

Service user topic guide (WP3)

1. Introduction

- a. Introduce self
- b. Explain study and objectives
- c. £20 voucher
- d. Written consent and demographic questionnaire
- e. Confidentiality
- f. Length of interview and tape recording

Just before we start, there are not right or wrong answers to anything; it is just your thoughts and opinions which I'm interested in. If at any point I ask something you don't like or don't want to answer, please tell me and I will stop.

2. Opening questions:

- a. What brought you to the clinic today? (prompt: routine or recent risky behaviour)
- b. During your visit, did you talk to anyone about your sexual health? (Prompt: such as talking to HA or talking about condom use)

Risk perception: I want to ask you about your understanding of chances of getting an STI if that's ok, as people have different understandings.

- a. How likely do you think you are of getting STI? Why do you think so?
(prompt: partner numbers, number & type of relationships, frequency of STI screens, condoms, other preventative measures)
- b. Would you say your chance of getting HIV is different? Could you expand on that a bit more?
(prompt: number and type of relationships, partner HIV status, adoption of seroadaptive strategies, drug use, MSM parties/venues other preventative measures e.g. frequency of HIV testing, condom use)
- c. Would you say your risk of getting HIV changes over time? (if yes) How? Why?
- d. Today you would have given some information about yourself and your recent sexual behaviour. How would you feel if that information was used to tell you that your chance of getting an STI is low or high (such as alcohol screening scores)?

- e. How would you feel if you were offered some kind of support to promote your sexual health that was based on the results of the calculation I just mentioned?

Behavioural interventions: I'd like to ask a bit more about your thoughts on things which you might be offered in a clinic, to support your sexual health

- a. Have you ever been given any sexual health information or received support for your sexual health, if needed? (prompt: such as brief chat with a clinical staff, or receiving a leaflet or given condom)
- b. Was there anything (you thought was) good or bad about them?
- c. Do you think any helped you, or made you change any behaviour?
- d. I'm now going to give you some examples of health promotion things that we might develop from our study. I'd like to get your thoughts on these, good and bad:
 - a. A brief chat with a healthcare professional? How long? How often? Where? What format e.g. phone, person, and email? Who?
 - b. A video on safer sex behaviours in the waiting room?
 - c. Talking with other service users about sexual health and ways to promote SH?
 - d. Online information such as online videos or quizzes or things on social media (facebook)?
 - e. Information on a mobile phone (app/SMS)?
- e. These are just examples which we are thinking about, but are there any other services or methods to provide information that you'd like or want? What would you really like?
- f. Based on the last visit to a clinic, what would have made your experience nicer?
- g. Given all the things we've discussed, do you think you would you actually use any of these programmes if you were offered them?

3. To conclude

- a. Is there anything else you think would be helpful?
- b. Thanks and voucher
- c. Re-iterate confidentiality

Service provider topic guide (WP3)

1. Clinic description/pathways of care:

- a. What clinical services do you provide?
- b. Which staff groups see patients?
- c. What is a typical patient flow/ pathway through the clinic, for a male clinic attendee and a female clinic attendee?
- d. How are the STI screen results communicated to patients?
- e. Do patients with an STI come back for a test of cure? Which patients?
- f. In your clinic, how is patient sexual risk assessed/triaged?
- g. Do you run any specialist clinics?
- h. What are your referral protocols to other services?
- i. Are there any special funding programmes/initiatives currently underway?
- j. Are there any other features of your clinical provision you feel we have not addressed?

2. Health advisors:

- k. Does your clinic have any health advisors?
- l. If YES: How many? What activities do they cover, for example partner notifications or counselling?
- m. If NO: Do you have other staff which act in the same roles as health advisors? What activities do they do?
- n. How are patients referred to see the health advisors?
- o. What other staff specialties do you have in the clinic, and how many?

