

Cheshire West & Chester Council

Sexual health services

What do you think?



**Easy
Read**



Cheshire West
and Chester

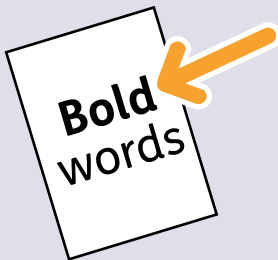
Easy Read



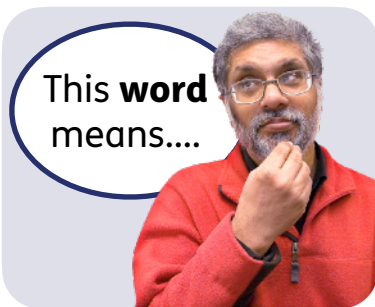
This is an Easy Read version of some information. It may not include all of the information but it will tell you about the important parts.



This Easy Read booklet uses easier words and pictures. Some people may still want help to read it.



Some words are in **bold** - this means the writing is thicker and darker. These are important words in the booklet.



Sometimes if a bold word is hard to understand, we will explain what it means.



[Blue and underlined](#) words show links to websites and email addresses. You can click on these links on a computer.

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About this booklet



This is a survey from Cheshire West and Chester Council.



We would like to find out what you think about sexual health services in Cheshire West and Chester.



What you tell us will help us to make services better in the future.

Our sexual health services

We provide sexual health services like:



- Information and advice.



- **Contraception** - this is something you use when you have sex so you do not make a baby or get an infection.



- Testing to see if you are pregnant or have an infection.

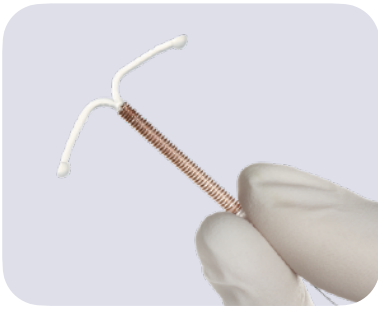


- Treatment for infections.

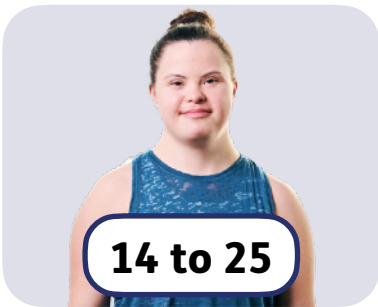


- A support service that goes to local areas where it is needed.

Also, your doctor (GP) can give:



- **Long Acting Reversible Contraception** - this is contraception that stays in your body for a long time, like a coil or an implant.



- Testing for **chlamydia** for women and girls aged 14 to 25.

Chlamydia is an infection you can get when you have sex.



You can get **emergency contraception** for free from pharmacies in Cheshire West and Chester.

Emergency contraception is for when you have had sex in the past 3 days and do not want to be pregnant.



You can tell us what you think about any of these services in this survey.

How to fill in this survey



This survey will take a few minutes to fill in.



You need to send your answers back to us by 7 April 2024.



If you do not want to answer any questions, you can leave them blank.



We will keep your answers safe and private.



Your name will never be linked to your answers.



You can find out more about how we keep your information safe on our website:

www.cheshirewestandchester.gov.uk/system-pages/privacy-notice/consultations-surveys-and-digital-engagement-privacy-notice

Questions for you to answer



Question 1: Which of these sexual health services have you used in the last 2 years?

- A sexual health clinic, like Chester Fountains Clinic, Northwich Watling Street, Ellesmere Port Stanney Lane Clinic, Winsford Dene Drive, or Neston Clinic
- Support in your local area, like at college or work
- Your doctor (GP)
- A pharmacy

There are more answers on the next page.

None of these

If you have not used any sexual health services, please go to question 8 on page 20.

Other - please tell us:



Question 2: How happy are you with these services?

Please tick one box for each service.



How happy are you with **sexual health clinics**, like Chester Fountains Clinic, Northwich Watling Street, Ellesmere Port Stanney Lane Clinic, Winsford Dene Drive, or Neston Clinic?

Very happy

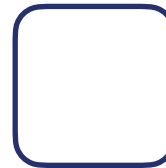
Quite happy

Neither happy or unhappy

Quite unhappy

Very unhappy

I did not use this service



How happy are you with **sexual health support in your local area**, like at college or work?

Very happy

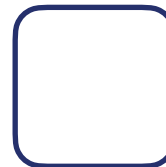
Quite happy

Neither happy or unhappy

Quite unhappy

Very unhappy

I did not use this service





How happy are you with sexual health support from **your doctor (GP)**?

