

# Forming a consumer reference group to provide input into the service delivery of an inner city sexual health service

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## Background

Men who have sex with men (MSM) carry the highest burden of Sexually Transmissible Infections (STIs), including HIV in the community<sup>1,2,3</sup>. Sydney Local Health District (SLHD) has the second highest number of new HIV notifications in New South Wales (NSW)<sup>4</sup>, so providing accessible sexual health services for gay men and MSM is a priority. SLHD Sexual Health Service uniquely comprises both clinical and health promotion teams, supporting close collaboration and shared projects. Such a shared project was the formation of a Consumer Reference Group (CRG) of MSM in 2012 to provide feedback and to ensure the planning and implementation of sexual health programmes and clinical services are appropriately orientated. Consumer Reference Groups have been used to provide input to health services, particularly in mental health, for many years<sup>5</sup>. There is evidence that consumer informed resources improve health knowledge in target populations<sup>6,7</sup> although The Cochrane Review found there was mixed evidence for general improvement in services<sup>7</sup>. As part of the development of SLHD Sexual Health Strategy 2013-2014<sup>8</sup> it was decided to trial a CRG to hear the voices of our highest priority target group.

## Methods

Invitations to join the CRG were displayed in the sexual health clinic waiting room and distributed through local gay men's networks. Clinicians promoted the group to eligible patients during consults. Applicants applied through email and were interviewed for suitability by the Sexual Health Service's Senior Counsellor and Health Promotion Manager.

### Questions asked at interview were:

Why are you interested in being part of the Client Reference Group?

Do you currently access RPA Sexual Health? If, not are you familiar with the service?

What do you see as the key issues in relation to access for gay men to sexual health clinical services and sexual health information?

Are you able to attend meetings 4 meetings per year that would be held on a Monday or Wednesday night? If not, when are you available?

Have you ever participated on a CRG (or similar)? If yes, can you provide some details?

Case Scenario: you arrive at the first meeting and someone who you do not get along with is also on the committee, what do you do?

If you are not selected for the Client Advisory Group this year, would you like to be put on a waiting list (for consideration next year, or this year if people drop out)?

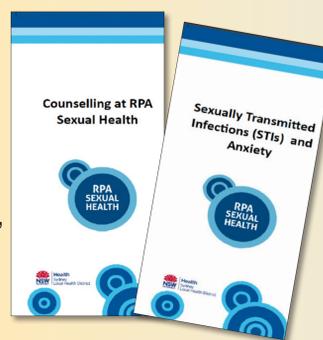
## Results

Seven men were initially accepted. At the conclusion of the CRG first term six of seven men continued and two new people were accepted. The group membership is diverse with people from a variety of cultural backgrounds, including Aboriginal representation and an age range from men in their twenties to sixties.

The committee meets four times a year after business hours to give most MSM an opportunity to participate. The CRG was consulted and agreed to the Terms of Reference for the group. The meetings are run to an agenda which is sent out in advance of meetings and minutes are sent in a timely manner post meeting. Members are offered a gift voucher as a token of gratitude for their time and input. Communication with group members continues between meetings through email.

### Direct tangible outcomes of the CRG include:

- Design and layout of the new clinic, in particular the feel and format of the waiting room;
- New clinic branding;
- Development of multiple resources including brochures for 'Understanding STI Anxiety' and 'RPA Sexual Health Counselling Service';
- Planning, implementation and evaluation of local health promotion campaigns in particular activities that encourage and support access to rapid HIV testing;
- Development of self-completed sexual histories, both a paper and computerised version;
- The set up of a new Express Clinic;
- Identifying key locations for advertisement placement to ensure the greatest reach to the priority population.



Expressions of interest are sought each year with current members aware that priority will be given to new members if more than 10 men apply. All ideas and suggestions by the group are considered. The Terms of Reference for the CRG include reporting back to the group with an explanation if a suggestion from the group cannot be implemented.



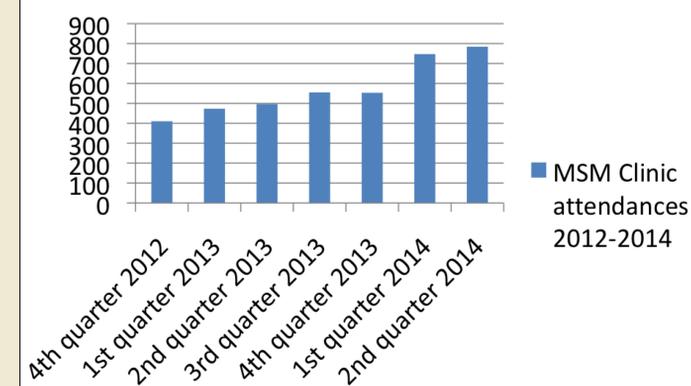
### Quotes from CRG members:

*Thanks again for all everyone does to get those meetings fine-tuned and lined up. They're running really well and I think we all feel very much as though we are contributing to something that helps people get a good / improved service.*

*It was obvious when I used this clinic that you really listen to your clients and have developed the service around that.*

Forming the CRG was one of a number of strategies aiming to address the increase in HIV notifications. The number of MSM attending RPA Sexual Health has risen from 436 in the quarter prior to commencing the CRG in 2012 to 553 in 4th quarter of 2013. In the first quarter of 2014 747 MSM attended, with this significant increase being mainly attributable to a clinical redesign initiative.

### MSM Clinic attendances 2012-2014



## Conclusion

Positive systemic changes have occurred since the establishment of the CRG; in particular ensuring the Sexual Health Service is consumer focused and encourages active community participation. The CRG ensures an avenue for ongoing consultation; ultimately improving efficiency as consumers' perspectives and recommendations are obtained in a timely manner and that campaign messages are specifically targeted to the attitudes of their intended audience. Furthermore, the ongoing engagement and retention of consumers ensures a consistent and standardised feedback mechanism for the Sexual Health Service of SLHD.

The formation of a Consumer Reference Group is a useful strategy to successfully plan, deliver and evaluate sexual health services for the MSM community. Sexual health services could consider this strategy to better inform them of the needs of target populations.

### Acknowledgements

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### References

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