



Condom Distribution Service

Annual Report 2011

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## 1. Introduction and Background

The Scottish Sexual Health Strategy<sup>1</sup> highlights that all health boards should make a range of condoms freely available across a range of agencies and locations to prevent HIV, STIs and unintended pregnancy. Additionally, the HIV Action Plan in Scotland<sup>2</sup> sets out a range of standards to ensure that health boards effectively target condom resources to reflect population with the highest prevalence of HIV.

Prior to the launch of the Free Condoms service in 2011 there were 2 methods of distributing condoms in NHS-GGC: distribution on the commercial gay scene, provided as part of the Board's contract with Gay Men's Health (GMH) and the C-Card scheme. In 2008 the Sexual Health Planning and Implementation Group (SHPIG) commissioned independent researchers to examine current International and British models of condom distribution and to evaluate the C-Card scheme in NHS-GGC. This research concluded in November 2009. The HIV Prevention Network and SHPIG then jointly tasked a short life Condom Review Group to consider this research and to formulate recommendations on the future of NHS-GGC's methods of condom distribution. This group met from November 2009 to February 2010 and concluded that the C-Card scheme was no longer fit for purpose and recommended that it should be discontinued and replaced with a completely re-designed multi-faceted service. Significant changes were also required to the means of supply and delivery of condoms as well as robust methods for tracking finance/budgets and service evaluation.

The recommendations of the condom review group were that:-

1. *The management of the Condom Distribution Service (CDS) to be transferred to the Health Improvement Team – Sexual Health, with the recruitment of two new posts: CDS Manager and CDS administrator.*
2. *The strategic direction of all components of the new CDS will be the responsibility of a new Condom Distribution Steering Group which reports to the HIV Prevention Network.*
3. *The CDS to take a multi-method and layered approach to condom distribution.*
4. *The CDS to maximise accessibility of condoms to the priority groups by considering the needs of service users as well as providing the best value for money for NHS-GGC.*
5. *The CDS team to simplify administration systems for procurement/ordering/delivery of condoms.*
6. *The CDS team to create system for financial/budget reporting.*
7. *The CDS team to implement a rolling programme of monitoring and evaluation which will ensure that the service is effectively meeting and responding to the changing needs/demands.*

<sup>1</sup> Scottish Executive, *Respect and responsibility: A national strategy and action plan*. Edinburgh: Scottish Government. The Stationery Office. 2005.

<sup>2</sup> Scottish Government (2009) *HIV Action Plan in Scotland, December 2009 to March 2014*. Edinburgh. The Stationery Office. 2009.

8. *The entire service to be renamed and re-branded.*
9. *A new layered approach to training for service providers to be developed.*
10. *The CDS to also have a key role in developing and testing innovative ways of targeting priority groups, to ensure that the service is responsive to the needs of our population and provides the most cost-effective means of distributing condoms.*

During 2010, staff from the Health Improvement Team – Sexual Health commenced management of the condom distribution service and set in motion plans to follow the above recommendations and consider options for service re-design. The CDS Manager commenced post in October 2010 and the CDS Administrator commenced post in December 2010. The Condom Review Group continued to meet as the CDS Steering Group. Additionally, in August 2010 a tender competition was initiated to recruit a suitable company to supply, package and deliver condom products and an Invitation to Tender was released in September 2010 to recruit a company with design and marketing expertise to work on the branding and launch advertising of the new CDS.

This Annual Report outlines the work undertaken by the CDS team during the period January 2011 to December 2011. This report also provides information on the realisation of the recommendations set out above as well as reporting on the growth of distribution venues and associated activity including training and information provision. Actual condom distribution is also outlined.

## 2. Service Design

During November 2010 a paper was produced outlining the aims and measurable objectives of the CDS. These aims facilitated the planning and design of the CDS and will assist with future evaluation. The over-arching aim of the Free Condoms service is to provide free condoms across NHS Greater Glasgow and Clyde to people who need them. The six primary aims of the service are:

1. *To identify appropriate target groups based on identified need.*
2. *To create and maintain effective partnerships which enable service development and delivery.*
3. *To provide an available and accessible quality service.*
4. *To establish and maintain effective communication with current and future service users.*
5. *To provide a responsive service that addresses the needs of service users.*
6. *To contribute towards the evidence base and inform future policy and services.*

A full copy of the Aims and Objectives Paper can be found at Appendix 1.

### 2.1 Target groups

The following sub-populations are the defined priority groups for the CDS:-

#### - **People living with diagnosed HIV**

People living with diagnosed HIV require free condoms to reduce onward sexual transmission. In 2010 there were around 1800 people living with diagnosed HIV in the NHSGGC area.

#### - **People at risk of acquiring HIV infection**

Approximately 66% of all new cases of HIV infection acquired within Scotland are through sex between men. Of the remaining population the vast majority of cases are acquired through heterosexual sexual intercourse. Of those who acquire their HIV through heterosexual transmission it is known that in most cases the infection was acquired outside the UK, mostly in countries with high HIV prevalence and particularly sub Saharan African countries. Therefore gay and bisexual men and other men who have sex with men and people from African countries of origin remain the biggest focus for efforts in reducing ongoing HIV transmission.

