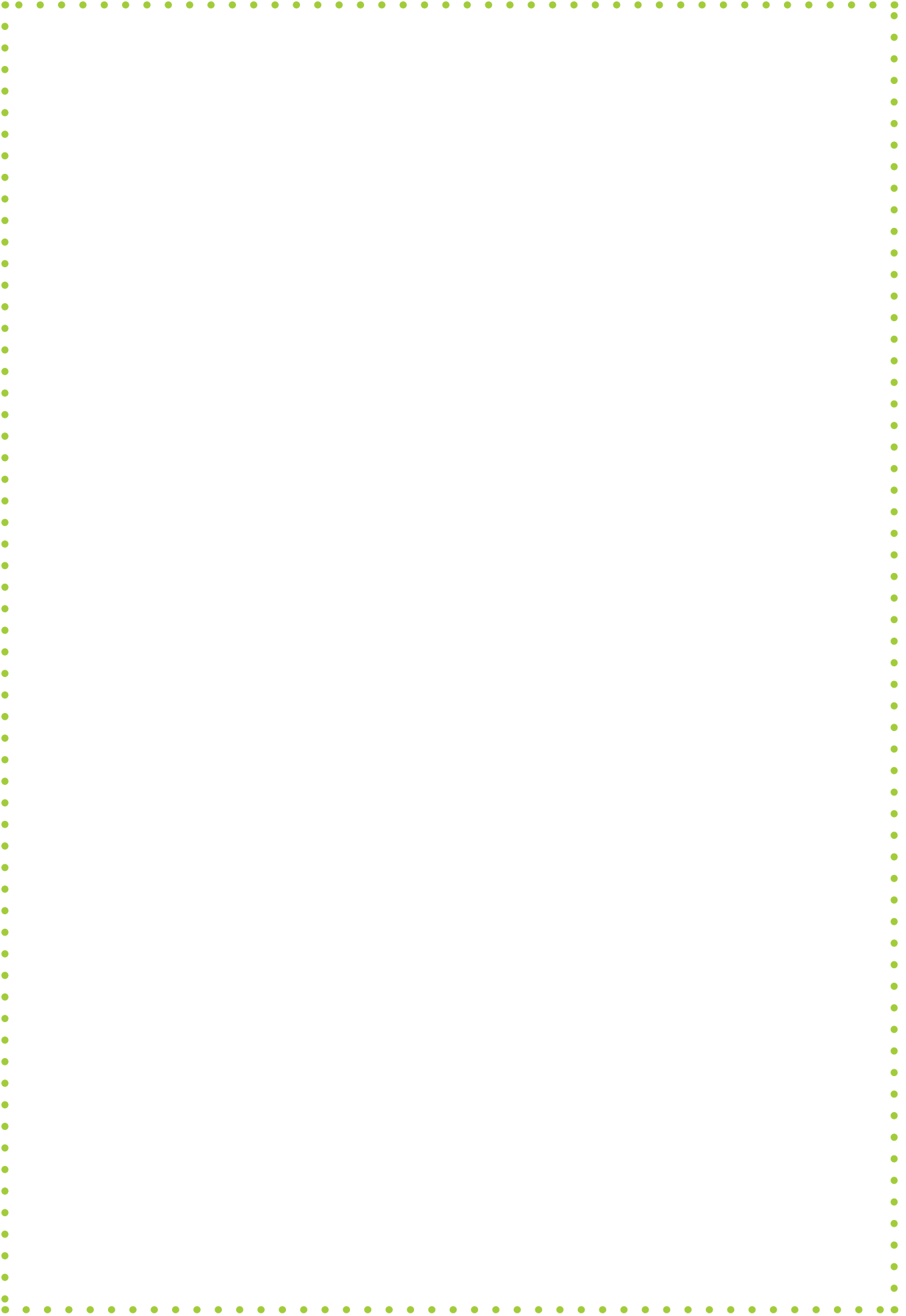


The Service Experience

Design recommendations for a person centred sexual health service in Gateshead



.....

This document is a design proposal for Gateshead Primary Care Trust's new sexual health service. It contains service design recommendations that are the outcome of the Design and Sexual Health (DASH) project, commissioned by Dott 07 (Designs of the time 2007), running from July 2006 to January 2007.

The fundamental principle on which this project was based is that the experience a person has of using a sexual health service should be central to its design. To understand how people feel about accessing such services, the Design Options team consulted approximately 1200 professionals and members of the public in the Gateshead area. The design recommendations presented here are the outcome of this wide-scale public consultation, and accommodate the themes uncovered through this process to all aspects of the service design.

.....

Contents

p. 05 Principles of Service Design

Throughout the DASH Dott project a number of themes emerged from the consultation process that underpinned all the service design recommendations contained in this document. These principles and the rationale behind them are detailed in this section.

p. 09 1. Core Service Structure

This section outlines the core service structure including the model of service provision and an overview of the sessional provision of care. This lays the foundation for the rest of the service recommendations in this document.

p. 17 2. Service Promotion and Raising Awareness

The visibility of the service to the public through its promotion and awareness-raising activities will be key to its success. This section outlines the service branding and social marketing approach of the service through various touchpoints in the community.

p. 27 3. Service Gateways

Access and signposting to the service for users will take place through four gateways: website, telephone system, through a third party and through other means, such as texting. This section sets out the design of these gateways to ensure they are appropriate to their users and enable easy access to the service.



p. 37 4. Clinic Overview

The central hub clinic site will be the key component of the new sexual health service for Gateshead. This section gives an overview of the key features of this clinic including its location, integration with other services and mechanisms by which the service will capture feedback from users.



p. 45 5. Service User Flow Through The Clinic

A service user's flow through the process of a clinic visit is central to their experience of the service. This section outlines the interactions the user has with the service throughout the course of their visit and how these are to be best designed to accommodate the needs of service users.



p. 55 6. Clinic Environments

The design of the clinic environment is important in ensuring the service user's experience of the clinic is a positive one. This section sets out recommendations for the appropriate design and layout of the space in line with users' preferences.



Scenarios

During the course of the Dott Dash project a number of personas were developed; this process aided the design team in understanding the experience of using the proposed service from a 'first person' perspective. These stories describe and illustrate scenarios in which each persona is required to access the new sexual health service.



Principles of Service Design

Throughout the DASH Dott 07 service design project, several themes emerged from consultation with service users and providers that informed the final design recommendations for Gateshead's new integrated Sexual Health service. These themes are core to all the recommendations presented in this document and are seen as providing a constant framework and reference point for the service as it develops over time.

1

The design of the service must give central place to the experience of the individuals who use it.

The service needs to consider the experience of its users first and foremost in its implementation. User's experiences should be considered with the same level of attention as would be expected of a private commercial service. The service must fit into the every-day life of its users and not expect 'special dispensation' on the grounds of being a health service.

2

The service must deliver as consistent an experience as is possible through different service touchpoints*, across space and over time.

The service should be designed to provide a consistent experience across the various service touchpoints. At the core of this is the service brand, which will be used throughout all service promotion and information, designed into the look and feel of the central hub and satellite clinic interiors as far as possible.

3

The service must be flexible, adaptive and evolving.

The service must be able to evolve over time in response to service user feedback and service provider review. Therefore, consultation with both users and providers needs to be thorough and ongoing. Changes resulting from service user feedback need to be publicly acknowledged to give the public a sense of ownership over the service and its development. Furthermore, the service needs to be self-reflective and adapt its function to changes in demand over time.

4***The user's flow through the service should be 'smooth' and their care pathway clear to them at all stages.***

How to access the service, where the client is in the care pathway and what will happen to them during the following stages must always be clearly communicated. Service providers should never assume that service users fully understand how a sexual health service functions or what their access to the service entails. All efforts should be made to remove all disjointed or uncomfortable aspects of the service user's experience by designing the service to remove these elements.

5***The service must be visible, inclusive and accessible to everyone.***

Service touchpoints must always clearly communicate that the service exists and is inclusive, non-judgmental, confidential and discrete. Efforts should be made to make all potential and existing service users feel the service is 'for them'. Information about sexual health and well-being and how the service functions needs to be clear, direct and inclusively-designed. The service communications strategy will be core to this and should, for example, emphasise the use of plain language, avoiding medical terminology or public sector jargon.

6***Access to the service must be ambiguous.***

While the existence of the service and how it is to be accessed must be highly visible to potential and existing service users, there sometimes remains stigma and embarrassment attached to sexual health issues and the services that deal with them. The service needs to be sensitive to this and accommodate service users for whom confidentiality is the deciding factor in service access. This can be achieved through designing ambiguity into the points at which users come into contact with the service.

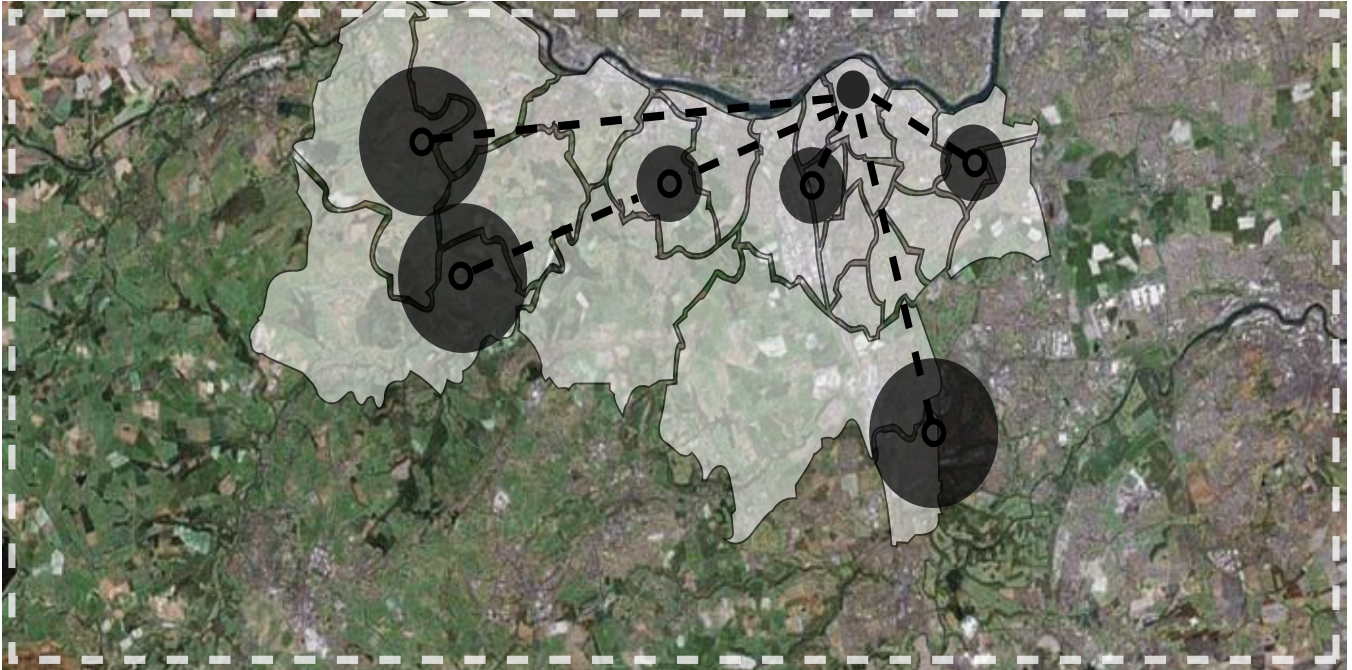
7***Design elements of the service should be developed and produced to high standards.***

All the recommendations in this document place the service user at the centre of the service design, and, in line with other lifestyle services, seek to enhance the quality of this experience in all its aspects. It is therefore recommended that all design elements of the service are professionally developed in consultation with users, and are not seen as secondary or as optional extras. High standards in the design of the branding, the website and interior clinic spaces will ensure that the high quality of the service is communicated to all users and staff. This will help change perceptions about what a traditional NHS service could feel like.

* A service touchpoint is defined as any point of direct interaction between the service and its user. Examples include the website, the advertising posters, and dealings with members of staff.



1.



Core Service Structure

a. Hub and satellite system

Gateshead PCT is responsible for delivery of sexual health services (SH services) over a large area which has relatively poor transport links between the south and west of the area and Central Gateshead. This, along with a desire to build upon the high quality SH outreach work already undertaken by Gateshead PCT means that it is recommended that a new central integrated Genito Urinary Medical (GUM) and SH clinic is supported by a range of existing but expanded local area or satellite SH services, with a commitment to identify additional satellite opportunities.

The key recommendation on the infrastructure for the delivery of sexual health services for Gateshead, including its new Genito Urinary Medical (GUM) services, is:

A hub and satellite model for service delivery supported by increased laboratory capacity via a mobile laboratory.