Very happy

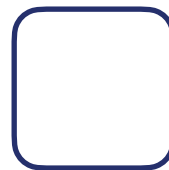
Quite happy

Neither happy or unhappy

Quite unhappy

Very unhappy

I did not use this service



How happy are you with sexual health support from a **pharmacy**?

Very happy

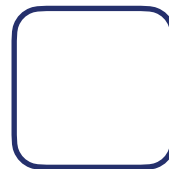
Quite happy

Neither happy or unhappy

Quite unhappy

Very unhappy

I did not use this service





How happy are you with **any other sexual health services** you told us that you use in question 1?

Very happy

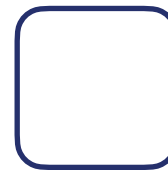
Quite happy

Neither happy or unhappy

Quite unhappy

Very unhappy

I did not use this service



Question 3: How did you find out about the sexual health services and where they were?

Please tick all of the ways you found out.

From a friend or family member

From school or college

There are more answers on the next page.

Social media, like Facebook or Instagram

Our website

Searching online

The Live Well website

From your doctor (GP) or a nurse

Other - please tell us:



Question 4: How do you like to make your appointments for sexual health services?

On the phone

Online

In person

I do not mind

It depends on the service - please tell us more:



Question 5: Please tell us anything that you think is working well with our services. Please tell us which services you are talking about.

A large, empty, rounded rectangular box with a dark blue border, intended for the user to provide their response to Question 5.



Question 6: Please tell us anything that you think we could do better with our services. Please tell us which services you are talking about.

A large, empty, rounded rectangular box with a dark blue border, intended for the user to provide their response to Question 6.



Question 7: What matters to you the most when you use sexual health services?

Please tick all that matter to you.

- Being able to make appointments easily
- Being able to get an appointment at different times of day, like evenings or weekends
- Having a service near where you live or work
- Drop-in clinics where you do not need to make an appointment
- Going to a clinic that is close to train stations or bus stops

There are more answers on the next page.

- Having services for infections and contraception in the same place
- Information about what services there are and how to use them
- Having a clinic for young people under 18
- Having sexual health and contraception services at your doctor's surgery
- Using sexual health and contraception services at a different doctor's surgery in your local area
- Using sexual health and contraception services at a pharmacy

There are more answers on the next page.

- Knowing that the services are private and your information will not be given to anyone else, unless you say so
- Getting information about services in different languages
- The service making changes to meet your disability needs
- Staff being friendly and welcoming
- Staff being trained to give advice
- Other - please tell us:



Question 8: If you haven't used a sexual health or contraception service, please tell us why.

Please tick all of the reasons that apply to you.

I have not needed to use one

I do not know how to use the services

I could not make an appointment

A service is not close to where I live or work

I was too worried or did not feel confident enough to contact the service

There are more answers on the next page.

I did not know I could get sexual health services at my doctor's surgery or a pharmacy

I could not use the website or the online booking system

Other - please tell us:



Question 9: If you have not used a sexual health or contraception service, what would help you use one in the future?

Please tick all the ways that would help you.

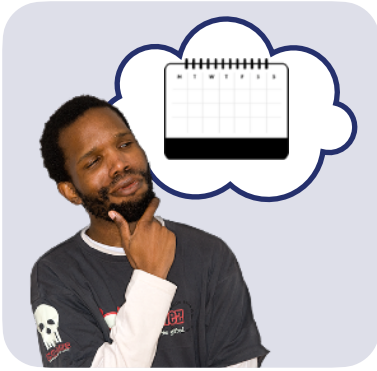
- Being able to make appointments easily, like on the phone or online
- Being able to get appointments at different times of day, like evenings or weekends
- Having a service near where you live or work
- Drop-in clinics where you do not need to make an appointment

There are more answers on the next page.

- Being able to go to a clinic that is close to train stations or bus stops
- Having services for infections and contraception in the same place
- Information about what services there are and how to use them
- Having a clinic for young people under 18
- Being able to get sexual health and contraception services at your doctor's surgery
- Being able to get sexual health and contraception services at a different doctor's surgery in your local area

There are more answers on the next page.

- Being able to get sexual health and contraception services at a pharmacy
- Knowing that the services are private and your information will not be given to anyone else unless you say so
- Information about services being in different languages
- The service making changes to meet your disability needs
- Staff being friendly and welcoming
- Staff being trained to give advice
- Other - please tell us:



Question 10: On which days would you like to be able to use sexual health services?

Please tick all the days that you would like.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday



Question 11: What time of day would you like to be able to use sexual health services?

Please tick all of the times you would like.