3. Behavioural Interventions:

- p. Do you conduct any sexual risk reduction interventions taking place, whether formally or informally?
- q. If YES, how are patients assessed for them? Who delivers them and what do they consist of? How is this paid for or resourced? Are there any particular challenges in delivering these?
- r. If NO, what are the barriers to these being delivered in your clinic?
- s. Are there any new/additional services you provide? E.g. club drug services, social marketing of condoms, outreach services etc. How are they funded?
- t. Any thoughts on services you would like to provide/have tried and have not worked in the past?

4. Our project:

- Would a risk assessment tool that calculated a personal risk score using routinely collected sexual risk information be acceptable in your clinic and to your clinic staff? What are the potential challenges that you foresee in using this tool?
- u. What are your thoughts on the feasibility, including any opportunities or challenges you can see, with the following behavioural intervention formats:

- Such as a video in the waiting room
 - Group session with patients as they wait for appointments/results?
 - Online learning material for use on smart phone or computer?
 - A 15-20 minute appointment with a health advisor? (*only if they have one*)
 - A brief series (4-6) of motivational interviews with a qualified professional? In person or by phone?
- v. Any other thoughts or comments?

Note: with lead clinicians and/or service leads we will focus on sections 1,2,and 4. With Health advisor leads we will explore section 2, 3 and 4.

Service provider web-survey (WP3)

ID	Question	Answer
Section 1: Introduction and consent		
<p>As a provider of sexual health services in England, we would like to invite you to take part in this survey of your current clinical services, who provides them and possible opportunities and challenges in delivering targeted behavioural interventions. The survey should take less than 10 minutes to complete.</p> <p>With international evidence that behavioural interventions can reduce the risk of contracting a new STI among sexual health clinic attendees, the applicability of this evidence to the UK setting needs investigation. This project aims to synthesise the existing evidence to develop a range of pragmatic interventions that can be delivered in a variety of sexual health service settings, and determine if a formal randomised trial is feasible. Information about your current practice and your views on potential interventions are important to synthesize existing evidence.</p> <p>Participation is voluntary and you are free to withdraw at any time. Your responses will be treated with in the strictest of confidence. We can send you personalised feedback about your clinic, in comparison with clinics nationally.</p> <p>This project is organised by University College London, in collaboration with Brighton and Sussex Medical School, and is funded by a grant from the National Institute of Health Research, Health Technology Assessment Programme (NIHR HTA). This project was reviewed by Westminster National Research and Ethics Service Committee [project ID: 15/LO/0690].</p> <p>If you are happy to participate in this survey please select 'Start Survey'</p>		
Section 2: Clinic and respondent details		
2.1	Clinic ID (same as GUMCAD data submission ID)	Text
2.2	Clinic Name	Text
2.3	What type of service provision do you offer?	1 = Level 1 2 = Level 2 3 = Level 3
2.4	What is your position in the clinic?	1 = Practice lead / service manager 2 = Clinical lead / director 3 = Clinician 4 = Administrator

		5 = Nurse 6 = Health advisor 7 = Other, please specify
2.5	How long have you been working in this clinic? <i>Indicate '0 years' if you have worked there less than 1 year</i>	Number (in years) <i>[restrict: 0 – 50]</i>
Section 3: Clinical services		
3.1	How do patients access your service?	1 = Referral 2 = Walk in 3 = Self-booked appointment
3.2	What services do you provide? <i>[select all that apply]</i>	1 = Contraception 2 = Emergency contraception 3 = STI testing 4 = Asymptomatic self-testing 5 = 1:1 with Health Advisor 6 = Hep B vaccination 7 = Health promotion 8 = Specialist clinics (specify) 9 = PEP – post exposure prophylaxis 10 = Drug and alcohol services 11 = Psychosexual services (sexual dysfunction) 12 = Other (specify)
3.3	How are test results communicated to patients? <i>[select all that apply]</i>	1 = Text message/SMS 2 = Phone call 3 = Follow up appointment 4 = Other, specify:

