



# Questions we are asking about Sexual Health Services in Birmingham



This leaflet is easy to read.

## Questions we are asking about sexual health services in Birmingham





1. We think that in the future services should do some important things, listed below.

If you agree tick - Yes.

If you **don't agree** tick – **No**.

If you are **not sure** tick – **Don't know**.

 Provide better services for people who need special help.

	Yes		No		Don't	know
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• Help people choose the right way not to have a baby.



- Don't know
- Give faster help to people with sexual infections.

No Yes

- Don't know
- Help more young people not to have babies.





• Help more people not to need an abortion.

Don't know





Help people who might be being hurt or forced to do sexual things which they do not want to do or are not sure about.



No

Yes

Help people not to catch a sexual infection again and again.



 Help more young people with sexual infections who do not know they have it.

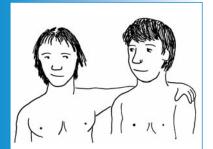


 Do better at stopping sexual infections being passed from one person to another.

Yes		No		Don't	know
	Yes	Yes	Yes No	Yes No	Yes 🗌 No 🗌 Don't

• Help more people start treatment for HIV early.

Don't know



Please tell us what other things we can add to the list.

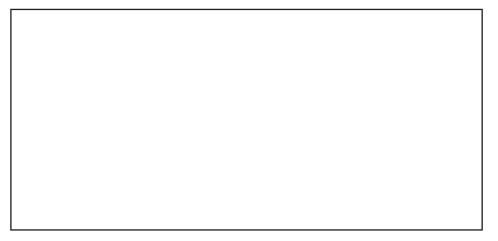




2. Do you like our plan for services to link up better and do more together?



Please tell us the reasons for your answer.



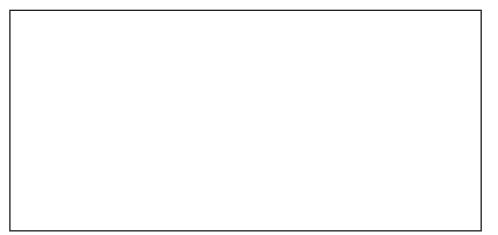


3. We think family Doctors (GPs) and pharmacists should do more to help people with contraception and to find people with sexual infections.

Do you agree this is a good idea?



Please tell us the reason for your answer.





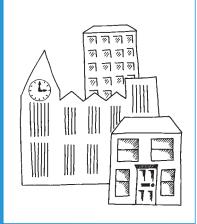
4. We think that community and voluntary organisations are good at supporting people who need help. We would like to buy Sexual Health services from them.

Do you agree with this approach?

Yes No Don't

Don't know

Please tell us the reason for your answer.

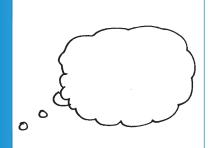


5. We think that there should be three clinics in the city where people can go to get contraception and treatment for sexual infection all at the same time and in the same place. One in the city centre, one north of the city centre and one to the south.

What should we think about when choosing where to put services?

Please tell us the reason for your answer.

#### 6. Any other comments you want to make?





# About you:

We would like you to tell us something about you.

You do not have to tell us if you do not want to, but if you do, it will help us to plan our services.

### Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law.

You can see more information about data protection on our website at:

www.birmingham.gov.uk/privacy

## Are you?

Please tick one of the boxes

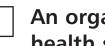
Α	member	of the	general	public
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Someone who gets help from sexual health services



Someone who works in a Health or Care organisation who helps people with their sexual health

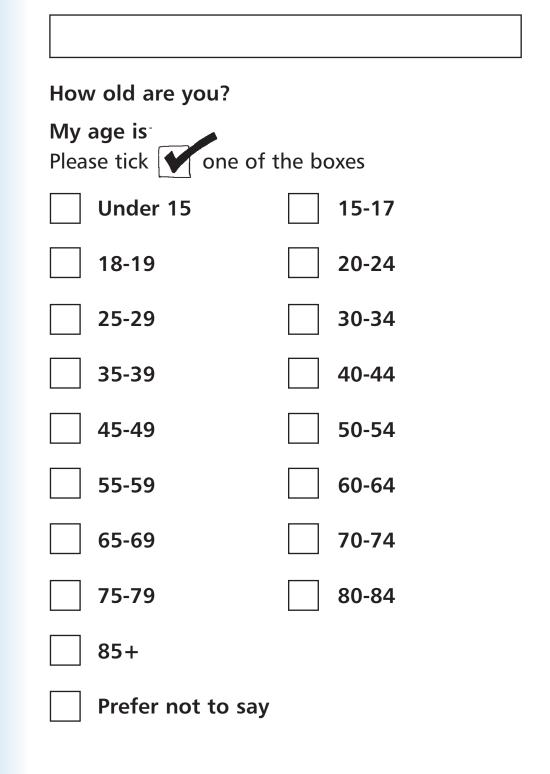


An organisation who provides sexual health services

A family member or carer of someone who gets help from sexual health services

Other

### What is your full postcode:



Disability: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Please tick one of the boxes
Yes No Prefer not to say
If yes, do any of these conditions or illnesses affect you in any of the following ways?
Please tick 🚺 all that apply
<b>1. Vision</b> (such as difficulty seeing, blindness, or partial sight)
<b>2. Hearing</b> (such as difficulty hearing, deafness or partial hearing)
<b>3. Mobility</b> (such as difficulty getting around, walking short distances or climbing stairs)
<b>4. Dexterity</b> (such as difficulty using your hands, lifting and carrying things)
<b>5. Learning or understanding or</b> <b>concentrating</b> (such as difficulty learning things)
6. Memory (such as difficulty remembering things)
<b>7. Mental Health</b> (such as bi-polar, anxiety)
8. Stamina or breathing or fatigue (such as getting tired very quickly, breathing problems)

<ul> <li>9. Socially or behaviourally (such as autism, attention deficit disorder or Asperger's Syndrome?)</li> <li>10. Other</li> </ul>
Are you?   Please tick one of the boxes   Female   Male   Trans person   Prefer not to say
Your Ethnic Group:         Please tick       one of the boxes         White: English / Welsh / Scottish/ Northern Irish / British
<ul> <li>Any other white background</li> <li>Mixed / multiple ethnic groups</li> <li>Asian / Asian British</li> <li>Black African / Caribbean / Black British</li> <li>Other ethnic group</li> </ul>
Prefer not to say

Religion: What is your religion or belief?
Please tick 🚺 one of the boxes
No religion
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist
Hindu
Jewish
Muslim
Sikh
Any other religion
Prefer not to say
Your sexual identity:
Please tick one of the boxes
Heterosexual or Straight
Gay or Lesbian
Bisexual
Other
Prefer not to say

We want to know what you think of our plan for sexual health services in Birmingham.

Please return this questionnaire to the address below - you do not need to use a stamp.

Please tell us what you think:

Email: **birminghamsexualhealth@birmingham.gov.uk** 

Website: www.birminghambeheard.org.uk

Write to: Sexual Health Consultation Freepost RSYS-HKBC-XBLA PO Box 16465 Birmingham B2 2DG

Thank you for taking part in our consultation.

The pictures in this leaflet have been provided by **CHANGE**. Website: www.changepeople.co.uk