were easily accessible, then maybe more people would go for a "Sexual Health MOT" and not just leave it until they had a serious problem. Maybe targeting needs to be wider? (homosexual man aged 25–35)

Improving quality of care

58 respondents talked about staffing, with 12 suggesting sexual health services needed more staff and 49 wanting staff to be trained better (specifically to increase their knowledge about sexual health, to stop judgemental attitudes and to improve their safeguarding skills).

> Better education for those professionals who deal with reports sexual violence (school teachers and the like) on how to handle the victim and the accused, rather than turning a blind eye. (homosexual man aged 13–17)

> More doctors & nurses as most people have to wait up to 3 hours to be seen for something that literally takes 5 minutes. (heterosexual woman aged 18–24)

> For me there was still a stigma around the termination of pregnancy service. […] The GP I saw who referred me for a termination wouldn't look me in the eye, and treated me with an air of shame and 'silly little girl'. I was caring for my mother who had cancer at the time, and going through a painful relationship breakdown - it was horrible to have this judgement on top of that. More emotional intelligence and empathy training for GPs would be a vast improvement. (heterosexual woman aged 25–35)

> More staff. I recently arrived at my HIV clinic to find the receptionist in tears, having just been informed that she had to work a 12 hour shift that day - something, she informed me, that was happening increasingly frequently due to staff shortages. This would also reduce waiting times in the regular clinic I occasionally attend, and which is almost always oversubscribed. (homosexual man aged 36–45)

> Better training for Doctors in Sexual health clinics. Better education on the transmission of genital herpes. (heterosexual woman aged 36–45)

> Staff should be better trained to detect the link to sexual abuse and exploitation and know what to do if they spot this and how to refer people to protective/safeguarding services. Many victims are passing through these services without this kind of intervention, which is a significant failure in relation to duty of care to these individuals. (heterosexual man aged 46–60)

42 wanted greater specialty in sexual health clinics for certain protected characteristics (specifically sex, sexual orientation, gender identity and age). 20 individuals suggested more specific services and staff training for LGBT+ sexual health. 11 respondents suggested that services should be more tailored towards different sexes, with specialised services for female service users (such as cervical smear tests or contraceptive implants) being separated from general sexual health services. 11 individuals noted that services should be targeted at all age groups, with concerns that those under the age or consent or over 25 were not receiving enough attention from sexual health services.

> Heteronormative and homophobic approaches to sexual and reproductive healthcare must be eradicated. No patient should be cornered into 'coming out' to a doctor or other healthcare professional to correct an incorrect assumption just so they can receive appropriate and sensitive treatment. (bisexual woman aged 18–24)

> More modern and easy to use words. No one uses passive to refer to a bottom in gay sex. Stuff like this makes people feel less open. (homosexual man aged 18–24)

> Many young women have a distrust of their GP when it comes to contraception and sexual health, having had our concerns dismissed in the past by GPs with no interest in women's health. (heterosexual woman aged 18–24)

> Less judgement of people under the age of sixteen. (bisexual woman aged 18–24)

> Professionals not assuming everyone is heterosexual and active by default. Should be asked first before asking question that assume they know you definitely have intercourse with the opposite sex. (homosexual woman aged 25–35)

> My service seemed to be rationed e.g. they could only do for certain age groups. It should be made available to all. (heterosexual man aged 25–35)

> At present you can only get full testing online (home kit) if you are a man who has sex with men. Women have to go into the clinic for the same tests. (bisexual woman aged 36–45)

Increasing services provided

95 responses suggested an increase in the services provided, including increasing the range of services provided in sexual health clinics and GPs (16), greater access to STI home-testing kits (28), greater availability of PrEP (22), human papillomavirus infection (HPV) vaccines available for anyone who requests them (7), a wider variety of contraception offered as standard (6) and screening for herpes simplex virus (HSV) as standard in STI tests (3).