It is estimated that the gay male sexually active population in NHSGGC is around 20,000.

There is no known figure for the number of people resident in NHSGGC who have an African country of origin.

#### **- Young adults aged up to 24**

The majority of sexually transmitted infections (approximately 75%) are found in young people and young adults aged up to 24. It is estimated that as many as one in ten young men have Chlamydia but will be unaware of their condition as in approximately 50% of cases in young men and 80% of cases in young women there are no symptoms. Condoms are known to be the most utilised method of protection by this age group however use is often inconsistent and condoms are principally used to prevent pregnancy rather than STIs. Often, more established couples move to hormonal contraception to prevent pregnancy and do not maintain condom use. Therefore this age group is a priority for encouraging consistent and ongoing condom use, especially for those in new relationships.

It is estimated that there are approximately 116,250 young adults who are sexually active in NHSGGC.

#### **- Sexually active young people aged 13 to 15**

It is known that approximately 50% of all young people have experienced some form of sexual behaviour by the age of 16. NHSGGC seeks a reduction in the numbers of young people who have been sexually active before the age of 16 by supporting young people to delay sex until such time as they are sufficiently emotionally and physically ready to handle the consequences of a sexual relationship. However, it is recognised that many young people will still continue to be sexually active and therefore it is important to ensure that they are able to protect themselves from sexually transmitted infections and unintended pregnancy.

It is estimated that there may be approximately 14,500 young people in this age group who are sexually active in NHSGGC.

Additionally, NHSGGC has a responsibility to plan and deliver its services with a focus on addressing inequalities in health and life circumstances. The CDS should also be delivered in such ways that address poverty and rurality and efforts will be made to ensure that areas that are known to have a high rating within the Scottish Index of Multiple Deprivation have access to condom distribution venues.

The service also aims to be available to those who have added vulnerability such as disability, homelessness, involvement in prostitution or substance use dependency. Some services working with these groups are involved in condom distribution. However, a review of these services is required to ensure that coverage is equal. Additionally, some work is required to generate awareness of the availability of the Free Condoms service amongst agencies working with vulnerable and target audience groups.

## **2.2 Service Operation**

The current CDS, renamed in June 2011 to 'Free Condoms' is designed to be a user friendly service for both the service user and for those involved in distributing condom products.

The main features of 'Free Condoms' for service users are;

- Condoms can be accessed at a range of sites throughout the health board area.
- Condoms can be accessed from a range of agencies.
- There is no requirement to register as a service user.
- There is no requirement to provide personal details in order to obtain condoms.
- 'Membership' cards are not required.
- There are no restrictions regarding the amount of times condoms can be accessed.
- The service is discreet and simple.
- Condoms are provided in discreet packaging.
- A range of products are available.

The 2008 review of previous methods of condom distribution in NHSGGC recommended that individuals who would most benefit from using condoms should face minimal barriers in accessing and using condoms. The requirement to register and carry a 'members' card was found to be a significant barrier for target groups and has therefore been eliminated from the Free Condoms service.

The most significant changes are in the way that condoms are now distributed. The main features for distributions points are;

- The transaction involved in providing a condom pack is simple and discreet and therefore should not take up a great deal of staff time.
- There is no requirement to record transactions or complete monitoring forms.
- Condoms are ordered from the CDS team and are delivered directly to the point of distribution by the supplier.
- Delivery occurs within 10 days of ordering and condoms/lubricant are delivered pre-packaged into packs of 12. Distributors therefore do not need to carry large stocks and only minimal space for storage is required.

## **2.3 Condom Supply**

The tender for the supply of condoms and lubricants was processed in autumn 2010. This 18 month contract was won by Pasante Healthcare Ltd and began in December 2010. Pasante are able to package condoms into discreet plain packaging clearly marked with a label coding the

contents and use-by date. Pasante also have the ability to deliver condoms directly to each distribution venue.

Distribution venues began ordering condoms via the new contract in January 2011. Feedback from distributors has been positive with many commenting on the speed of delivery, especially in comparison to previous systems. Distributors have also commented that the swift delivery also means that they are not obliged to carry large volumes of stock, saving on storage space and potential wastage.

## **2.4 Product range**

Efforts have been made to ensure that the product range reflects the needs of target groups and is in line with current evidence regarding condom effectiveness. Flavoured condoms and 'extra strong' condoms are no longer supplied. The emphasis of the product range is on product size and a number of other products are included based on anecdotal information that suggests that target service users may have a preference for these products.

### **- Standard condoms**

There is a focus on size within the product range as it is thought that condom fit correlates to condom effectiveness. Service users can choose a standard condom, a smaller condom or larger condoms. Additionally, all three sizes are available together as a variety pack.