Under the hub and satellite model recommended, the 'hub' of the service will be a clinic in a location in central Gateshead. This new service will provide a full range of SH services at levels 1-3, in addition to functioning as the central administrative site for the service. The 'satellites' will initially be built around existing well-attended contraception and sexual health (CASH) services. The introduction of a mobile laboratory facility will mean that these services will be upgraded to offer level 2 and 3 services on a sessional basis. It should be noted though that the delivery of some level 3 services will be dependent on appropriately trained staff either accompanying the mobile laboratory as it travels to the various satellites or being located at the individual satellite facilities. It is important to differentiate the mobile laboratory from a mobile clinic. Where a mobile clinic would combine full consultation, examination, laboratory and treatment facilities within a single vehicle, the mobile laboratory will provide lab facilities that can be dynamically deployed to enable the delivery of full GU testing and diagnosis of certain STIs, subject to staffing as mentioned, in locations that are not currently able to offer GU testing services.



b. Sessional provision options

It is recommended that Gateshead new integrated SH services are principally provided through walk-in sessions available across the hub and satellite locations throughout the week. This will build upon the successful delivery of the current CASH and young people's services. It is estimated that each session will be a 90-120 minute slot and in conjunction with extended opening hours of 8am to 8pm, a total of 6 sessions could be provided by the hub or central clinic daily. It is extremely important that sessions are available after 5pm on several weekdays and throughout the day on Saturdays. Although Saturday sessions may not initially prove popular, based on past experiments, it is advised that they are implemented with careful monitoring and review of their success or otherwise. With some exceptions, and mindful of the 48 hour target, walk-in sessions will always be recommended to users who seek to attend the service.

Themed and general sessions

It is recommended that the majority of sessions the service provides should not be 'themed', or restricted to any particular group of users. At least two single-sex sessions for service users wishing to access them should be considered. Another exception could be some provision for specifically targeted groups of users, for example young people (see section 2a), or others targeted by promotional campaigns over time or in line with national policy or local needs assessment.

Monitoring of attendance at all SH services as the service develops is critical. Any patterns in attendance should be reviewed as part of the service development and more themed sessions provided if there is proven demand. In addition preferences among users can aid targeted marketing and inform service sub-branding (see section 2a).

Appointments

It is recommended that a limited appointment system is retained and provision made for some appointments to be available concurrently with walk-in sessions. Gateshead PCT must remain mindful of the requirement to meet the national 48 hour target which may be adversely affected by 'specialist clinics' or limiting walk-in only ability. It is recommended that a daily reservoir of appointments is available across the following categories:

Type 1: appointments allocated at the discretion of staff for users in urgent clinical need.





Type 2: appointments allocated at the discretion of staff for users who attend walk-in sessions, but are unlikely to be seen by clinical staff for a prolonged period.

Type 3: appointments that can be booked in advance by users.

Type 1 appointments only to be allocated according to need by service staff for service users judged to be in urgent clinical need, for example, those referred by the staff of other partner services, or who declare that they are symptomatic at registration during a walk-in session.

Type 2 appointments will be offered by staff to service users who attend and register for a walk-in session but are unlikely to be seen by clinical staff within 1 hour. These appointments will be scheduled for later in the same day so users do not have to wait for a long time within the service environment. It is anticipated this will reduce attrition and drop out rates.

Type 3 appointments are intended for service users who do not wish to attend a walk-in session and are not in urgent need. A small number of these appointments will be available at each session, but users are to be advised that waiting times for such appointments are likely to be long.

GATESHEAD SEXUAL HEALTH SERVICES									
DAY	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm
Monday	 Town Centre - Walk in session QE - Appointment Session			Chopwell Clinic - Walk in Session		Appointment session		'Sorted' YP drop in Gateshead	
Tuesday					 Town Centre - Walk in session		Dunston Health Centre 'Sorted' - YP drop in Gateshead Health Centre 'Sorted' - YP drop in		
Wednesday	 Town Centre - Walk in session Grassbanks Health Centre - Walk in Session					Appointment session Bensham Clinic 'Sorted' - YP drop in Birtley Clinic 'Sorted' - YP drop in		'Sorted' YP drop in	
Thursday	 Town Centre - Walk in session					Appointment session		'Sorted' YP drop in Low Fell Clinic	



Beckie Manning

Beckie Manning is 15 1/2 and lives with her mam and dad in Birtley. She attends school but hates it; she is leaving soon to work full time in the shop she currently works in on Saturdays, preferring to have some money.

Beckie has recently started seeing Mike, the older brother of her best friend Emma. He has a car and they hang out in the evenings in a big group. At the weekends they often have house parties at some of the lad's flats. Her and Mike have been having sex, but Mike hates using condoms, so they haven't always used them. Beckie's worried she might be pregnant and confides in her friend Emma – she knows Mike would go mad if she was. They know about the Sorted sessions that run after school at the local clinic, because they've been told about them in lessons. They think they need to make an appointment but they check one of the adverts in the toilets at school and it says they can just turn up: so they go to the next session.



They are greeted by a really friendly member of staff and Beckie fills out her details. They go through together to a nicely decorated room and sit on the comfy chairs and tell the nurse what the problem is. Beckie gets a pregnancy test which comes back negative and then the nurse talks to her about contraception – she decides to go on the pill. The nurse then talks to her about protecting herself against sexually transmitted infections; Beckie admits she knows Mike had slept with quite a few people and knows he hates condoms, so realises she might be at risk. The nurse explains she can get tested if she wants. She's never had an internal examination before but the nurse talks her through what it will entail before taking her through to an examination room. Emma waits for her in the waiting room. After the tests are done they wait until the nurse has some preliminary results, and then are called back through. The nurse explains the preliminary results are negative – the rest of the results will be texted to her if they are negative, or she'll get a call. Beckie requests that she is called on her mobile so that her parents don't find out she's been to the clinic. She encourages Beckie to use condoms to properly protect herself and signs both her and Emma up for a c-card. Beckie feels relieved she's got everything sorted out in one visit and only needs to go back in three months for a repeat prescription of her pill.

Ankur Chaudhary is 23 and lives in a ground floor flat in Bensham with his best friend Sharif. He works as a mortgage advisor at Northern Rock. He is gay and goes out every weekend and some nights during the week after the gym. He's a regular at a couple of bars (Camp David and Betty's are favourites) and he knows the staff and other customers there. At the weekends, he usually ends up in Powerhouse, unless he is out with people from work, when he might end up in a straight club. Ankur is a good looking lad and knows it; he'll get up on podium and show himself off.

He is very careful when it comes to safe sex and rarely takes risks, but to make sure he visits the sexual health clinic every six months to be tested for STIs. He prefers to have an appointment so that he can be in and out quickly, and so texts the number in his phone with the word 'appointment'. Later that day someone from the clinic phones him. He explains that he has been before, just wants to come in for screening, and would prefer to come to the Monday night session at the central clinic because he's found that tends to be when young professionals go and there are less young kids. He is given an appointment for three weeks' time.

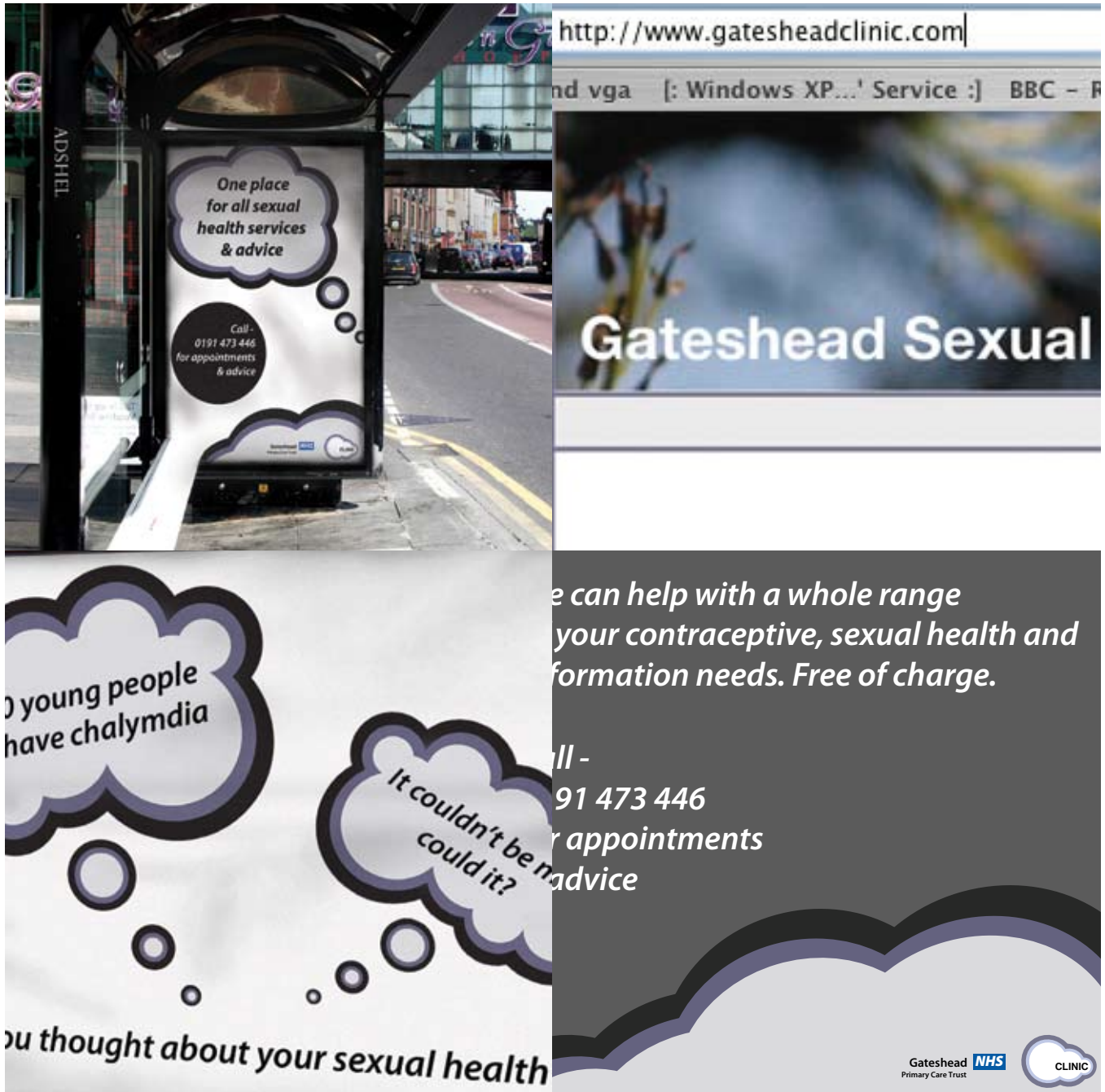
When he goes to the clinic he hands in to the reception staff the unique ID number card he was given last time, is immediately redirected to the registration desk where they simply check his details and ask him to have a seat in the waiting room. He is relieved he doesn't have to fill in any forms. He makes himself a cup of coffee, grabs a magazine and sits on one of the comfortable sofas. He is called up quite quickly and takes his coffee through with him to the consultation room – it's the same member of staff as last time so he feels at ease. They update his sexual history and then ask him to go through to the examination room. In the exam room there's a mural across the ceiling which provides a talking point so he feels less uncomfortable in the situation – while he regularly visits clinics and is very open about sexual healthcare, he still finds the examination a little embarrassing. After they give him his preliminary results he provides his new mobile phone number for them to contact him with the rest, as usual. The staff indicate when they will be in touch so that he knows when to expect his results. Ankur likes the fact that he knows what to expect when he visits, and that he seems to flow through different parts of the clinic smoothly – the service has a kind of professionalism that he likes to see.

Ankur Chaudhary





2.



Service promotion & raising awareness

Visibility of the service

Two principle points of direct contact between service users and the service are: a website (section 3a) and a telephone system (section 3b). Both are viewed as integral components of the new Gateshead SH service. These 'touchpoints' are core in terms of raising public awareness about the new service and how people can access it.

It is recommended that the website in particular is developed as a key element in the sexual health promotion function of the service. Both systems could be used to provide service users with information about sexual health issues and full and updatable information about access to the services.



a. Visual identity of the service

Service brand

It is recommended that Gateshead's new sexual health service has a recognisable and memorable public identity or branding, recognisable to all groups in Gateshead, as this will help with health promotion activities and service access.

Branding should be developed with public and user input to ensure all designs and visuals are appropriate and resonate with as wide a range as possible of Gateshead's residents and potential sexual health service users. Such consultation and public input will also help in the promotion of the new service and hopefully stimulate community engagement. The brand name of the service should be sufficiently ambiguous to enable its use on a wide range of materials; it can appear on signs, leaflets and appointment cards, without it appearing overtly 'medical'. The aim is to mainstream the service and brand it as a healthy lifestyle choice. This will aid recognition of

references to the service amongst the public and reduce stigma around sexual health services. The Gateshead service should create a distinctive but abstract icon for use on all associated materials and signage as a core part of its visual identity. This will help in recognition of references to the service amongst the public, while avoiding, as far as is possible, negative associations with materials that bear the icon.