3.4	Do you run any specialist clinics, or services? <i>[select all that apply]</i>	1 = MSM 2 = Young people 3 = HIV 4 = Other infection specific (e.g. warts herpes, genital dermatology) 5 = Drugs (including e.g. slamming packs) 6 = Alcohol 7 = Community outreach 8 = Other 9 = None
3.5	Do you refer onto other services?	0 = No (go to 3.10); 1 = Yes
3.6	Which services? <i>[please select all that apply]</i>	1 = Level-3 sexual health services 2 = Other clinical departments (e.g. dermatology) 3 = Child protection services 4 = Drug or alcohol services 5 = Counselling services
3.7	How would you describe the patient load for sexual health at your clinic on average?	0 = Low 1 = Moderate 2 = High
Section 4: Patient triage and pathways		
4.1	On arrival, is patient risk triaged or assessed in any way?	0 = No; 1 = Yes (go to 4.5)
4.2	If no, are patients triaged at any other point in their clinical pathway?	0 = No; 1 = Yes (go to 4.5)
4.3	If no, would there be any opportunities to introduce a triage system into your service?	Text

4.4	If no, would there be any barriers to introducing a triage system into your service?	Text
4.5	Who assesses the patient for their risk?	1 = Administrator 2 = Nurse 3 = Specialist nurse 4 = Health Advisor 5 = Doctor 6 = Patient-self completed/assessed – kiosk 7 = Patient-self completed/assessed – paper 8 = Other, specify:
4.6	What information is used to assess the patient? <i>[rank the top 3]</i>	1 = Age 2 = Gender 3 = Sexual orientation 4 = Ethnicity 5 = Previous STI history 6 = HIV/HepC status 7 = Alcohol use 8 = Drug use 9 = Recent sexual partner history 10 = Recent sexual behaviour history (eg. unprotected sex)
4.7	Do you have a standardised tool for assessing patient risk?	0 = No (go to 4.9); 1 = Yes
4.8	Which of these best describes how is this information used to make decisions about the patient's pathway and referrals (both to interventions or specialist services)?	1 = Risk algorithm is applied 2 = Everyone follows a clinic proforma 3 = Healthcare provider judgement

		4 = Combination of proforma and judgement 5 = Patient preference
4.9	If no, which of these best describes how this information is collected?	1 = During clinical consultation 2 = Verbally by the medical secretaries on arrival 3 = During the appointment booking process 4 = Other, specify:
Section 5: Health advisors and staff		
5.1	Do you have any health advisors (or equivalent)?	0 = No (go to 5.4); 1 = Yes
5.2	If so, how many?	Number <i>[restrict: 0.1 – 20]</i>
5.3	What roles/services do they provide <i>[please select all that apply]</i> :	1 = Contact tracing / partner notification 2 = Counselling 3 = Education 4 = Positive results feedback 5 = Other, specify:
5.4	Do other staff conduct similar roles to that of the health advisors, including contact tracing and delivering education and behavioural interventions?	1 = Administrator 2 = Nurse 3 = Specialist nurse 4 = Doctor 5 = Peer support workers 6 = All clinical staff 7 = Other, specify:
5.5	Do you have access to any of the following staff types/skills in your clinic?	1 = Health Advisor 2 = Peer counsellors 3 = Counsellors

		4 = Psychology 5 = Drug and alcohol worker 6 = Outreach worker 7 = Other (specify)
Section 6: Behavioural interventions		
6.1	Do you conduct any sexual risk reduction interventions?	0 = No; 1 = Yes (go to 6.3)
6.2	If NO, what are the main barriers to these being delivered in your clinic? <i>(select top 3)</i>	1 = Funding 2 = Staff time 3 = Clinic space 4 = Lack of appropriate intervention tools 5 = Lack of training in specific methods 6 = Equipment for delivery 7 = Lack of patient desire/uptake 8 = Other
6.3	If YES, how are patients assessed for them?	1 = Risk algorithm is applied 2 = Everyone follows a clinic proforma 3 = Healthcare provider's judgement 4 = Combination of proforma and judgement 5 = Patient preference
6.4	Which behaviour change interventions do you currently deliver?	1 = Educational videos 2 = Online learning material 3 = material on mobile app 4 = Brief 1:1 session with a health advisor

