

# SEXUAL HEALTH TEESSIDE SERVICE REVIEW & RE-PROCUREMENT General Practice Questionnaire

Thank you for agreeing to give your views on the way Sexual Health service provision works in general practice. In Teesside, the bulk of sexual health services are commissioned by local authorities. This survey is part of a full sexual health service review which will inform future service configuration.

Please answer the questions by selecting the appropriate boxes, or writing in the spaces provided. It will take approximately 10 minutes to complete the questionnaire. Note: Any number of staff members may answer this questionnaire from each practice.

All information collected will be completely anonymised and not personally identifiable. If you have any queries about the survey or the questionnaire please call NWA Research on free-phone 0800 3163630.

**Qa** Please write in the name of your practice:

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**Qb** Where is your practice located? (I.e. Middlesbrough, Stockton etc.) (Please write in)

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**Qc** What is your job role? (Please tick one box)

GP  Practice Manager  Nurse  Other (Please write in)

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## Current Services

**1.** Are you subcontracted by Virgin Care Stockton LLP to provide sexual health services?  
(Please tick one box)

Yes  No  Please state (if you wish) why not

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**2.** What specific sexual health services are you currently providing in your practice? (Please select one box on each row)

	<i>Subcontracted to Virgin Care</i>	<i>Under GMS Contract</i>	<i>Not provided</i>
a) Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) LARC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Emergency Hormonal Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) STI testing including HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Chlamydia Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Other (Please write in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			

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**3. Please highlight strengths for each sexual health service listed below whether your practice delivers them or not: (Please write in)**

a) Contraception:

b) LARC:

c) Emergency Hormonal Contraception:

d) STI testing including HIV:

e) Chlamydia Screening:

**4. What do you think are the main challenges to delivering the services below within general practice whether your practice delivers them or not? (Please select all that apply on each row)**

	<i>Lack of trained staff (capacity)</i>	<i>Training of staff</i>	<i>Cost of training</i>	<i>Clinic time needed to deliver</i>	<i>Staff capacity pressures</i>	<i>Access to resources</i>	<i>Patient awareness</i>
a) Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) LARC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Emergency Hormonal Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) STI testing including HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Chlamydia Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.e Please comment on any other challenges you would like to note: (Please write in)**

**5. How could the provision of sexual health services in general practice be improved? (Please write in details below)**

**6. What level of interaction do you currently have with other sexual health service providers? (Please select one box on each row)**

	<i>No interaction</i>	<i>Slight interaction</i>	<i>Moderate interaction</i>	<i>Significant interaction</i>
a) Sexual Health Teesside (Virgin Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Other NHS providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.d (If 'other') Please state which ones: (Please write in)**

**7.a What write of interaction do you currently have with the following sexual health service providers?**

**Virgin Care:** *(Please select all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Clear and agreed referral pathways                                 | <input type="checkbox"/> IT Systems to support referral process for all available referral options |
| <input type="checkbox"/> Effective communication and support with specialist staff          | <input type="checkbox"/> Access to training  |
| <input type="checkbox"/> Information of what is offered within their sexual health services | <input type="checkbox"/> Epidemiological information   |
| <input type="checkbox"/> Information of when and where sexual health clinics are available  | <input type="checkbox"/> Other (Please write in)   |
| <input type="checkbox"/> Relevant contact details   | <input type="checkbox"/> None  |
| <input type="checkbox"/> Provision of posters, leaflets and other resources                 |  |
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**7.b Pharmacy:** *(Please select all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Clear and agreed referral pathways                                 | <input type="checkbox"/> IT Systems to support referral process for all available referral options |
| <input type="checkbox"/> Effective communication and support with specialist staff          | <input type="checkbox"/> Access to training  |
| <input type="checkbox"/> Information of what is offered within their sexual health services | <input type="checkbox"/> Epidemiological information   |
| <input type="checkbox"/> Information of when and where sexual health clinics are available  | <input type="checkbox"/> Other (Please write in)   |
| <input type="checkbox"/> Relevant contact details   | <input type="checkbox"/> None  |

**7.c Other NHS providers:** *(Please select all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Clear and agreed referral pathways                                 | <input type="checkbox"/> IT Systems to support referral process for all available referral options |
| <input type="checkbox"/> Effective communication and support with specialist staff          | <input type="checkbox"/> Access to training  |
| <input type="checkbox"/> Information of what is offered within their sexual health services | <input type="checkbox"/> Epidemiological information   |
| <input type="checkbox"/> Information of when and where sexual health clinics are available  | <input type="checkbox"/> Other (Please write in below)   |
| <input type="checkbox"/> Relevant contact details   | <input type="checkbox"/> None  |

**8. Do you have any suggestions of how interaction between general practice and sexual health services across Teesside can be improved?** *(Please write in)*

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## Future Services

As we consider future commissioning of sexual health services, we would like to know your views on how sexual health services can be best delivered in general practice to improve both services and outcomes for the population of Teesside.

9. What other sexual health services or services relating to sexual health might be delivered within general practice? *(Please write in)*
10. Can you describe for us what your preferred model of sexual health service delivery would look like within general practice? *(Please write in)*
11. Are there any barriers to making this happen? Are there any general threats or risks around the re-procurement of sexual health service across Teesside? *(Please write in)*
12. Is there anything else you would like to add that has not been covered? *(Please write in)*

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13. Finally, this consultation is an opportunity for all stakeholders to influence the shape and nature of sexual health services in their area, and NWA will need to contact some G.P.s, practice nurses and practice managers to explore their views in more detail. Please indicate if you are willing to help further with the consultation process: *(Please select one box)*

- I am willing to undertake a follow-up interview (telephone or face-to-face) if NWA thinks this would be useful.
- I do not feel I can be of any further assistance to the consultation.

14. If you are willing to help further with the consultation, please provide your contact details below: *(Please write in)*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

15. (If agreed to interview) NWA will contact you shortly to arrange an interview at a mutually convenient time, but if there are particularly days or times when you will not be available, can you please state: *(Please write in)*
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Thank you very much for taking part in this survey.

This research is carried out in accordance with the Market Research Society Code of Conduct.

Please return this questionnaire to Freepost RTHE-TTHU-XSKG,  
NWA Social and Market Research, PO Box 309, Stockton on Tees TS20 1XP