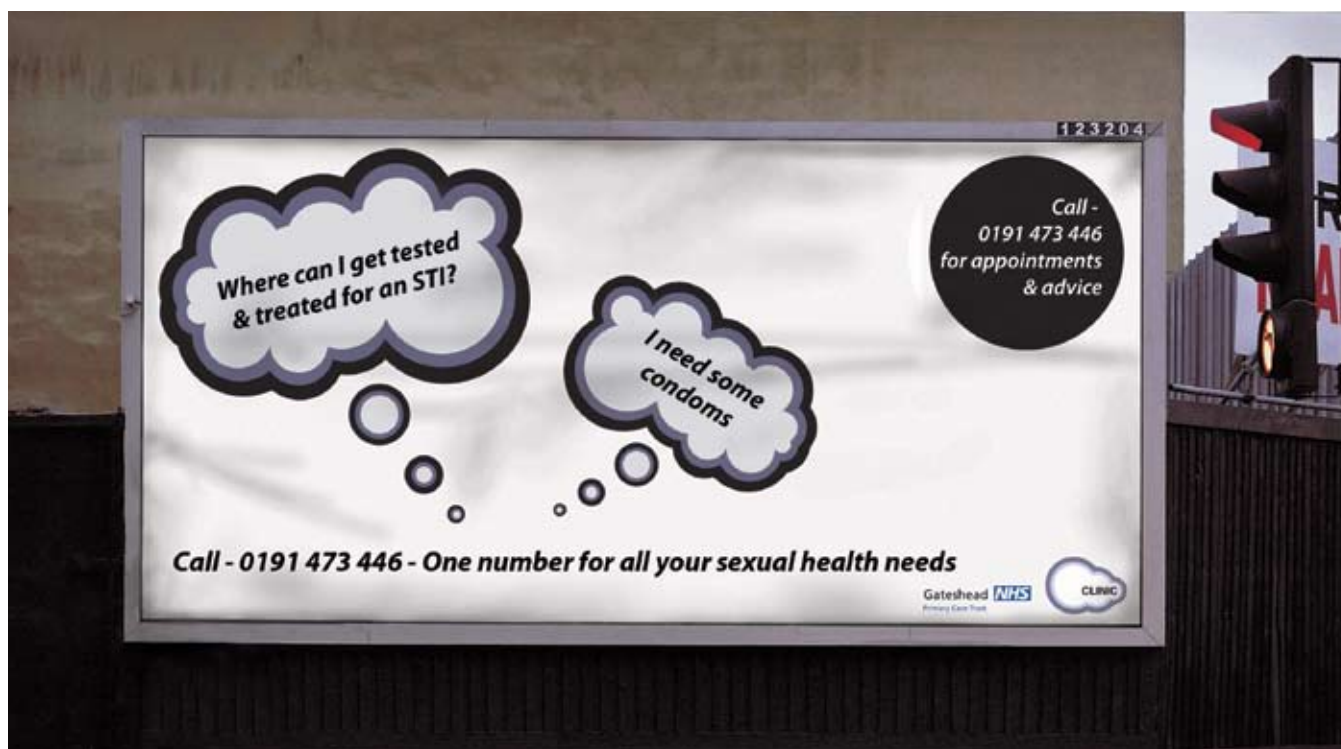
N.B. For the purposes of illustrating this document, we have used a generic brand name and graphic style to represent the different ways in which branding can be applied. This is not intended to be taken as a recommended visual identity for the service.

Targeted social marketing and sub-branding

Given the diversity of the groups which the new Gateshead integrated SH service will serve and should appeal to, it is unlikely that a single generic brand or social marketing exercise would engage all potential users. A degree of tailoring of branding and social marketing is recommended particularly in respect of people in high risk groups. For these groups a series of sub-brands, with associated targeted health promotion activities, would be an effective mechanism for engagement and increased service access.

The current experience of the SH provision team in Gateshead has shown that the 'Sorted' brand has been successful in attracting young people to CASH services, and because it is highly recognisable amongst this demographic it is advised that this service sub-brand is retained and the use of the sub-brand as a service marketing tool be continued. The introduction of another sub-brand for this group may be confusing.

We recommend that there is careful monitoring and review of all sub-branding exercises as fragmentation of the service into too many sub-brands may be counterproductive. It may also be that the numbers of residents and service users in particular high-risk groups will not be sufficient to warrant development of a unique or specific branding strategy.



Key recommendations for the development of an ongoing, responsive and flexible targeted social marketing and sub-branding strategy are:

1. Identify groups who are poorly represented amongst service users. This can be done simply through comparison with local census data or through outreach work with minority groups and their representatives or existing interest groups. Systematic service user monitoring and feedback can also help identify issues around access and barriers to access by particular groups.

2. Once groups are identified develop social marketing initiatives with the input and involvement of these groups and their representatives (where they exist) to help raise awareness about the services available using language and visuals appropriate to them.

Potential recipients of targeted social marketing

As discussed previously it is recommended that for young people the 'Sorted' identity currently applied to the contraception service for young people is retained. Other groups or communities of people may benefit from targeted marketing and sub branding and therefore it is recommended

that some attention is paid to sub-branding for the following groups:

- Men who have sex with men
- Older service users
- Asylum seekers and refugees
- Sex workers and their clients
- People from black & minority ethnic communities
- People with mental health problems
- People with drug and alcohol misuse problems
- People with learning and/or physical difficulties
- Gypsies and Travellers

Sub-brands that are developed should have their own 'look and feel', but maintain a degree of consistency with the visual style of the main brand (in the colour scheme used, for example), to retain a sense of consistency across sub-brands. It is important that sub-branding and any related promotional material always informs people about the availability of any themed SH session available.



b. Sexual Health promotions

Awareness-raising publicity concerning Sexual Health

General awareness campaigns need to be supplemented by campaigns targeting specific groups and these should always complement existing national sexual health promotion campaigns. Before developing any local material or activities it is advised that existing national material and information are fully utilised to avoid duplication and associated costs but also to ensure campaigns dovetail and that messages are consistent. In an area with a large student population there needs to be a degree of nationally consistent publicity about how people can respond to any concerns they have about their sexual health, these then need to be made locally specific to Gateshead's services.

One of the key principles of Gateshead's sexual health service provision is the desire to promote sexual health as an integral part of a healthy lifestyle generally. Service promotion should seek to de-stigmatise issues around sexual health, and to those ends, the promotion of the service needs to extend beyond traditional health contexts. The provision of service materials in venues where they would normally not be found can generate

considerably more public attention than promotion through more traditional media.

Fixed or transient media advertising in spaces such as bus-shelters, billboards and in newspapers and magazines all serve to associate sexual health and the local SH and GU services with good health and wellbeing generally and so their periodic use is advised.

Local television and radio broadcasts can also be used to simultaneously raise awareness and provide listeners with details about accessing local SH services or where to go to get more information. Local radio can often be an economic method for reaching large numbers of people and so its use is recommended. A close association should also be developed between the service and local news media and coverage of health and sexual health related events in particular should be fostered where possible through all media channels. In order to provoke debate, and through it awareness about service-related subjects amongst communities in Gateshead, we also recommend that conventional publicity strategies are supplemented by innovative advertising strategies ('guerrilla advertising') which can be achieved through imaginative interventions in public spaces, for example on beer mats, bus tickets or even on the angel of the north.



Posters

Posters for distribution to other health service sites and non-health service sites such as community centres or sports facilities should always contain information on clinic opening times, appointment-making and drop-in arrangements along with the services' phone and web contact details. If different posters are designed as part of the sub-branding strategy then it is important that stylistically all posters accord with the visual identity of the main service brand and this can be achieved through use of consistent colours, fonts, logos and strap lines.

As posters may need to compete for attention in the visual environment with posters produced professionally for commercial advertising, attention needs to be given to ensuring all promotional material is equally well produced and professional.

'Take away' information

Clinic opening times, locations, and directions alongside guidance for making appointments need to be produced in a format that can be 'taken away' by potential or actual service users. As discussed earlier it is important to establish what existing leaflets and materials already exist and can be used.

A range of take-away formats could be considered including leaflets (most suitable for detailed information), flyers (service access specific information), and wallet-sized cards (opening times, contact details etc). All formats should be made available in public locations in the PCT area, particularly health service and community locations but also where people go for information generally such as libraries.

Specific canvassing activities could involve take-away information being distributed by the users themselves: young people could be asked to distribute information amongst their friends and peers as could student groups or workers within large organisations and local employers. This method helps both to increase knowledge about local SH services as well as acting as a 'conversation starter' which can contribute to further reducing stigma around sexual health.

Architectural exteriors

Clinic opening times as well as information on appointment booking and drop-in session arrangements should be clearly displayed outside hub and satellite service sites. Their look and manner of display should incorporate elements of service branding to provide easy recognition and



a sense of consistency for potential or actual users of the service. Again, use of consistent colour or logos is advised.

Health promotion presentations

Sexual health promotional work can take place with different groups, including schools and colleges, community groups and the workforces of large employers regionally. These presentations are useful for reaching large numbers of people in one go and for ensuring consistency of messages and information.

There are options around who can deliver such presentations and it is recommended that, in addition to sexual health advisors, presentation of service information through temporary static displays in well-trafficked interior environments should be considered as should the training of other partner staff and professionals to deliver presentations.

Training of other professionals

It is recommended that a series of training events should be run with other professionals, for example school nurses, health visitors, general practitioners, practice nurses, pharmacy staff and teenage pregnancy forum members. This will serve to widen the pool of people able to do promotional

presentations and also increase referrals rates from other services. The referral cards (see section 3c) could be given out to professionals at these sessions and their use promoted.





Alex Deacon

Alex is 20 and lives with his Mam in Sheriff Hill. He works as an agency construction worker. Alex is single. He often ends up taking a girl home (or being taken home) after Blu Bambu on a Saturday. He uses condoms most of the time, but not always. Last time he was out, a girl he'd slept with a while ago pulls him out of the crowd and confronts him. She tells him she has chlamydia and that he gave it to her. He denies it and escapes into the crowd.



He's been trying not to think about it, but it's been preying on his mind and he wants to do something to put himself at ease, even if it's only to be reassured that he hasn't got anything, so he decides to tell his Mam. The next day she phones up her local doctor's surgery and explains the problem to the receptionist, who lets her know there is a 'pee in a pot' chlamydia testing service available at the main sexual health clinic in central Gateshead, and gives her the opening times. The service is open a number of evenings and so his Mam tells him to just drop in one night after work.



He's reluctant but is reassured when she explains to him where it is and what the service is called – it doesn't sound like a 'clap clinic' and it's part of the walk-in centre, which he has used before. Alex reasons that if he sees anyone he knows he can just say he's trying to quit smoking.

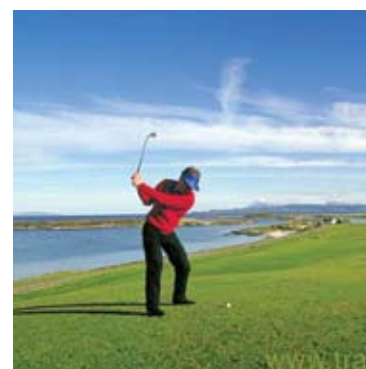


When he arrives in the clinic he is quite surprised to find it looks more like a hair salon than a clinic, light, airy, modern and fresh. The staff member that greets him gives him a form to fill in with his name, address and mobile number and something to tick to say why he's there. He ticks the chlamydia test box and is called up to take his form back to the registration desk - the area around the registration desk is marked out and its partially screened off; it feels private and he's glad for that. The member of staff checks his mobile number then puts his form inside a bag with a urine sample bottle and he is pointed to the toilet. He goes and pees in his pot and hands the pack back to the receptionist on his way out. He is in and out in five minutes. He is glad he only had to deal with the reception staff and didn't have to explain out loud why he was there or offer up any embarrassing details about his sex life.

Phil is 37 and lives alone in a cottage in Ryton. He works as an IT consultant and earns good money. Phil hasn't had a steady relationship since he broke up with his long-term, live-in partner six years ago. Since that time he's had numerous flings with women he's met through friends, at the golf club, or, more recently, through online dating. He practices safe sex and uses a condom as a rule, but a while ago didn't use protection with a woman he met in a bar. He had been drinking and was caught off-guard by the encounter. He is out for a quiet drink with his friend Luke one evening a few weeks later when he sees a beer mat advertising STI testing – they get chatting about it and while he doesn't say anything about "the other night", Phil starts to wonder whether he is at risk and should get tested. The beer mat has a web address on it and so he surreptitiously pockets it and the next day at home, he visits the site. There's a lot of information about the different types of infection, including that a lot of them don't have symptoms. He thinks he should go for testing but is wary, since he has never been to a sexual health clinic before. He's worried that it'll be full of young kids and that he'll feel out of place, but finds a testimonial section on the website from different people who've been and he reads one written by a man about his age in a similar situation. He looks up the clinic times and locations and sees that there's a session in the evening at his local health centre in Whickham. There is a 'walk through' on the site that describes in detail what happens when you go to the centre, including photographs of the spaces, photographs of the spaces, and so forth.