		<p>5 = Series of motivational interviews</p> <p>6 = Group sessions</p> <p>7 = Outreach services</p> <p>8 = Text reminders or other forms of recall for those at risk</p> <p>9 = Other, specify:</p>
6.5	Ideally, what interventions would you like to offer?	Text
6.6	FOR EACH SELECTED: How is this paid for or resourced?	<p>1 = Normal clinic budget</p> <p>2 = Special/specific grants</p> <p>3 = Charity/research funds</p> <p>4 = Does not cost anything</p> <p>5 = Other, specify:</p>
6.7	FOR EACH SELECTED: Who generally conducts/gives patients the information for these interventions?	<p>1 = Nurse</p> <p>2 = Specialist nurse</p> <p>3 = Health Advisor</p> <p>4 = Doctor</p> <p>5 = Other (specify)</p> <p>6 = Passive (e.g. information is on posters, leaflets or videos)</p>
6.8	FOR EACH SELECTED: Approximately what proportions of patients are referred into this intervention?	Scale (1 – 100%)
6.8	FOR EACH SELECTED: On a scale from 0-100, how likely is it that your clinic will still be providing this service in a years' time?	Scale (1 – 100%)
6.9	FOR EACH NOT SELECTED: Have you tried this intervention format in the past?	0 = No (go to 6.11); 1 = Yes
6.10	FOR EACH NOT SELECTED: Why did you stop providing this intervention?	<p>1 = No more funding</p> <p>2 = Poor patient uptake</p>

		3 = Lack of trained staff time 4 = Lack of clinic space 5 = Lack of equipment (e.g. TV screen) 6 = Intervention materials no longer available 7 = No observed impact 8 = Other, specify:
6.11	FOR EACH NOT SELECTED: Would you be able to deliver this intervention if the materials were provided (e.g. training modules)?	0 = No; 1 = Yes
6.12	FOR EACH NOT SELECTED: What are likely to be biggest barriers to delivering this intervention in your clinic? <i>[choose the top 3]</i>	1 = Funding 2 = Staff time 3 = Lack of skilled staff 4 = Clinic space 5 = Equipment for delivery 6 = Patient's not interested 7 = Patient time 8 = Not suitable for patients/clinic 9 = Poor evidence base
6.13	FOR EACH NOT SELECTED: What are the most appealing features of this intervention? <i>[choose the top 3]</i>	1 = Clinical staff time for delivery 2 = Perceived effectiveness 3 = Potential patient uptake 4 = Equipment already exists in the clinic 5 = Clinic space already exists 6 = Staff already trained to deliver this 7 = In-line with staff skills or interests

		8 = Widely appropriate for patients
Section 7: Feedback and finish		
7.1	Any other feedback you would like to give?	Text
7.2	Would you like to receive customized feedback about your clinic?	0 = No; 1 = Yes
7.3	Please provide an email address for us to send this information to (optional):	Text
<p>Thank you very much for taking the time to fill out this survey, your contribution to this research project is much appreciated. If you have any further thoughts or comments or would like to request more information about the project, please contact Dr. Carina King or Dr. Anupama Roy using the following:</p> <p>Email: c.king@ucl.ac.uk; A.Roy@bsms.ac.uk</p> <p>Telephone: 020767947619</p>		

Service user topic guide (WP5)

1. Introduction

- g. Introduce self
- h. Explain study and objectives
- i. Confidentiality
- j. Confirm consent
- k. Length of interview and tape recording

2. Clinic Experience

- a. What brought you to the clinic the other day?

3. Triage

- a. Were you invited to use a tablet to enter some information about yourself?
 - What did you think of this system?
- b. Did you get a ticket?
 - What did you do with the ticket? Did you give it to the Nurse/Doctor during your consultation?
 - Did you visit the website/QR code on the ticket?
- c. Did anyone discuss this ticket or a risk score with you? How did you feel about that? Were you surprised or was it in keeping with what you think of your own sexual risk? In what way?
- d. Did the ticket recommend that you speak to a health advisor? Or visit a website?