> I believe that most contraception should be available in GP's, like the injections, pills and possibly the implant as they are all fairly simple procedures and would save a lot of people a lot of time. (heterosexual woman aged 18–24)

> More online testing services as it is difficult to attend clinics when working full time and they're often full up. Some boroughs have online services, and this should be free to all across the country. People are probably more likely to check their sexual health if they can do it in the convenience of their home

without having to find time to attend a packed clinic that doesn't offer appointments. (heterosexual woman aged 25–35)

PrEP needs to be available on the NHS in England. I asked for it but I was told that the trial was full up and that I would have to buy PrEP online at some cost. I am unable to afford this and so I feel let down by NHS England for not being able to provide a service which is otherwise available elsewhere on the UK. (homosexual man aged 25–35)

The NHS should provide more funding and places for the PrEP trial in England. This is a drug that while it has a cost now, in the long run will save the NHS significantly more by not having to pay for HIV management medication. (homosexual man aged 36–45)

Hepatitis vaccination should be offered to all. (homosexual man aged 36–45)

Screening for genital herpes, particularly in pregnant women. (heterosexual woman aged 36–45)

Increasing funding

65 respondents suggested that sexual health services should receive increased funding, with 3 specifically suggesting that all funding should come from central (rather than local) government to prevent variability of services.

The recent cut of funding for sexual health clinics placed in schools/colleges has had a negative effect, especially in discouraging people from practising safe sex. So I think looking at putting these services back in place would be a great idea. (heterosexual woman aged 13–17)

More funding to increase resources and number of available appointments. (heterosexual woman aged 18–24)

More funding is desperatley [sic] needed. I am a student nurse and have been on the professional side from having a sexual health placement and also the patient side. Budget cuts mean Staff shortages and in turn means there are limited appointments available. (heterosexual woman aged 25–35)

A lot of the improvements which need to be made are down to funding; give back the funding which has been slashed. (homosexual man aged 36–45)

Being properly funded from central government rather than local authorities. (homosexual man aged 36–45)

Information and resources

Survey respondents were asked 'what information and resources do you use to look after your sexual health?' The most common responses were health websites (135), NHS Direct and NHS Choices websites (79), medical staff (38), charities or support groups (28), friends (12), social media (8) and schools or universities (8).

I used NHS and various websites online to find out about contraception and STDs when I first became sexually active. (bisexual woman aged 18–24)

The NHS website is always helpful but my GP tends to be my first port of call. (heterosexual woman aged 18–24)

I received lots of sex and contraception information at school and university which I rely on, and the fact that not evrevery [sic] received the same as me shocks and terrifies me. (bisexual woman aged 18–24)

> I look at a lot of resources and information that is available from a local charity […] They post things on their social media and on their website, which I find very useful. (homosexual man aged 25–35)

> The majority of my sexual health education comes from voluntary and charitable third sector organisations, which are also facing unprecedented rates of closure across England. (queer man aged 25–35)

> I've always been lucky as in that I've always had a good peer group which has been supportive, and we've discussed things and shared our stories/advice when it came to further information. (homosexual man aged 36–45)

> I am on secret Facebook groups and at last I have found the support and advice I have needed. (heterosexual woman aged 36–45)

Survey respondents were also asked 'what other information and resources would you like to be available?'. The most common responses were more available information (50, with 32 specifying online resources), better sex education in schools (37), more public health campaigns and general awareness raising around sexual health (18), more information specific to LGBT+ individuals (14), more information tailored by sex (male/female) in relation to contraception and sexual health (9), STI home-testing kits (7), greater availability of PrEP (7), more outreach work (5), better aftercare and support following use of sexual health services (5) and free condoms (4).