Having looked at this he starts to feel a bit more comfortable about what to expect. The session he decides to go to is 'walk-in' – which he is glad about because he hates phoning up places for appointments. Because it's in the main health centre, he knows that if someone sees him there he can easily make up an excuse for being in the area. He visits the clinic for testing the following week, and finds the clinic modern and attractive. The procedure is straightforward and although he has to wait a while, there is tea and coffee and TV to watch in the waiting space. Phil tests positive for chlamydia and so he has a chat with one of the health advisors – he tells him that it's necessary that he informs all of his recent sexual partners. Phil is reluctant to do this himself particularly because he hasn't been in contact with them for a while, so is relieved when the clinic offer to do it, anonymously, on his behalf.

Phil Covey





3.



Service Gateways

There are four main gateways through which service users and potential users will initially access or be signposted to the Gateshead GU service:

- a) The website
- b) The telephone system
- c) Through a third party
- d) By other means (texting etc.).

The design of these gateways is important as how people respond to them and whether they provide a means for people to access the information they need will all impact on service accessibility and the wider sexual health agenda. They should all therefore be used as opportunities to promote access and reduce attrition and drop out.

a. Website Gateway.

General features of the website

This is a key gateway and so attention should be given to ensuring it is technically robust and visually well designed and useable. It should have the following general features:

- The website address and visual style must reflect the branding of the service.
- The place in which many people will use a computer to access the website may not be private either in terms of immediate use (i.e. overlooked in a library or other public terminal) or later use in that the computer may be shared with family members and the history of websites accessed recorded. The solution proposed is to ensure that pages should be discreetly or ambiguously titled so that search histories are not immediately obvious to later users of the computer.
- The website needs to load quickly and using any major browser (not all people use Internet Explorer; compatibility with Safari, Firefox etc. should be checked).
- The site must be integrated with existing and future web-based sources of information relevant to the service (i.e. STIs, contraception, sexual wellbeing, etc.) through regularly-maintained outbound links to, and inbound links from, other websites.
- While not being too informal, the language used on the website should not be excessively medical and plain English should be used at all times.
- Font size and offers of translation or other formats should be carefully considered to comply with disability and equalities legislation.

Website Content

- General information about sex and sexual health.
- Advice and guidance on condom use.
- Advice and guidance on pregnancy and termination of pregnancy, including emergency contraception.
- Information about and a description of common sexually transmitted infections. Avoid images as this can lead to mis-diagnosis and drop-out.
- Opening times for hub and spoke services and advice on accessing the service either through

walk-in sessions or appointments.

- Advice and reassurance about the confidentiality and inclusivity of the service.
- Directions to the clinic – link to Multimaps or similar free, web-based map and directions service
- “Walkthroughs” of the hub clinic space, with associated descriptions of typical appointments, including the type of questions you’ll be asked, how long it might take.
- “Who you might meet” section with details of the key staff with names and photos.
- First person testimonials of attending the clinics for a variety of reasons – from the point of view of a number of personas.
- Telephone number and opening times, for appointment booking (see section 3b) and for general enquiries.
- A facility for the booking of appointments online (see below).
- A frequently asked questions page, with the option for posting a new question through a web form (not email).
 - A feedback web form for users of the website or the SH services to offer their comments and complaints. (see section 5 for more on feedback mechanisms).

The development of extensive general information pages (articles 1-4 above) can be kept to a minimum through use of links to existing websites such as the Department of Health or the Terrence Higgins Trust. Emphasis in the website development should be on ensuring local relevance and clear information about the SH services, and related services, provided locally.(articles 5-9).

Recommended Website pages:

Clinic walkthroughs and “who you might meet”

Not knowing what to expect, or being nervous about what will happen, are major barriers to sexual health service access for users who have never attended before. To address this we recommend that the website should provide a ‘walkthrough’ of the main clinic or hub space, using photographs or video with explanatory notes. This should describe a typical appointment including the type of questions you will be asked, how long your visit might take and what tests you may have.

Photographs of all the other satellite services should also be available along with information about what they offer.

Another recommendation for helping to personalise the service and encourage access is the inclusion of a section introducing the key members of staff at both hub and satellite clinics. This will help reassure potential service users that the service is friendly and not faceless.

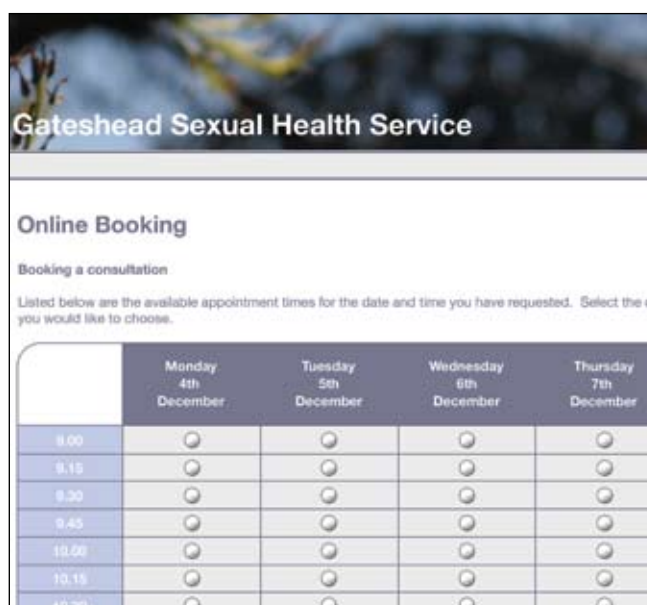
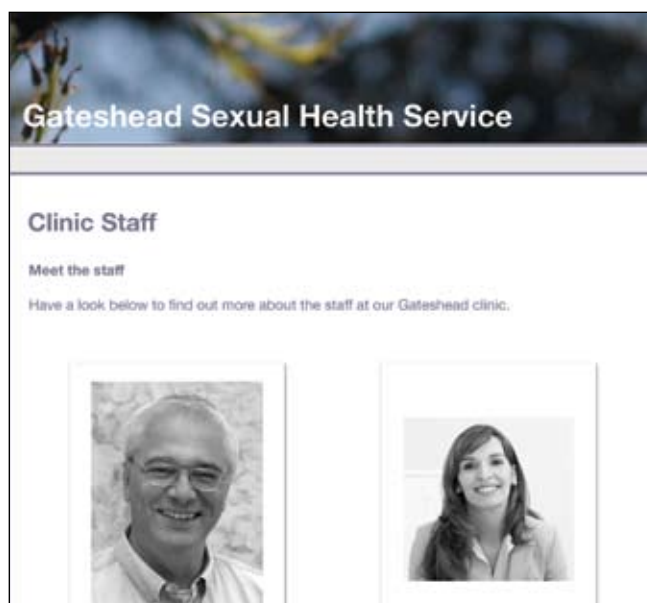
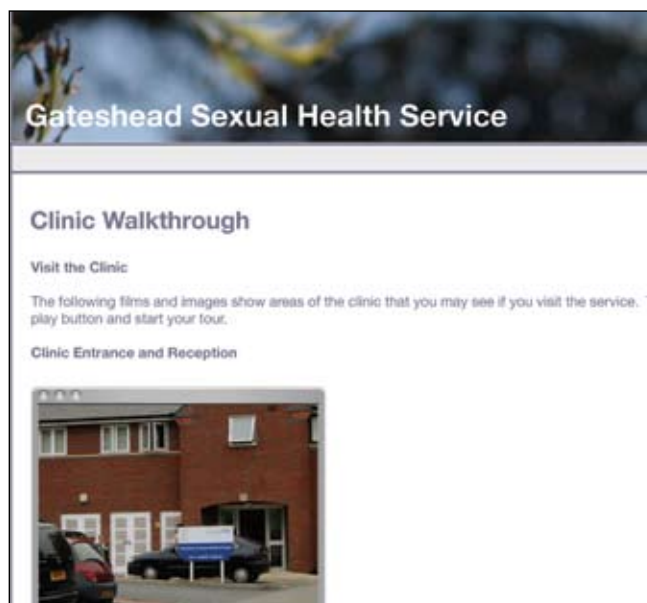
Advice on clinic attendance

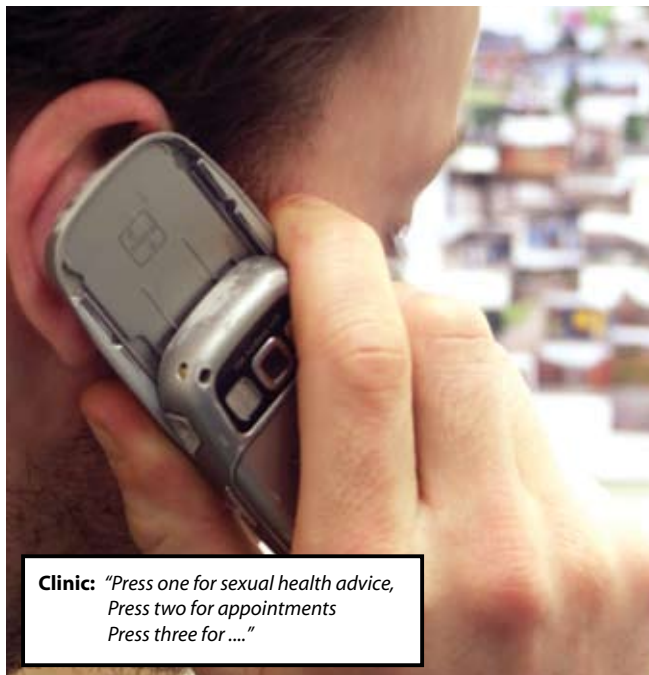
An additional method for reassuring users and potential service users that the service is intended for people 'like them' and also to help individuals work out which sessions or service is best for them is through the use of 'persona accounts' written in the first person. These are simply characterisations, examples or stereotypes of a range of possible service users along the lines of "meet Karl Jeffries, a young football fan living in Gateshead. He uses the Gateshead SH service to get free condoms and advice...". These accounts may be similar to the persona testimonials used in this document to describe the user's experience of this proposed service.

Online appointments

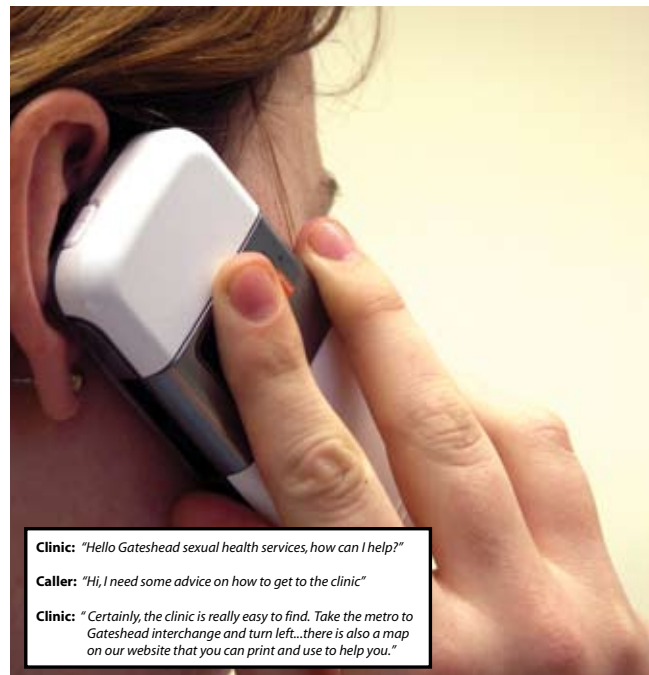
The website should be designed to include a facility for requesting an appointment online. It is recommended that this is based around an encrypted web form rather than an email address to avoid any security and identity concerns potential service users may have either with their outward mail or the return appointment confirmation. A simple format for the form could be:

- Select the reason an appointment is required from a list.
- Select the SH service site they wish to attend.
- Input contact details and a range of appropriate times (from a list decided by service staff) to receive a call back confirming suitable appointment times or recommending alternatives (e.g. that they attend a walk-in session for screening).