Morning

Afternoon

Evening



Question 12: What type of appointment would you like to have?

Please tick one box only.

- An appointment you have booked
- A walk-in or drop-in with no appointment needed
- A mix of both appointments and drop-in
- I do not know
- It depends on the service - please tell us more:



Question 13: Where would you like to go to get sexual health services?

Please tick all of the places you would like to go.

- A special building just for sexual health services
- My doctor's surgery (GP)
- A pharmacy
- School or college
- A local leisure centre or other place in my local area
- Other - please tell us:



Question 14: We also have some online and postal services, like for booking appointments and infection testing kits.

Is this something you would use or have used before?

Yes, I would use or have used it

No, I would not use it

Please tell us anything else you think about this here:



Question 15: If you have anything else you would like to tell us about sexual health services, please tell us here:

A large, empty rounded rectangular box with a dark blue border, intended for providing an answer to the question above.

Questions about you



Next, we would like to ask a few more questions about you.



Your answers will help us to check we are hearing from different groups of people.



This will help us to understand more about how different people think.



You do not have to answer the questions if you do not want to.



We will keep your answers safe and they will never be linked to your name or address.



Question 16: Are you someone who...

Please tick all the boxes that are true for you.

Lives in Cheshire West and Chester

Uses sexual health services

Is a family member or carer of someone who uses sexual health services

Works for a sexual health service

Works for the council

Works for the NHS or health services

There are more answers on the next page.

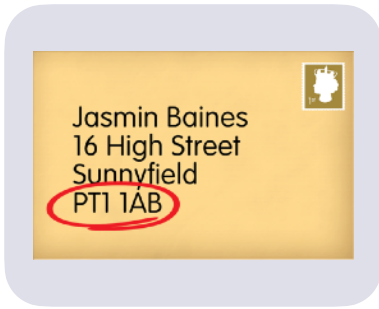
- Is a local councillor
- Is a town or parish councillor
- Speaks for a community organisation or charity
- Is answering for a group of people
- Other - please tell us:



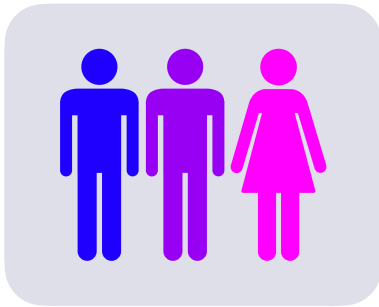
Question 17: If you are answering these questions for a group or an organisation - please tell us the name and postcode.



If you are answering for a group, you do not need to fill in the rest of the questions about you - please now send your answers back to us.



Question 18: What is your postcode?



Question 19: Are you...

Please tick 1 box.

Male

Female

I do not want to say

I like to use my own word -
please tell us:



Question 20: Is your gender the same as the sex you were registered with at birth?

Yes

No

I do not want to say



Question 21: How old are you?

Under 16

16 to 17

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or over

I do not want to say



If you ticked under 16, you will need a parent, guardian or teacher to say that you can fill in this survey.

Please tell us their name and email address:



Question 22: Do you have a long term illness, health issue or disability that affects what you can do?

Yes

No

I do not want to say



Question 23: If you ticked 'yes' what is your long term health issue or disability?

Please tick all the boxes that are true about you.

- Difficulty with moving around - like needing to use a wheelchair
- Difficulty with eyesight
- Difficulty with hearing
- Learning disability
- Mental health issue
- Long lasting illness
- I do not want to say
- Something else - please tell us:

Question 24: Which of these groups do you see yourself as part of?



White

- English, Welsh, Scottish, Northern Irish, British
- Irish
- Any other White background



Black or Black British

- Caribbean
- African
- Any other Black background



Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background



Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background



Other group

- Arab
- Other background



Travelling community

- Gypsy or Roma
- Traveller of Irish descent
- Other member of the Travelling community

- I do not want to say

Question 25: What is your religion or faith?

Please tick one box only.



Buddhist



Christian



Hindu



Jewish



Muslim



Sikh

None

I do not want to say



Question 26: How would you describe your **sexual orientation** - this is who you are attracted to.

- Heterosexual or straight - you are attracted to people of a different gender to you
- Bisexual - you are attracted to more than 1 gender
- Gay or Lesbian - you are attracted to people who are the same gender as you
- I do not want to say
- I like to use my own word - please tell us:

Thank you



Thank you for answering the questions. Your answers will help us decide how to make sexual health services better for everyone in the future.

Please now send your answers back to us by post to:



Cheshire West and Chester Council
Insight and Intelligence Team
The Portal
Wellington Road
Ellesmere Port
CH65 0BA



We need your answers by Sunday 7 April 2024.

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