

# Devon and Torbay integrated sexual and reproductive health services procurement Summary of phase one.

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## Glossary

Digital services	Service users should have the option of accessing services without the need for seeing a practitioner and/or attending a clinic.
Sexual health system	Refers to other sexual and reproductive health services commissioned by Torbay and Devon County Council that are expected to work collaboratively in providing a seamless and efficient service for residents in Devon and Torbay
Sexual health network	Refers to other reproductive and sexual health services such as abortion services and relevant services provided in primary care commissioned by the Integrated Care Board and NHS England. It also refers to associated services with sexual health linkages such as school nursing, maternity, and gynaecology services.
Self-sampling	Individual takes the sample which is then sent to a laboratory for processing and is provided with a result by a healthcare worker.
Self-testing	Individual takes the samples, undertakes the HIV test, and interprets result autonomously without any interaction with a healthcare worker.
EHC	Emergency hormonal contraception

HIV	Human immunodeficiency virus
ICB	Integrated Care Board
ISHS	Integrated sexual health service.
LARC	Long-acting reversible contraception
LGBTQ	Lesbian, gay, bisexual, transgender, questioning
MSM	Men who have sex with men.
NHSE	NHS England
SRH	Sexual and reproductive health services
STI	Sexually transmitted infection

## Principles and process

This paper summarises the sexual and reproductive health services first phase of procurement ‘listening.’ The phases are:

1. Listening	March – December 2023
2. Specification development	February – May 2024
3. Tender launch	July 2024

The contract is due to begin, (*after current extensions have expired*) by 1<sup>st</sup> July 2025. A national as well as local election is expected within 12 - 24 months, which, alongside the time needed to mobilise any potential new provider imply that the timescales above have little room for major changes or delays.

The principles of this procurement approach have been set by starting with listening. The discussions and next steps are invited to be further considered using the following principles.

- Consultations have taken place with the Devon and Torbay public about what they need and want to improve their sexual health and wellbeing.
- We are looking to address sexual and reproductive health through a Public Health lens, including prioritising prevention, ‘upstreaming’ interventions and approaches which empower, address inequality, protect and prevent health harms and morbidities.
- Acknowledges changing sexual norms, increasing lifetime numbers of sexual partners, sexual behaviours and changing sexual patterns<sup>1</sup>. Services must respond and adapt to the current and future demands of the sexually active population.

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<sup>1</sup> [Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles \(Natsal\) - The Lancet](#)

## Facilitators and barriers to sexual and reproductive health and wellbeing for Devon and Torbay residents – findings from listening to residents.

A series of exercises have been conducted since Summer 2022 with the aim of listening and understanding the facilitators and barriers to sexual and reproductive health and wellbeing of populations resident in Torbay and Devon.

This is a summary of findings from the following listening and engagement exercises: (see appendixes for full details)

1. Devon and Torbay population general consultation (4<sup>th</sup> September – 23<sup>rd</sup> October 2023 for 6 weeks) 265 responses received.
2. Focus group conversations (using consultation as basis) with adults with disabilities, women with complex needs, young people, public health nurse,
3. Social Insight Marketing 'Gen Z' insight report – Devon – Ruth Dale
4. Social Change behavioural insight – Devon – *final report pending*.
5. Devon and Torbay contraceptive survey (summer and winter 2022)
6. West Devon young people focus group – Devon – 2023
7. The Eddystone Trust, insights with target groups (care experienced young people, men who have with men but do not identify as gay or bisexual, women engaged in prostitution and swingers)
8. Devon Sexual Health – condom insights with young people - 2022

The findings were broad and represent engagement with hundreds of residents in all geographies and from key population groups. Eight key themes were generated, summarised, and are presented below. Full copies of the findings are in the appendixes.

### Booking / getting appointments:

Represented a challenge for many, often referring to lack of knowledge about where to go, or if they did know, problems getting through the phone line. Appointments and booking were challenging for working people / commitments and often mentioned.

Challenges in booking appointments was also suggested by disabled and learning-disabled populations. A range of access required, from bookings to walk in to closed quiet clinics. Some struggle to use phone lines as they were not understood if relying on verbal skills.

Some young people prefer a walk-in system that connects with education and public transport times.

One example indicated they did not want a personal appointment as less chance of hurt and misgendering. Other respondents expressed preference to have services delivered to their door (STI testing and treatment) and either not wanting or needing an appointment.