Clinic: "Press one for sexual health advice,
Press two for appointments
Press three for"



Clinic: "Hello Gateshead sexual health services, how can I help?"
Caller: "Hi, I need some advice on how to get to the clinic"
Clinic: "Certainly, the clinic is really easy to find. Take the metro to Gateshead interchange and turn left...there is also a map on our website that you can print and use to help you."

b. Telephone Gateway

Another key gateway is telephone access to the new Gateshead SH service. It is recommended that a single freephone telephone number is the main portal for telephone contact for both the hub and satellite clinics and for all GU and contraception service information, advice, appointment booking and results. It is important for the users of the services that the phone line is staffed at convenient hours for them, ideally during clinic opening hours, in the early evening, and throughout the day on Saturdays. Demand should be monitored over time and as the service develops. Callers should be able to get information and appointments for all the clinic sites from this one telephone number and a centralised electronic booking system could be used so that callers can be offered the next available appointment (if required) at any of the clinic sites across Gateshead.

An automated options menu will divert calls to a relevant staff member to deal with each area of enquiry and any recorded message should make it clear that callers will get to speak to a real person should they want to. Key considerations are that:

- Callers seeking general STI/contraception information and advice will be answered by a sexual health adviser; or if one is not available, diverted to one of the national helplines.

- Callers should be connected to a real person within 5 rings to minimise drop-out rates.
- Limited triage could be used to help designate appointments; service users should always be asked if they are in a position to speak about their problem before this process begins. The triage question schedule will require yes/no answers only to limit potential embarrassment for users calling from locations in which privacy may be an issue, and this should be made clear to the caller. This triage should help staff advise users accordingly as to which is the most appropriate session to attend at what site.
- When necessary, service users whose call cannot be answered should be given the option of holding (with appropriate music that is not interrupted by recorded messages) or advised to take advantage of a call-back service. In this case, an automated message will ask the caller to leave a contact number.
- Callers accessing results will be connected to the sexual health advisers although, because of the recommendations made about how results are dealt with it, is not expected there will be high volumes of calls selecting this option (see section 5).
- There should be an option for making comments and complaints about the service – this should go through to an answer phone for the leaving of messages (see section 4 for more on feedback mechanisms).

Other key points to be incorporated into a telephone gateway are;

- When service users are advised to attend the service (through walk-in or by appointment), the phone staff should be in a position to offer the service user a range of practical access information (for example, directions to the most convenient service site).
- Service users who will be attending a walk-in session should also be advised of times that are likely to be quiet.
- Out of staffing hours, the phone line should have a 24 hour answering service which gives out clinic times and appointment arrangements by means of a recorded message, as well the number for NHS direct.

c. Third party gateways

Multiple bookings

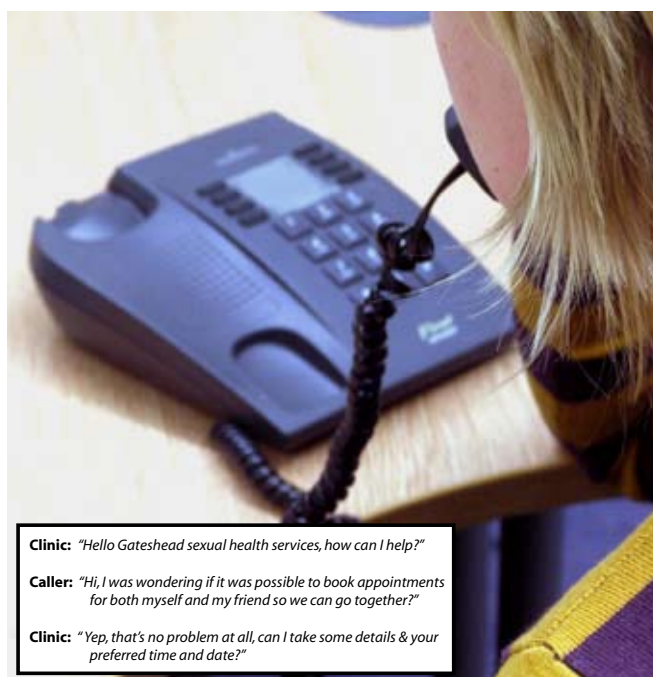
Under certain circumstances, individuals should be able to make an appointment for someone else on their behalf, for example a partner. Such bookings would normally be taken when the person who contacts the service is included in the appointment. This 'table for two' system, would allow 'double appointments' to be booked for a service user and their partner to attend a screening session together. It is recommended that patient choice is

acknowledged and for some individuals it will be appropriate to make appointments for partners – but not to attend with each other. This issue is closely linked to confidentiality and helps ensure full and accurate sexual history without users worrying about partners overhearing details.

Referral through other services

Key staff at selected other agencies (NHS or otherwise) should have the ability to 'fast track' people if they feel it clinically necessary, for example in cases of obvious urgency, or if they feel an individual is unlikely to attend an appointment set too far in the future. We therefore recommend use of a 'referral card' mechanism, a series of cards printed with one of four symbols – each one relating to reasons for accessing the service (situation of high risk, asymptomatic GU appointment, symptomatic GU appointment or contraception appointment). These could be given out to people who have been encouraged to attend the clinic by another agency or professional – for example school nurses.

On arrival at a clinic, the service user presents the card at registration and the staff deal with them accordingly. This mechanism will help overcome the barriers some people, particularly young people, may face in terms of knowing what to expect when they first attend the clinic. Knowing that they can simply present the card and not have to explain themselves to a receptionist is very reassuring.



d. Other gateways

In person

Service users should be able to make an appointment with reception staff at clinics throughout their opening hours. If possible a verbal (spoken or written) triage system should be in place to assess the nature of an individual's clinical need and appropriate referral.

By SMS or Texting

Text and SMS are being increasingly used by people for transfer of information and responses. It is recommended that this facility is explored in terms of feasibility and confidentiality and incorporated into the Gateshead SH service allowing people to make appointments via text. It is recommended that the system is a simple ring back service whereby potential service users could text 'appointment' to a designated number and then be called back by clinic staff. It is key that callers are called back to actually make the appointment as such personal contact will be needed to enable an element of triage so that the correct appointment is allocated or advice given. Any literature promoting the text appointment service will need to highlight that it involves a ring back.

By iPlus and similar mechanisms

The website (including appointment request form) could also be made available through streetside iPlus points and similar free internet terminals.



Lauren Connelly



Lauren is 23 and lives in High Spennings with her son and her Mam and Dad. She doesn't have a job, and looks after her little boy, who's 3, full time. Lauren hasn't had many nights out since the birth of her son. Recently Stacey, Lauren's best friend, invites her to a party at the house of one of the new friends she's made since she started working in a pub in Rowlands Gill. The party's busy and loud, and Stacey disappears with a man she's fancied for a while. Lauren doesn't really know anyone, but she has a good time chatting to a couple of lads in the kitchen.



Around midnight Lauren starts feeling very drunk and tries to find Stacey to persuade her to go home. She blacks out and when she comes round it is four a.m. and she is on her own in one of the bedrooms, feeling terrible. Worst of all, she finds her knickers are on the floor. She has no idea what has happened. She gets her things and runs out of the house. The next day she tells her Mam what happened and they go to the police. The police refer Lauren to the 'REACH' rape counselling services where she is given support and advice, as well as emergency contraception. They explain that she ought to go for STI testing 3 months later, unless she shows symptoms sooner, and they tell her what symptoms to look out for. They tell her all about the centres and give her a card with a symbol on it to present at reception – they explain that if she presents it then she will understand why she is there and will be seen quickly.



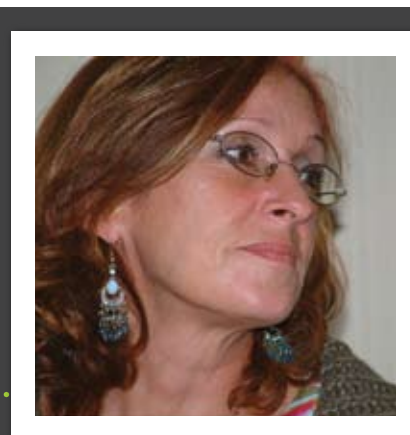
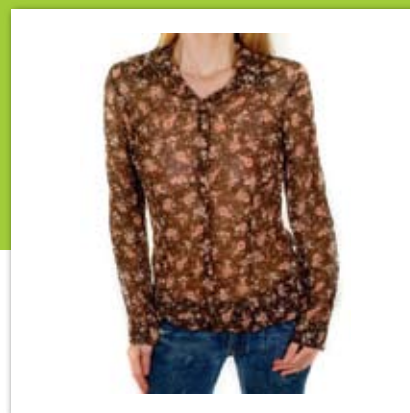
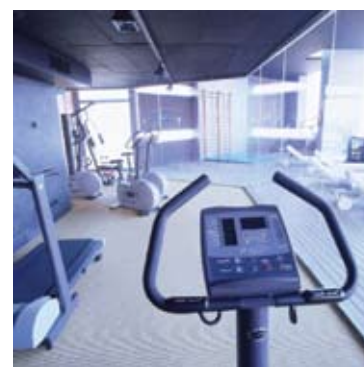
Three months later, she goes to the central clinic in Gateshead and presents the card to receptionist. A nurse comes almost immediately and takes her into a comfortable room. They explain in detail what examinations they need to do and why. She is taken into the examination room and explained what all the equipment is for. The room is nicely decorated with a mural on the ceiling and there's no equipment on show, which makes her feel a bit more comfortable. She undresses and gets ready on the couch with the towel over her and presses the button as instructed. The nurse then comes straight in – which is a relief to Lauren as she didn't relish the thought of waiting to be seen half-dressed. After her examination she is asked how she would like to find out her results, and because she is worried she asks if she can call up. They give her a time and number to call and tell her the name of the nurse to ask for when she calls so she can speak to the same person that has treated her.



Linda is 46 and divorced. She lives in Whickham with 2 of her 3 children – the eldest is away at university. She works as a finance manager at the Queen Elizabeth hospital. She has just begun a relationship with Adrian, her first serious relationship since the end of her marriage seven years ago. The dates on which she's been in the meantime have been mostly set up through friends or, once, through a speed dating night, and none have gone very far. After a lot of wine on a fourth date with one man, Linda went home with him and they slept together without using condoms – Linda has a coil fitted. That relationship petered out, and by now Linda has almost forgotten it. Adrian insists on using condoms when he and Linda sleep together, which she hates doing, even though she lectures her teenage children to do so. As their relationship progresses she suggests that they both go for STI testing so that they can stop using condoms – he's reluctant, but agrees.

Linda knows there's a clinic locally, but doesn't know where or how to get in touch with them. She phones NHS direct and they give her the telephone number. She telephones and is surprised and pleased to get straight through to a person after selecting the option to make an appointment. She explains that her and her partner would like to come in for testing and they are booked in for a 'table for two' appointment. They give her the option to go to any of the clinics they have across the borough but they suggest that she comes on a Thursday evening to the central site, explaining that this the session for which they keep appointments specifically for those aged over 25. Linda is relieved about this, because she could only too easily imagine the horror of bumping into one of her children's friends. When she and Adrian get to the clinic, they are pleased to find it part of a suite of other health services so it's a bit more ambiguous why they are there. They find the waiting room quiet and comfortable – there are even facilities for making a cup of tea – and they find themselves a sofa tucked in the corner, where they sit, read magazines and make small talk. The space is bright and airy and decorated in a modern minimal way – it's a lot more like a salon than a clinic and they begin to relax because it doesn't feel too medical. They are taken into their consultations separately but at the same time – they are glad that the appointment is designed in such a way that they take the same time as it saves them being there any longer than they have to.

Linda Stuart





4.



Clinic Overview

A degree of control over the central clinic or hub environment is possible in a way that will not be in the satellite or outreach spaces maintained by a third party. However, it is still important that the satellite services should, where they are able to, follow the design and recommendations made for the hub space and maintain the consistency in branding.

The hub clinic space:

Location

The hub clinic needs to be located in central Gateshead, within easy walking distance of major transport links, ideally at Gateshead Interchange. A busy central location enables clinic visitors to not reveal their reasons for being in the area if they do not wish people to know and also, because of the

central location, communicates that the service is not a fringe or marginal one.

Integration with other services

While the satellite SH sessions will be provided at the same location as other health and wellbeing services, the hub clinic's permanent position allows it to be designed to accommodate other complementary services in a structured way. This multi-service and holistic capacity for health service delivery reflects the principles of provision underlying the development of Gateshead's new SH service. From the service user's perspective the physical integration of SH services with related services in a 'one stop shop' model can encourage a broad view of health and wellbeing in addition to making access to sexual health and related services more convenient.