4. Interventions

- a. While you were at the clinic, did anyone offer you any sort of health promotion? [Prompt: 1:1 chat, website, leaflets, condom demonstration, etc.]
- b. Why do you think you were offered this activity? (If they relate it to the triage score, explore whether being offered a targeted, bespoke package made them more or less likely to accept?)
- c. Did you decide to accept it?
- d. If YES:
 - Can you describe what you were offered?
 - What made you accept it?
 - What did you think of it? Was it good? Was it bad? How would you improve it?
 - Would you rather have been offered any other sort of support? If so, what?

- What sort of effect if any do you think it had on you? Did it change anything about the way in which you view or have sex and/or relationships?
- e. If NO:
- Can you describe what you were offered?
 - Why did you not want to accept it? [prompts: - time, no need, format, etc]
 - Would you have accepted a different sort of support? If so, what?
- f. Have you been to a sexual health clinic before? If yes, how was this time similar or different? How do they feel about the difference?

5. To conclude

- d. Do you have any final thoughts, or anything you want to say about your recent visits to the clinic?

Service provider topic guide (WP5)

1. Introduction

- l. Explain study and objectives
- m. Confidentiality
- n. Length of discussion and recording

2. Background

- a. How have you been involved in the current pilot trial?
- b. How has it been going overall?

3. Triage Tool (tablet used in the waiting room),

- a. Have you used the triage tool (tablet used in the waiting room), or seen it being used by patients?
- b. If YES:
 - a. What do you think of this part of the system? Anything particularly good? Or bad?
 - b. How do you think patients have reacted to this system?
- c. Have you heard any feedback about the triage tool? [from patients or other colleagues]
- d. Based on your experience, what do you think are the main challenges to having a patient self-triage? And opportunities?
- e. What do you think about an automated triage approach?

4. Processing the 'till receipt' triage, [and data-entry](#).

- a) Have patients brought you the 'till receipt' during consultations?
- b) If YES:
 - a. What do you think of this system? Anything particularly good? Or bad?
 - b. Does the triaging match what your assessment of patient risk, based on your consultation?
 - c. How do you think patients have reacted to this system?
 - d. How did you manage with the recording/data-entry in patient's EPR?
- c) Did you refer a triaged patient to a Health Adviser, based on their 'till receipt'?
- d) How did patients respond to this referral?

5. Intervention Delivery

- a. Have you delivered any of the interventions in the intervention package? [directed to webpage, delivered 1:1]
- b. Which interventions have you offered/delivered?
 - a. For each intervention, what do you think if it? Anything particularly good? Or bad?
 - b. Have you received any feedback from the patients? How have they reacted?
 - c. Were there any issues for you in keeping to the manual?
 - d. What was the hardest thing to keep to?
- c. Have you heard any feedback about the interventions? [from patients or other colleagues]
- d. What do you think of having a 1:1 session as part of the patient pathway? What about directing patients to online tools?

6. Clinic Impact

- a. Have you seen a change in patient flow through the clinic since the tool was introduced?
[prompt: more people referred to HA; longer consultations]
- b. Have you seen a change in patients referred into interventions?
- c. How has the pilot trial impacted the running of the clinic? Were there any good things about it? Were there any bad things about it?
- d. What do you think have been the main challenges in delivering this intervention package?
And do you have any proposed solutions to these challenges?

7. To conclude

- e. Do you have any final thoughts or feedback about the pilot?
- f. Do you have any thoughts or suggestions for improving it?
- g. Thanks

Service user follow-up web-survey (WP5)

Thank you for agreeing to take part in the Santé Project.

We are looking at whether information and activities that help reduce the rates of sexually transmitted infections (STIs) are acceptable to service users and service providers. We have been trying out some of these health promotion activities in different sexual health clinics in England. We want to ask you about your recent visit to the clinic - the visit when you agreed to take part in this study.