### **MORE AND DIVERSE WAYS TO GET ADVICE, INFORMATION, OR AN APPOINTMENT.**

### Location and Travel:

Location was more important than the type of establishment and expressed strongly by a range of respondents. Wanting local nearby services led to a preference for GPs and pharmacies by many

respondents. Challenges are highlighted in rural areas, and those with poor public transport connections. Services need to connect to local bus times or transport links.

For young people, when services are too far away, they cannot travel due to rurality and cost challenges.

### LOCATIONS MATTER, LOCAL MATTERS

## Opening times

There was a strong preference for flexible availability of services, including evening and weekends – particularly 4-8pm for women seeking contraception. A general lack of information about opening times, on-line or in-person options were mentioned, suggesting there are barriers to planning when, where or how to get an appointment. Other respondents cited difficulties in getting appointments due to them being booked up and only available during working hours.

### NEED FOR EVENING AND WEEKEND APPOINTMENTS.

## Advice and guidance / knowledge about sexual and reproductive health:

Multiple groups and individuals stressed the need for better public information and health promotion about STIs, types of contraception and safer relationships, when to test, how to navigate safer sex and relationships. Knowledge about contraception choices came through most surveys and groups.

Some insight reports highlighted significant knowledge gaps about sexual and reproductive health, but a strong awareness of medications and hormones. This had an impact on risk beliefs and behaviours, meaning that some populations are lacking opportunities and motivations to develop safer sex behaviours.

Some people wanted advice about several types of contraception and felt they are kept on the pill longer than necessary as there is insufficient time to discuss alternative options (in GP practices).

People with a learning disability find some of the forms difficult to use (C-card specific), and website accessibility can sometimes exclude people with a learning difficulty.

Information is challenging to understand for people whose have low literacy levels, or whose first language is not English. Furthermore, framing of appropriate sexual health information for diverse groups e.g., young gay men, young lesbian women, - LGBTQ relationship and sex education was reported as poor in some schools, meaning some young people are seeking accurate information online. It was reported that messages from health professionals are more likely to resonate well with many groups.

### WHILST PEOPLE ARE COMMITTED TO TAKING CARE OF THEIR SEXUAL HEALTH, THEY ARE NOT NECESSARILY CONVINCED THEY NEED TO

## Knowledge and perception of services:

We heard a lot about population knowledge or perception of sexual health services. Two key areas stood out:

- The person not the place is important.
- Attitude and inclusivity are important.

There were many mentions about balancing 'local' services with confidentiality and privacy. There was also staunch support for the competency of specialist sexual health staff and experienced professionals in primary care. Some expressed a lack of confidence in some GPs, while others were in praise of GPs and practice nurses. Fear of being judged (due to identity, ability, presenting sexual history) was mentioned in many listening exercises, as well as embarrassment and shame. Many respondents value anonymity and find in-person appointments a barrier in itself.

#### **RESPONDENTS VALUE NON-JUDGEMENTAL, SKILLED, AND AVAILABLE PROFESSIONALS.**

### **Inclusivity:**

There were calls for trans-inclusive clinics, women's health clinics, some for older adults, not just 'young people,' for working people (e.g., 9-5pm). Also, to work better for people with disabilities, by developing trust and relationships. Residents would like any service (and all services) to be sensitive to assumed mobility, communication skills and money and time to get to a service. Some explicitly asked for safe environments for people who have experienced trauma.

#### **SENSITIVITY AND INCLUSIVITY STILL MATTER TO PEOPLE.**

### **Patient choices:**

Respondents need a range of options which are easily accessible, highly advertised and delivered in diverse ways to access those services e.g. online and face to face)

These included:

- Visibility of a booking schedule to make your own choice of an appointment.
- Drop in.
- Face to face
- On-line – no interaction
- Services by post
- Self-testing and self-sampling
- Location, setting, provider.
- Access time – evenings and weekends
- Integrated women's service/health hub – one stop shop
- User design content for advice and guidance
- The idea of online services is appealing because people can access them more privately and anonymously, reducing embarrassment and the risk of stigma.

#### **PEOPLE WANT A RANGE OF OPTIONS WHICH ARE EASILY ACCESSIBLE, HIGHLY ADVERTISED, AND DIFFERENT WAYS TO ACCESS THOSE SERVICES.**

### **Workforce:**

Strong response asking for experts and SRH clinics.

Some highlighted a lack of GP knowledge in primary care about contraception, and often being given limited contraception choices.

**RESPONDENTS VALUE A REGULAR FITTING, EXPERIENCED PROFESSIONAL, WHO CAN HAVE HOLISTIC CONVERSATION AND INCORPORATE ALL ELEMENTS OF SRH INCLUDING HEALTHY RELATIONSHIPS.**