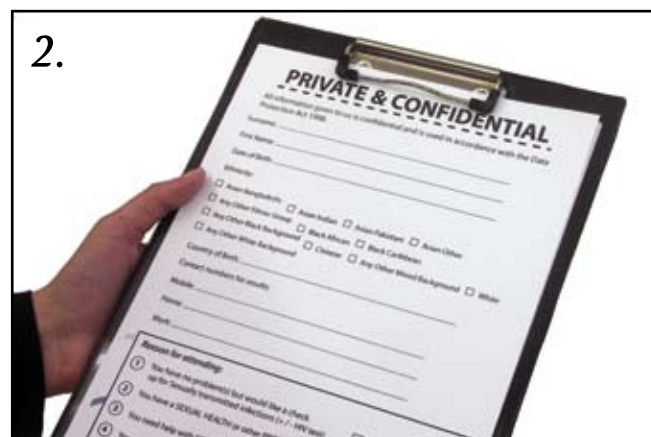
Services particularly suitable for inclusion alongside the Sexual Health service in the same location as the hub space are:

- Contraception services
- Counselling
- Homelessness/benefits support
- Mental health services
- Drug and alcohol services
- Peri-menopausal services
- Citizens advice
- Smoking cessation
- Psychosexual counselling
- Breast care
- REACH – Rape counselling services/SARA (sexual assault and rape)

However, in order to provide such a wide suite of services the management of the hub central site would have to liaise closely with other potential service providers and consult with service users and potential users about best use of the space. There would also need to be a careful review of the range of staff skills needed to operate a multi-service facility.

Chlamydia screening

Chlamydia screening in line with the national screening programme will be opportunistic for asymptomatic people under 25 years and will be incorporated into the wider SH service. The hub clinic will also provide the facility for users to attend for asymptomatic chlamydia screening alone. It is a key recommendation that the hub clinic is not the main referral venue for this service and that other opportunities for chlamydia screening are utilised where it will be possible to hand out: (1) packs containing a urine specimen bottle and a personal details form (2) forms at services could be filled in the waiting area or by the receptionist and then service users can simply use the toilet that is available in the clinic (3) to provide a sample and hand the pack back into reception or a marked collection hatch (4). This service could be widely promoted, linking with the National Chlamydia Screening Programme, to encourage people to attend this 'pee in a pot' service.



Feedback on the service

Service user experience feedback is an important element of the proposed new SH service and will provide the foundations for future service development and improvement. A number of recommendations are made about how feedback can be gathered from service users both in clinic and through the service gateways. At every point it should be made clear to service users that their feedback is confidential, not attributable, and will be used to improve the service:

Feedback Mechanisms

Through the service gateways

- Feedback form on the website
- Comments and complaints answer phone section of the telephone line

In Clinic

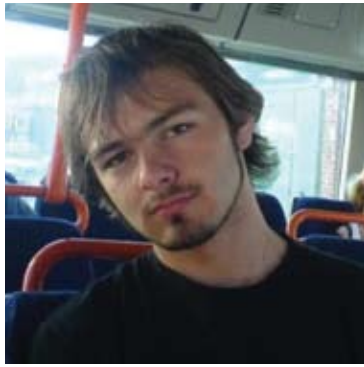
- A short feedback form should be included on the clipboard given to all service users when they arrive. Views should be sought on how people found out about the service, whether they used the phone line or website and their impressions, as well as their thoughts on the availability of sessions, locations and opening hours.

These are some of the most important comments to field as it impacts on changes to the clinic operation and promotions.

Comments and feedback about the experience of the service itself can be captured a number of ways.

- Service User Survey - It is recommended that a bi-annual survey is carried out with all service users given a survey to complete before they leave (for contraception appointments) or whilst they wait for their preliminary results (GU appointments).
- Ongoing feedback is captured in the secondary waiting space by a PC terminal placed there for this purpose. This could facilitate the completion of a simple form on screen – this will be more engaging to service users and hence is more likely to capture feedback than the use of suggestion slips.
- A feedback board could be placed in the toilets of the service – to prevent the misuse of pens for graffiti purposes this should be a chalkboard. This can be checked when the toilets are checked (should be regularly) and any comments noted.
- A text feedback service should be available and advertised throughout the service – particularly in the waiting spaces and on the way out. This would be a number to text with comments about the service.





Dan Clayton

Dan is 19, lives with his family in Low Fell, and works in Game in Eldon Square, which he has done since leaving school. Dan went to Leeds festival with his 'crew' in August this year. A group of girls from Sheffield were camping next to them. On the last night, they all were drunk and Dan and one of the girls had sex. Neither had condoms, but the girl reassured Dan that she was on the pill. Aside from a handful of texts in the week after the festival they have not stayed in touch.

Dan recently met a friend of a friend, Helen, and they both like each other very much. Unfortunately, Dan's developed a small lump on his penis, and is delaying getting together with Helen because of it – he needs to get it sorted out first. Not knowing about the sexual health clinic, Dan plucks up the courage to go to his local GP. After describing the problem the doctor explains that he'll need to go to one of the sexual health clinics. He is mortified – the thought of having to go a place where everyone will know he's got "something wrong with his bits", even having to go in and tell the receptionist why he's there, the whole thing makes him cringe inside. He is relieved when the doctor gives him a card that he explains he can just hand to the receptionist when he gets there and they'll know why he's there.

He sees from a leaflet the doctor gives him that there is a clinic in Low Fell once a week or he can go to one in the centre of town. Thinking about the chances of bumping into someone he knows, he decides to go to the town centre. The sessions are drop-in so he goes the next day on his way home from work. He is pleased to find that the clinic is part of a larger complex of other health services and has a discreet entrance in the middle of town amongst the shops. He was dreading going into a great big obvious entrance with flashing lights that shouted 'clap clinic'. Inside there's a reception desk where he hands in his card, and he's given a form to fill out with his details and asked to take a number. They are calling people up one by one to the registration desk so when he goes up there isn't a queue behind him which he's glad about. He's seen quite quickly and taken into a comfy room where a pleasant male nurse takes his sexual history – it's uncomfortable, but they seem canny enough which makes him relax, even so he's glad to get out of there once it's over.



Sean is 15 and lives in Pelaw with his Mam, her boyfriend and his half brother. Sean hangs out most nights with a bunch of mates drinking and smoking resin. His mate Jonno is shagging Sinead and Sean usually gets some with her mate Carly. Carly's not the first girl he's shagged - he's been sexually active for over a year. Sean usually uses condoms, because he can imagine nothing worse than knocking a girl up, despite his friend's reassurances that it won't happen. He gets his blobs from the local community centre using his c-card. One evening down there, there are some nurses doing 'pee in a pot' tests for chlamydia – him and his mate take one.

The following week he gets a phonecall from a nurse saying he's tested positive and needs to come to clinic to get some antibiotics and suggests he should probably be screened for other sexually transmitted infections. His mate, Jonno, gets a phonecall as well, saying the same thing. They skive school, get the Metro into town and go to the clinic; it's right in the centre and easy to find. Neither has ever been to a clinic before, or to the doctors since they were kids. They don't know what to do when they get there but a friendly woman behind the front desk gestures them over – there's a big number 1 on the front of the desk. They have to take a ticket and are given a form to fill out. There's also a sheet that has photos of the different areas of the clinic and numbers – it describes what happens to them whilst they are there. The woman behind the number 2 desk calls out Sean's number and he goes over. It's private and so he tells her about the phonecall. She checks his form, getting some of the details that he hasn't put down. Then he heads to the waiting area which is painted with a big number 3. He sees the doors off to the side with the number 4 and so knows that's where he's going next – there are a couple of people already waiting so he watches the TV. The waiting space is much nicer than he had imagined a waiting space would be – it's quite funky-looking and there are plants and screens so you're not stared at by the other people there. The room behind the number 4 has big comfy chairs – the nurse persuades him to be tested for other STIs. After he comes out into another waiting space with a big number 6 – he remembers from the sheet that there were only 8 steps so he knows he's almost through. Before he leaves he gets a load of free condoms as well as his antibiotics.



Sean Robson





5.



Service User flow through the clinic

General principles

Two core principles guide the design recommendations for the service users' pathway through the hub clinic:

- The experience of the service user should be the central consideration.
- The service user should always be aware of where they are in the care pathway.

Ideally the service user should never be required to physically 'retrace their steps' during their visit: at all times, people should feel they are progressing through the system and therefore should not be requested to return to a physical location they have already 'passed through'. We recommend a model

where as far as possible the staff move around the service user (rather than the other way round) which has been found to greatly reduce average appointment times.

Each service user passes through the following stages when visiting a clinic for a GU appointment (for contraception appointments the flow is the same except it will end with consultation):

- Arrival and greeting
- Registration
- Waiting
- Consultation
- Examination (including urine collection)
- Waiting for results
- Results
- Exit and re-booking if needed

The clinic space should be designed in such a way that the service user moves consecutively through spaces which each have a clear and well-defined function. It is important that users have a clear understanding of their journey through the clinic and that they know what is going to happen to them at each stage that follows.

Key recommendations are:

Arrival and Greeting

Service users need to feel welcomed immediately on arrival and it must be clear where they go and what they do when they first arrive. Clear signage is critical to this. Service users should be greeted quickly and by a person. This is achieved through a staffed desk at the entrance to the main clinic environment dedicated to this purpose. A staff member at this desk will greet each service user and supply them with a clipboard bearing the necessary forms. More than one staff member may need to be present during busy times to ensure this.

The clipboard will contain four items, of not more than one side of A4 each:

- A basic registration form in compliance with Department of Health minimum data requirements but ideally: name, date of birth, ethnicity, sexuality, postcode, two forms of contact details (including decline to answer options).
- Previous attendance and reasons for attending (a tick box section) in a format that presents text alongside the set of symbols used on the referral cards.
- A step-by-step picture guide as to the course of the appointment designed to reflect the visual cues to progression in the space (see section 6). This should not supplant staff verbally explaining to service users the process, particularly the examination procedure.
- A feedback form for capturing information about the access aspects of the service provided (see section 4 – feedback on the service).

Forms will be designed to be as simple and clear as possible and always clearly marked private and confidential to reassure service users. Even with clear and simple forms some people may need assistance completing their registration and so there should be capacity to allow a one-to-one registration process (see below) where all the information can be taken verbally.

Users will also take a number from a deli-counter-style ticket dispenser and will be asked to go to the registration desk when this number is called out to return the completed forms and complete the registration process.



Registration

The service users fill in the appropriate forms in an open waiting area or a private booth (see section 6), and wait for their number to be called out by staff at the registration desk and move to this area with their forms to complete the registration process. This guarantees that no more than one person at once is at the registration desk, preserving confidentiality and avoiding queues (i.e. while users will in fact be 'queued', they remain sat in the waiting room).

Once the service user returns with their form to the registration desk the form will be checked, including the contact numbers, and any incomplete sections completed. The service user will return the number they were given on arrival and be issued with a clinic registration number on a card with an attached fold-out leaflet. The clinic registration number will be used to call them up from the waiting room when it is time for their consultation and when they collect their results (although first names may also be used and people's preference on this could be gathered at registration). The

leaflet will give them information about contraception, STIs and the tests they are likely to have today (also explaining that for HIV this is now operated as an opt out process in line with national policy). Every service user being given a



leaflet saves the embarrassment of collecting leaflets from the rack and gives reading it in the waiting room a greater sense of being socially acceptable. Service users will also be asked whether they have a preference for seeing a male or female member of staff although clear sign posting at gateways and appointment making may mean this does not need to be repeated at this stage.

Waiting

Service users both with and without appointments will be required to wait in the open waiting room. The period of time for which users will be required to wait will be minimised by the system in place to dynamically manage waiting times described in section 1 – appointments.

The use of a call back or paging mechanism can reduce the potentially uncomfortable or time consuming experience of waiting allowing service users to leave the clinic once they have registered with the reception staff. They are then alerted electronically ten minutes before they will be called

for their appointment via a pager or a text system (as used by taxi companies). Service users are then free to leave the service and spend time in the surrounding area and, for example, shop, go to a nearby café or wait in their car.



Details of how the waiting spaces are to be designed to be as comfortable as possible can be found in section 6.

Consultation

Service users will be called up for their appointments using their clinic registration number or their first name to preserve confidentiality. The person who will perform the initial consultation will call service users. This person would introduce him or herself to the service user by their first name and lead them to the consultation room, where they conduct the consultation as per standard protocol.

We recommend the option of alternative methods of recording sexual history to the verbal be available e.g. when attending for HIV testing only or emergency hormonal contraception). This could be a form filled in by the service user privately, and then reviewed by clinical staff during the consultation. Staff must be sufficiently well trained in sexual history taking to reassure service users at

this stage about the need for accuracy. If a sexual health adviser needs to see a service user during the consultation process, ideally they should visit the user in the consultation room, rather than the service user returning to the waiting area and being



called up a second time when the sexual health adviser is free. As explained below we are recommending that the consultation room and examination rooms are separate so users do not feel they are in an uncomfortable 'medical' environment. This ensures that sexual health advisors are able to do their work in a non-medical space.

While in the consultation room, the examination procedure should be fully explained to service users, particularly if they have never had a physical examination before.