The **survey will take approximately 5 minutes** to complete. The information you provide will be treated as **confidential** and you are not obliged to answer a question if you do not want to.

We have posted a **self-sample STI testing kit** to the address you provided (unless you specifically requested an appointment in clinic). When this arrives, we would kindly ask you to **please return it in the pre-paid package provided**.

1. Clinic Experience

1.1	How satisfied were you with your recent visit to the sexual health clinic (the visit when you agreed to take part in this study)?	Very satisfied Quite satisfied Not very satisfied Not at all satisfied
1.2	At this visit, were you offered any of the following health promotion information or activities in the clinic or by text message (tick all that apply)	No Online information One-to-one session with a health advisor Leaflet Other (specify)

2. Sexual health promotion webpage

2.1	Did you visit the webpage that was offered to you?	No Yes (go to 2.3)
2.2	What was your main reason for not accepting?	Didn't have enough time Wasn't relevant to me Internet connectivity issue Not interested Didn't think I needed it Other (specify)
2.3	Did you look through the webpage?	No Yes (go to 2.5)
2.4	What was your main reason for not completing?	Didn't have enough time Wasn't relevant to me Internet connectivity issue Not interested Didn't think I needed it Other (specify)
2.5	Did you find the webpage helpful?	No Yes (go to 2.7)
2.6	Why did you not find the webpage helpful?	Wasn't relevant to me Website was difficult to navigate Information was too generic Information was difficult to understand Other (specify)

2.7	Why did you find the webpage helpful?	Was relevant to me Website was easy to navigate Information was specific Information was easy to understand Other (specify)
2.8	How would you rate the webpage as a type of health promotion?	Excellent Very good Good Fair Poor
2.9	Any other comments?	Text

3. Health advisor session

3.1	When you were offered a one to one session with the health adviser, did you agree to see the health adviser?	No Yes (go to 3.3)
3.2	What was your main reason for not accepting?	Didn't have enough time Wasn't relevant to me Appointment wasn't convenient Not interested Don't think I need it Too embarrassed / self-conscious Other (specify)

3.3	Did you attend the appointment with the health advisor?	No Yes (go to 3.5)
3.4	What was your main reason for not attending?	Didn't have enough time Wasn't relevant to me Appointment wasn't convenient Not interested Don't think I need it Too embarrassed / self-conscious Other (specify)
3.5	Did you find the appointment with the health advisor helpful?	No Yes (go to 3.7)
3.6	Why did you not find the webpage helpful?	Didn't get enough time Wasn't relevant to me No clear objective Don't think anything will change Things I already knew It was embarrassing It was patronising Other (specify)
3.7	Why did you find the appointment helpful?	Got enough time Was relevant to me Clear objective Things I did not know

		Not embarrassing Not patronising Other (specify)
3.8	How would you rate the one-to-one session with the health advisor?	Excellent Very good Good Fair Poor
3.9	Any other comments?	Text

4. Health promotion leaflet

4.1	When you were offered a leaflet about sexual health, did you accept it?	No Yes (go to 4.3)
4.2	What was your main reason for not accepting it?	Didn't have enough time to read it Wasn't relevant to me Not interested Don't think I need it Other (specify)
4.3	Did you find the leaflet helpful?	No Yes (go to 4.5)
4.4	Why did you not find the leaflet helpful?	Wasn't relevant to me Not interesting Don't think I need it

		Things I already knew Information was difficult to understand Other (specify)
4.5	Why did you find the leaflet helpful?	Relevant to me Interesting Think I need it Things I did not know Information easy to understand Other
4.6	How would you rate the leaflet?	Excellent Very good Good Fair Poor
4.7	Any other comments?	Text

5. STI testing

5.1	Have you had an STI test since you agreed to take part in the study?	No Yes – at the clinic when I agreed Yes – since the clinic visit
5.2	Were you diagnosed with an STI?	No Yes

5.3	Do you have any other comments about your recent visit to the sexual health clinic?	Text
5.4	Do you have any other comments about this survey?	Text