> Where I live in London, I often come across public information adverts (especially regarding testing for HIV and other STDs), which I believe are helpful for informing about services available and reducing the stigma around these things. However, I don't think I have ever come across such a campaign in the rural area where my family home is and where I live when I am not studying. Growing up in the countryside, I felt that sexual health information and services were much less accessible. (bisexual woman aged 18–24)

> I would like to see more sexual health information being more LGBTQ+ inclusive - as someone who is queer myself I am constantly astonished by the amount of my queer friends, particularly those who have sex with women, who believes lesbian/queer sex has no risk of transferring STIs. (bisexual woman aged 18–24)

> Think maybe STI screening could be offered by mail to avoid embarrassment and travelling to and from the clinic. (heterosexual individual aged 18–24)

> A trustworthy NHS/'official' site […] Hard to know what's reliable. Having that official NHS badge on it would be good. (homosexual man aged 25–35)

> A robust, age appropriate educational programme should be taught through schools to ensure young people are equipped with the knowledge and confidence to enagage [sic] in sexual relationships. (heterosexual woman aged 25–35)

> Posters on bus stops and billboards shouldn't be afraid to be frank about sexual health information. (homosexual man aged 25–35)

> More up to date information, better education to prevent the spread of STDs in the first place, better aftercare for terminations (I was sent away 1 hour later with a paracetamol and a sanitary towel). (woman aged 25–35)

> It's too hard to get free condoms. (bisexual woman aged 25–35)

> I'm not sure of the figures, but I imagine far more women take responsibility for their sexual health/birth control than men - it would be useful if men could be encouraged to learn more about contraception,

> and the risks some of these carry for the women who take them so that an informed choice can be made as a couple. (woman aged 25–35)

> There are various on-line resources […] I think there should be a national sexual health digital platform that brings this all together. (homosexual man aged 36–45)

> Counselling and support for those diagnosed with an incurable STD like HIV and herpes. (heterosexual woman aged 35–45)

> Free PrEP for all [at] risk in England- get HIV diagnoses to zero. (homosexual man aged 46–60)

Other comments

Survey respondents were asked 'is there anything else that you would like to tell us about your experiences and perceptions of contraception and sexual health?' and of those individuals who answered this question, most focussed around three key areas: stigma, variety of contraception available and funding. 41 people said that more should be done to remove stigma and lessen embarrassment about using sexual health services, pointing out that sexual health should be treated no differently from other health needs.

> It's getting less stigma around it which is helpful for sexually active teenagers but there needs to be more acknowledgement that teenagers need to be aware of sexual health and it shouldn't be seen as embarrassing or unnatural. (bisexual woman aged 18–24)

> I think there is still a lot of stigma about being tested and making it easier to access the services/better marketing would help to combat this. (homosexual man aged 36–45)

> Reduce stigma and judgment from popular culture and especially health staff so people seek early treatment and can get good advice on living with issues such as HSV. (heterosexual woman aged 46–60)

16 wanted a greater variety of contraceptive options, with some raising concerns that there was not yet a form of male contraception on the market (such as a pill or patch).

> Contraceptive possibilities are not fully explained to younger girls; a leaflet is not effectively informing someone of their options. (heterosexual woman aged 18–24)

> Don't think all types of contraception are well talked about, even when seeking advice at a sexual health clinic. I'm allergic to dairy so can't take the contraceptive pill, I found out about the Evra patch online but it wasn't given as an option to me until I said I felt that would be best for me. (heterosexual woman aged 18–24)

> We need more non-hormonal options and get a male contraceptive on the market! (woman aged 18–24)

11 respondents reiterated that they believed sexual health services required more funding.

> Government talks about prioritising prevention in its new NHS long term plan yet cut the public health budget weeks before- sexual and reproductive health care appears not to be a priority for the Government and therefore doesn't receive the necessary funding to empower people to exercise informed choice and make responsible decisions regarding their own sexual and reproductive health. (heterosexual woman aged 25–35)

> Sexual health and HIV services have for too long been on the periphery of NHS funding and planning and they are now at crisis point. As a user of these services I have spent many hours thinking about how they could be better and I am grateful to have this opportunity to share my thoughts. I hope the work of

your committee can translate into rapid action and change - it is urgently needed. (homosexual man aged 36–45)

I think the staff are trying their best but local funding is affecting services. They seem to be seeing more of us with less money and staff. I feel this will lead to bigger rises in STI and complications. It makes no sense to cut funding and expect infections to stay the same. If people don't get treatment in time infections will increase. More funding and more staff are needed. (homosexual man aged 46–60)