Examination

Service users should move to a separate room for examination, ideally through an adjoining internal door. This room can be set up while the service user is in the consultation room, making the consultation and examination process more efficient (although it may be that delays are unavoidable as staff will need to know what implements etc are needed for each examination). Due to space constraints, a consultation room

may necessarily double as an examination room, in which case a tall screen or curtain should divide the room so that equipment is not on display during the consultation. We do not suggest this as a preferable alternative to separate consultation and examination rooms, as it is likely that users will be less forthcoming about their sexual history and reasons for attending if someone is setting up equipment behind a screen in the same room. If it is possible in the initial design of the clinic to specify



separate examination and consulting rooms then this should be done so where space allows.

Service users should be given total privacy whilst changing in the examination room and there should be a way for them to indicate that they are ready to be seen – for example, a button (with feedback) to press when they are ready which illuminates a light outside the door of the examination room. This is important as users feel embarrassed being interrupted whilst changing and equally feel awkward if left partially dressed waiting for the health professional.

Waiting for results

Where clinically appropriate, it is recommended that following an examination the service users would be asked to wait in a secondary waiting space whilst their preliminary results are analysed. Waiting in a second space gives a sense of progress. In this space there should be a PC

terminal with a simple form to capture people's feedback. The number to contact with comments about the service could also be advertised in this space. When annual service user satisfaction surveys are being carried out then users will be issued with the survey on a clipboard ahead of entering this space (see section 5 – feedback on the service).



Results

Preliminary results

For face-to-face result we recommend that service users are taken to a private room to be informed of preliminary microscopy results and where necessary given any treatment - dispensed onsite. At this point there can be a discussion about how they wish to receive any further results. They will also at this point be seen by a member of staff to discuss the options around partner notification if necessary. A standard mechanism (discussed below) is recommended for this with the potential for users to opt out of this process by making alternative arrangements.

Negative results

Service users should be sent remaining results by text if they are negative. This is preferable over 'a no

news is good news' system which leaves the user in a period of anxious anticipation for the maximum period of time. Service users should be issued with a small wallet sized card that details the wording of the text message (to prevent hoaxing) as well as the timescale they can expect to receive them and a number to contact the clinic if there are any problems – this should carry the clinic's icon but not the clinic name for reasons of



ambiguity. If users would prefer not to be given negative results by text message, they can opt to phone the clinic themselves for their results. If this is their preference this should be recorded on their notes. As described in section 3b, the central service telephone line will have an option in the menu that allows callers to be put through to someone able to give out results. Callers will be asked for their clinic reference number, name and date of birth.

Positive results

A sexual health advisor will contact the service user if any results are positive and arrange with them to come back in to discuss their results (they will arrange a fast-track appointment to do this) and receive the appropriate treatment. The service user will be asked to leave two forms of contact information of how they would like to be contacted. Service users are to be reassured at this

point that discretion will be used when contacting them on non-mobile numbers. The timeframe for delivery of either positive or negative results should be kept to the minimum to reduce the period of anxiety for the service user but is obviously dependent on the turnaround of the laboratory and the clinical investigations performed. Users who do not want to leave a telephone number, or are reluctant to call the clinic themselves, will be given the option of receiving positive results by letter.

Partner notification

Service users with positive results should be advised to notify current and past sexual partners and suggest they come in to be screened and, where necessary, treated (as per national guidelines). If users opt to notify partners themselves it is recommended that they are provided with a leaflet or given verbal advice on how this might be approached. However, it is recommended that service users should always be given the option of the SH service anonymously contacting partners on their behalf. If users opt to notify partners themselves they should be issued with fold out leaflets (the same as given out to users at registration), which carry a reference number linking the case to the original user. These can be handed to the receptionist when the partner attends the clinic as indication of their reason for attending.

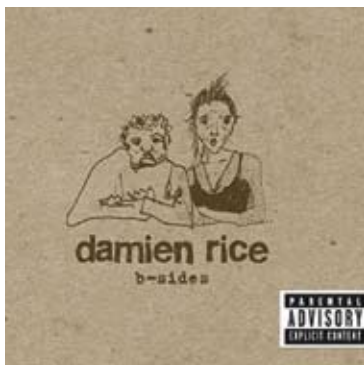


Lisa Mackshaw

Lisa is 25, and with lives her best friend Sarah in Sarah's house in Deckham. She is working again (after a period of depression) as an administrator for a community-based organisation. Lisa is single, but not for want of trying. She goes out most weekends and usually pulls a guy – or depending on who she meets – a girl. Lately it seems that her interest is not often reciprocated beyond a drunken shag – she sometimes thinks she comes on too strong.



Lisa is on the pill and doesn't like to use condoms. One Friday afternoon, while at work, she gets a phone call from the local sexual health service notifying her that a past sexual contact has tested positive for an sexually transmitted infection and requesting she come in for testing. She is mortified. The health adviser tells her about the range of locations where there are clinics and explains that she can either have an appointment or go to one of the drop-in sessions. They also give her a reference number to give to the receptionist when she gets there. She decides to go to the clinic in town as it's near work, and she makes an appointment – she'd like to be in and out as quick as possible and not have to wait any longer than is absolutely necessary.



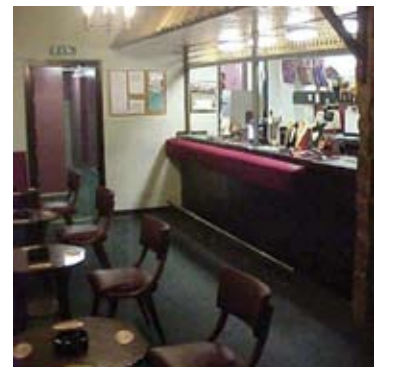
When she arrives at the clinic, feeling very sheepish and embarrassed, she is pleased to find that it's much more relaxed and informal than she had expected. The space is light and airy and she thinks it looks a bit like a nice café. There are comfy sofas and cushions, as well as bookshelves, and a TV; best of all you can make yourself a cup of hot chocolate, and even the magazines are up to date. She was expecting it to be a horrible clinical space that makes you feel diseased. She feels better about being there as she settles into a sofa with a recent copy of Heat. She's surprised but pleased to find that the consultation room, and even the examination room, are comfy and relaxed-looking too. The examination room isn't scary looking, and it reminds her a bit of going to have her bikini line waxed. The nurses are friendly and non-judgemental when they take her sexual history, although they do encourage her to use condoms to protect herself against STI's. They give her some free before she leaves. She tests positive for gonorrhoea and is given treatment: they explain that they need to contact her sexual partners. For some of them she leaves their details, but there's a couple she'd prefer to tell herself so they give her several cards with fold-out leaflets to pass on to them.



Del Stern is 65. He took early retirement a couple of years ago, before which he was a shop floor manager for a small engineering firm based locally. He lives in a semi-detached house in Wrekenton, alone with his dog Paddy since his wife died 4 years ago. He sees his grown-up children and his grandson regularly. He has always been very active and since retiring he keeps himself busy, working on his allotment, and taking computing and photography classes at the local community centre.

At his photography class he met Marjorie; they began to go for a cup of tea after classes and then started meeting up for meals. Marjorie's husband passed away over ten years ago, and she's had a few man friends since then. Del and Marjorie saw each other regularly for six months and slept together a few times, mostly at her house. In the last few weeks he has started to have a burning sensation when going to the toilet, and as he had something similar many years earlier, decides he should go to what he thinks of as the VD clinic.

There's a poster up about it in the local community centre so he takes down the number and phones up. They ask him some questions about whether he has symptoms and tell him about the different sessions that are held in the different locations across the area. He tells them he feels uncomfortable being an older gentlemen, and they explain that there's a number of sessions and younger people don't tend to come during the day. They also suggest the men-only session, but he decides not to wait and to go the next day to the session held at Grassbanks health centre, not far from where he lives. When he gets there and has registered he is asked if he would rather see a male or female member of staff. He is grateful to have the choice and is taken into the consulting room by the male nurse. The nurse sees that Del is uncomfortable talking about his sex life, so he offers for him to fill in a questionnaire rather than answer the questions out loud. After his examination he is taken into a comfy room to receive his preliminary diagnosis. They explain that usually they text people with the rest of their results if they are negative and ask him if this would be okay. Del doesn't like using his mobile phone much so is offered a range of other choices, either for results to be posted, to be telephoned by the service or to call up himself to receive them. He opts to phone up for them, so they supply him with the number and tell him when to call.



Del Stern



6.



Clinic environments

General themes

It is important that the clinic interiors of both the central hub clinic space and where possible the satellite services should reflect the new SH service's desire to move towards a less medical, institutional or 'out of a catalogue' look and feel for the whole service. Our recommendations are for a more informal look and feel similar to a hair salon, café or other comfortable, low-key space, paying particular attention to incorporating the following:

- A general sense of being modern and sophisticated, although not intimidatingly so.
- A sense of space through high ceilings where possible with lots of natural light – windows may need to be frosted to preserve confidentiality if services are on the ground floor. Frosted glass should be used on windows over one way mirroring, which from the users' perspective is not reassuring as they still feel that they are overlooked.
- Humanisation of the environment through use of cushions, bookshelves, plants and coffee tables.
- Minimal posters and information on walls

- 'information overload' can create a frenetic atmosphere. Consideration should be made to how posters are displayed – they should be framed or located in an demarcated area on a notice board.

- 'Soft' materials that are not associated with typical medical environments should be used (for example, wooden floors and doors, reception desks and screening). Window dressings should be wooden or roman blinds in neutral colours, rather than metal.
- Lighting – ideally natural light should be the principle source of illumination; stark overhead light should be avoided. Spot lighting would be typical of a space with a salon feel, although this may not be appropriate for the clinical areas.
- Conjoining spaces should be kept free of clutter and medical equipment.

The interior design of the hub clinic should reflect these qualities as far as is possible throughout the whole clinic not just in waiting areas. A consistent visual experience throughout the clinic should be encouraged using elements of the service brand as interior highlights (for example, using clinic brand colours on doorways, skirting boards etc.)

Visual cues to progression

The service users' sense of progression through a system can be partially impaired by layout of the clinic. To an extent this will be unavoidable in environments that are not purpose-built. One solution we recommend to compensate for this is that the interior décor of the clinic is used to communicate progress using number and colour coding of sections of the internal environment of the clinic.



Numbers and colours associated with a stage will be prominently featured in the relevant space; for example, the waiting room painted green with a large number 3 on a wall, a large number 4 on the door of the consultation rooms, etc.

(N.B. this does require that rooms, especially consultation rooms, are allocated names or letters rather than room numbers, to prevent confusion amongst staff). Any numbering should involve removable numbers to maximise flexibility in use of the space.

Architectural and interiors recommendations

Hub clinic entrance

The clinic entrance should be discreetly positioned on a well-trafficked thoroughfare. To address public concerns about the visibility of their access to the service, the clinic should ideally share its entranceway with other health and wellbeing services, which will prevent access to the building being equated with access to the sexual health service. The clinic could also have a specific name which is used in preference to 'the GUM clinic'.

The entrance signage should carry the brand of the service. We recommend that there is a dry place to wait outside the service as people tend to arrive before the first walk-in session of the day and therefore have to wait outside which can compound feelings of visibility. Additionally, a separate entrance should be provided for clinic staff so that they do not have to pass waiting service users to access the building.



Arrival and registration spaces

The reception area needs to be open and spacious with the following features:

- A 'greeting' (or reception) desk where staff are able to greet service users and hand out clipboards and numbers to them on arrival. This space requires storage space for the clipboards before they are given out. This desk should be low to remove the sense of a barrier between staff and client.
- A well-demarcated registration desk area surrounded with an alternative floor texture as well as a partial screen or barrier formed by plants – acting as psychological aids to preserve a sense of confidentiality when a service user is at the desk. The registration desk should be low, to a) remove imposing barriers between users and staff, and b) to make the desk accessible to wheelchair users. The desk should be screened off on either side to add a sense of privacy to users at the desk.
- Several 'booths' - or a bench at the side of the space - where users can choose to stand to fill out the forms instead of sitting in the waiting room.

It is recommended that leaflet racks are placed visibly in the reception area of the clinic, in a space not directly visible from the waiting area allowing service users to discreetly gather up information relevant to them without (perceived) scrutiny from other service users. Ideally all the leaflets would be spaced out horizontally at eye level, indicating their equal importance, in contrast to vertical arrays, which implies a hierarchy, and increases the chance of certain leaflets being overlooked. Leaflets should be well-designed and relevant to a wide range of users and full use should be made of existing leaflets and national health promotion material. There would be information on a range of topics other than sexual health, in line with the multifunctional nature of the clinic.

Waiting spaces

In addition to some of the general look and feel recommendations already made, the waiting spaces should be appropriately large to comfortably accommodate the number of service users expected at busy times.



- Seats should not face one another, as such an arrangement may be perceived as unpleasantly confrontational. A solution to this is to use triangular seating layouts that face inwards, ensuring that service users are not directly facing one another.



- Sofas are recommended to predominate over individual chairs as they make the space feel welcoming and less 'clinical'. Although some individual comfortable chairs should also be provided for those attending alone.
- Seating arrangements need to accommodate small groups of people (at least in pairs) without being so territorially demarcated that sharing such

a space with a stranger would create a sense of awkwardness.

- Care should be taken in selecting furniture to ensure that it has a soft non-clinical feel but will still withstand the heavy use of a waiting space.
- Waiting spaces can also be 'zoned' to afford waiting users a sense of privacy with the use of shoulder height screens or planting. These can be used to create some 'pockets' for service users wishing to be less visible, whilst leaving the majority of the space as open plan.
- There should be an alternative to the sofa seating for those with mobility problems – this should be provided by a limited number of upright chairs, perhaps around a coffee table. Having this mixture of seating will assist in making the space feel more informal as well as the 'zoning'.
- Coffee tables bearing magazines should be distributed around the space. This is preferable over having the magazines all in a single place, as people do not like to have to get up (and draw attention to themselves) to get a magazine once they are in the waiting space. The presence of tables also breaks up the space, which encourages a sense of informality.
- There should be adequate entertainment waiting spaces – magazines and a TV and/or music playing discreetly. This is important for preserving the confidentiality of conversations, especially those at the registration desk, but a TV should not be the focal point of the space, nor should a TV or music be too loud.
- The magazines should be up-to-date and there should be a good variety with attention given to male service users who are often not particularly well catered for in waiting rooms. A magazine rental service can overcome this problem.
- There should be 'menu style' information on each of the coffee tables in the waiting room detailing the type of services and tests available for users to look at whilst they wait.
- Expense and space permitting, internet terminals should be provided.
- A fish tank is also a popular distraction for waiting spaces.
- Provision of refreshments is a key component in the creation of a pleasant atmosphere, and this needs to be recognised by providing refreshments in an accommodating and inclusive fashion, rather than being a perfunctory exercise.



Refreshments

- Drinks facilities should include a water cooler and provision for hot drinks is highly recommended, while being mindful of health and safety issues where young children may be running around. In the case of the latter, provision of facilities to make one's own hot drinks (i.e. hot water flask, milk (in small cartons), coffee, tea, hot chocolate etc.) giving the user maximum choice, control and ownership. This reduces the sense of authority in the space and was a preference that came out strongly in the user consultation. There are issues with how this facility would be maintained but these should be overcome as the provision of this service is important for meeting service user needs.
- There should also be a snacks machine – this will give people waiting something to do and allows for the fact that, especially during walk-in sessions, service users may have to wait some time to be seen.
- In line with a café / salon feel the registration and reception desks could carry large bowls of sweets for service users to help themselves to.

Childcare facilities

- Entertainment facilities for the children of service users should be provided, for example a toy box (with carefully chosen and easily cleaned toys) and books to read.

- These should be in a screened-off zone of the waiting room where there is sufficient space to accommodate service users who bring a pram. A well-demarcated area for this is preferable both from the perspective of the service user with the child and the other users in the waiting area.
- In the interests of space, a crèche room would seem excessive unless future feedback from service staff suggests that it is necessary.
- Whilst service users are in their examination children should be able to accompany their parent or carer rather than be left unattended in the waiting area (staff cannot be expected to oversee children).

Toilets

- Toilet facilities, including baby changing and disabled facilities, should be available for service users to use beyond simply for the provision of urine samples.
- These facilities should be checked regularly and kept clean and tidy.
- Signs should be placed on toilet doors requesting that users do not use the facilities before the consultation unless absolutely necessary, due to the need for urine samples to be provided for some tests.
- The toilet space can be used by the service to provide detailed information about particular sexual health issues, especially within





cubicles; people will not wish to be seen perusing at length information about specific conditions or lifestyle factors in public areas in the clinic, and the toilet space provides an area where phone numbers can be jotted down (for example) in privacy.

- If there is only one toilet (for each sex) provided then there should be a clear indicator of whether it is engaged or not on the outside for example, by the use of a light. This will prevent service users hovering uncomfortably for it to become free.

Consultation and examination spaces

- Consultation rooms should have a 'counselling' feel, that is, it should be furnished with low, comfortable chairs.
- In order to facilitate history taking by the staff member they should be provided with clipboards for the notes files until the service becomes

paperless when wireless laptops could be used in a similar way. Using low comfortable seating to consult with service users makes them feel more comfortable and de-medicalises the service.

- The examination rooms should be separated from the consultation rooms so that service users are not confronted with the medical equipment whilst in this space (see section 6).
- The examination rooms should be carefully designed to look as pleasant and non-medical as possible, for example resembling a space that would be expected in a spa or a beauty therapy room. This can be achieved by unneeded equipment being stored in neat cabinets as opposed to on open steel trolleys and a pleasant curtain could hang to protect the privacy of the service user when the door is opened.
- There should also be towels provided for the service users to cover themselves during examination.





- The room should be painted neutral tones as opposed to stark white and ambient lighting should be soft; task lighting will be provided for the purposes of the examination.
- Examination spaces should be unisex, with convertible couches that can be changed as appropriate for male and female service users. This maximises the number of rooms that can be used at any one time and so should speed up flow through the clinic.
- Examination rooms should also be equipped with phlebotomy trays for the taking of bloods – negating the need for separate phlebotomy rooms.
- Careful attention should be paid to the design of the ceiling of the space as this is where service users will be looking whilst being examined. Paintings, posters or a TV should be placed on the ceiling. This not only serves as a distraction to the service user but can also stimulate conversation making the experience more socially comfortable.

Uniforms

- There is division between service users who prefer SH staff to wear uniforms and those who would prefer staff to be more casually dressed. Likewise staff will differ on their views on this and should be consulted.
- One solution is to produce t-shirts and sweaters that reflect the visual identity of the service. To clarify individual's roles the member of service staff (e.g. administrative or clinical staff)

could wear different coloured t-shirts or the t-shirts could be embroidered with the professional's role.

- Whatever the decision regarding uniforms or dress code one key recommendation is that staff members must wear ID badges with their names on at all times when dealing with the public.



Claire Louise Leeming

Claire is 17 and lives in Blaydon with her mum and two brothers, but stays with her dad (who lives on Newcastle Quayside) at the weekends. She goes to Gateshead College, where's she's doing an NVQ in beauty therapy. She goes with her two best friends, Jenny and Sara, to Sea every Saturday night, and on one of these nights out, she met Jimmy.

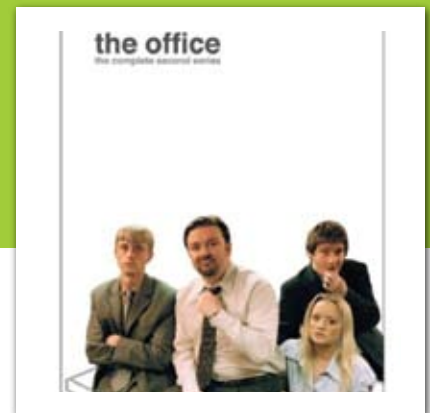
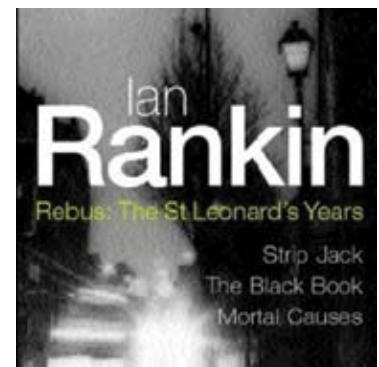
She's been seeing him for three months but he refuses to make the relationship official, and she's learned it's a bad idea to raise the subject of their being boyfriend/girlfriend. She sees him once or twice a week, either out, or at his house after college. She's besotted – he's older and has got a car and is 'totally lush'; she's the envy of her friends. Claire's on the pill – having stayed on it after breaking up with her last steady boyfriend – so she and Jimmy don't use anything else. Karl is Jimmy's best friend and gets on well with Claire (secretly he quite fancies her...). Claire and Karl have been drinking and she tells Karl how much she likes Jimmy: Karl tells her to be careful, that Jimmy never has just one girl. The following week at college someone comes in to do a talk about sexually transmitted infections and tell them about the clinics that run across the borough. Claire is worried because of what Karl said and broaches the subject with Jenny, who tells her to get tested, to put her mind at rest. They were given some leaflets at the presentation, and Claire sees there is a walk-in session on a Wednesday afternoon at the central clinic. This is a half-day at college, so the next Wednesday she and Jenny take the bus into town to go.

They get there a little after the session's started, and it's quite busy. She is given a form to fill in and a number to take. She fills in the form and is called up by her number to the registration desk. Although it's busy in the waiting room, it's private around the registration desk and no-one can hear her confirm her details because the TV's playing in the background. She's told that there's a wait of over an hour and that if she'd prefer she could come back – she's relieved that they've told her and not just let her sit and twiddle her thumbs. Her and Jenny leave, have a look round the shops and then go to a nearby café to wait. When they get back they find a sofa in a corner of the waiting room that is partially screened off, grateful for this bit of privacy in a public space. They watch the TV until Claire is called up.



David is 43, lives in Dunston with his wife and two children, and works as a store manager in the Metro Centre. During the World Cup, David went with his best mate Paul and some of Paul's friends to England vs Ecuador in Stuttgart. The post-game celebrations were raucous. They had been drinking through the day with another group staying in the same hotel, amongst whom was a single woman called Susanna, whom David (feeling somewhat guilty about it) found very attractive. They were flirting and kissed as a forfeit in a drinking game later that night. Things moved on and they spent the night in the same room. Dave had never done anything similar and the next day felt terrible.

A week or so after getting home, Dave started to itch. He is panicked and knows he must get seen – he's heard an advert for sexual health services on Metro Radio and remembers the name. He phones Directory Enquiries, relieved that the name is something generic-sounding. He calls the service, selects the option for making an appointment, and is relieved to get straight through to a friendly member of staff the first time he rings. She tells him she's going to ask him some questions and he only has to answer yes or no. He is glad about this because he is phoning from outside work and is worried that people can overhear him. He answers yes when asked if he is itching and the receptionist suggests that he comes in later that day to one of the walk-in sessions. He explains that he doesn't want to have to wait around because he'll have to make up an excuse as to his whereabouts, and so she offers him an appointment time for the next day at the Blaydon clinic during his lunch hour. When they ask his name he hesitates – she tells him he doesn't have to give a real one. She then explains that all his records will be kept confidential by the clinic and they won't ever contact his GP and though he hadn't thought about this, he is grateful to know. He is really not looking forward to going to the clinic because he hates medical environments, so he's relieved when he gets there and finds the space to be informal and comfortable. Even so he's surprised and happy that once he's registered they offer for him to wait elsewhere, perhaps in his car, and that they'll text him when they have the consultation room ready – he was dreading sitting in the waiting space avoiding people's eyes. When he does come back in and is seen he is relieved that the nurse isn't judgemental about his situation and doesn't put him under pressure to tell his wife.



David Emerson

Acknowledgements

The design phase of service development was funded by Designs of the time 2007 - a Design Council initiative.

The design team would like to thank all of the professionals and members of the public who took part in the consultation process.

We would also like to thank the members of the co-design team who we enjoyed working with enormously.

Final thanks go to the members of the Advisory and Steering Groups for their support and advice on this project and for their comments during the drafting of this document, often required within very tight deadlines.

Design Options

This document was produced by Design Options in partnership with Gateshead Primary Care Trust.

Design Options is a new programme of Options Consultancy Services Ltd, the technical assistance arm of Marie Stopes International. Options has worked for over 15 years providing technical expertise in sexual and reproductive health internationally. Design Options was launched in early 2006 to provide technical expertise to service providers, policy makers and commissioners in the UK.

With expertise in sexual health, adolescent health, service design, monitoring and evaluation, policy and practice and user consultation the multidisciplinary Design Options team provide fresh, innovative and practical advice, support and solutions to providers and commissioners of adolescent and sexual health care services. We draw heavily on service design expertise when approaching any service delivery challenge, hence Design Options. Service designers use methods which are user centred to address service challenges and we combine these with expertise in social science research and consultation to provide effective and practical solutions to meet the needs of users within the capacity of the service.

Phone: +44 (0)20 7776 3900
Email: I.hulton@options.co.uk
Website: www.designoptions.org.uk





Gateshead **NHS**
Primary Care Trust

Louise Hulton

Options Consultancy Services Limited
Cap House
9 - 12 Long Lane
London
EC1A 9HA

Phone: +44 (0)20 7776 3900
Email: l.hulton@options.co.uk
Website: www.designoptions.org.uk

January 2007



north east
england