### **- Halo range**

Our target of marketing the service to young adults under the age of 24 has led to us introduce a new product called 'Halo'. These are essentially standard condoms packaged in a circular foil which comes in a range of designs. These products are designed to generate interest in condoms, make them appear less clinical and more fun and thereby hopefully encourage greater condom use.

### **- Female Condoms**

The west of Scotland has not traditionally been a great consumer or promoter of female condoms. However, they are supplied in the product range due to anecdotal information that some women belonging to African communities may have a preference for them. Additionally, it appears that some women involved in prostitution have stated a preference for these products.

### **- Black condoms**

We have also introduced black coloured condoms as anecdotal information suggests that African males have stated a preference for this product.

- **Latex free**

The 'Sensiva' condom is designed to offer an 'allergy free' alternative to traditional condoms. The product was introduced to the Free Condoms range as a new product to the NHSGGC area.

- **Lubricant**

Two types of lubricant are included in the range; the TLC brand of lubricant is opaque and contains silicon whilst the Light Lube brand is clear and of a lighter formulation. Both are odourless. Lubricant is packaged similarly to condoms i.e. 12 sachets per pack. Distributors are asked to provide lubricant on request and not with every condom pack issued.

- **Starter Pack**

New distribution sites are given a 'Starter pack'. This pack contains a small selection of each of the products and allows the venue to check which products are popular amongst service users and re-order based on demand.

### 3. Distribution venues

The Free Condoms service inherited 120 sites from the previous 'C-Card' scheme. During the early part of 2011 distribution venues were contacted by telephone, primarily as an introduction to the new CDS staff team and also to ensure that the venue wished to remain involved in the service. Venues were also sent a letter in January 2011 informing them of planned changes to the service. This letter asked venues to return a pro-forma to update their contact details. Also included was a list of the new products, ordering instructions and a list of 'frequently asked questions'. All venues were contacted again in June 2011 with the new service handbook and promotional materials.

#### 3.1 Initial Appraisal of Venues

During the first quarter of 2011 several sites were removed completely due to a variety of reasons. For example, City of Glasgow College decided to have 1 point of contact for their 3 sites. 5 youth services either ceased operation or had changed their focus to working with a much younger age group.

This reduced the total number of C-Card sites to 113 (excluding partner agencies such as Gay Men's Health, African Health Project & Brownlee Centre). Table 1 illustrates the range of sites together with their respective Community Health Partnership locality.

**Table 1 – Distribution Venues Inherited from 'C-Card'**

BUSINESS TYPE	EDUN	EREN	GCC NE	GCC NW	GCC S	INVER	NLAN	REN	SLAN	WDUN	Grand Total
Addiction Service	1		3	4	3			1		1	13
College/University			4	1	1			1			7
Community Centre			3	1							4
Community Health/Social Care			1	2	1	1		1			6
GP Practice/Health Centre			11	8	4	2	1	1	1		28
Library			3	3							6
Pharmacy	2	1	4	5	2	1					15
Residential/Secure Unit								1			1
Sandyford Services	1	2	3	2	3	2		3	1	2	19
Sport and Leisure Services				1							1
Youth Agencies			2	4	2				1		9
NHS Youth Health Services	1			2	1						4
<b>Grand Total</b>	<b>5</b>	<b>3</b>	<b>34</b>	<b>33</b>	<b>17</b>	<b>6</b>	<b>1</b>	<b>8</b>	<b>3</b>	<b>3</b>	<b>113</b>

#### 3.2 Venue Recruitment

Following the service launch in June 2011 a further 154 distribution points were recruited. Table 2 illustrates the type of venues recruited and the source of recruitment.

**Table 2 – Distribution Venues Recruited during 2011**

BUSINESS TYPE	WHERE DID YOU HEAR ABOUT US?								
	Advertising / Marketing	Another Free Condom Site	CDS Team Recruitment	CHP Colleague	Other	Pharmacy Contract Team	Sandyford Colleague	Website	Grand Total
Acute		3	1						4
Addiction Services	1	3	4	2	1		1	1	13
College/University	3	2	3	2					10
Community Centre				1					1
Community Health/Social Care	1	1	2		1		1		6
GP Practice/Health Centre		10	11	2	1		2	1	27
Housing Services	1	4	1	1					7
Pharmacy	7	5	31	1		20	5		69
Sandyford Services		1		1					2
Vocational/Training			2	1	3				6
Youth Agencies		1	1	6					8
NHS Youth Health Services				1					1
<b>Grand Total</b>	<b>13</b>	<b>30</b>	<b>56</b>	<b>18</b>	<b>6</b>	<b>20</b>	<b>9</b>	<b>2</b>	<b>154</b>

As illustrated in Table 2 above, there are a range of ways that venues are recruited. The largest method of recruitment is by the CDS team who recruited 56 venues, mainly by approaching agencies that had potential to provide the service or by following up suggestions given by colleagues.

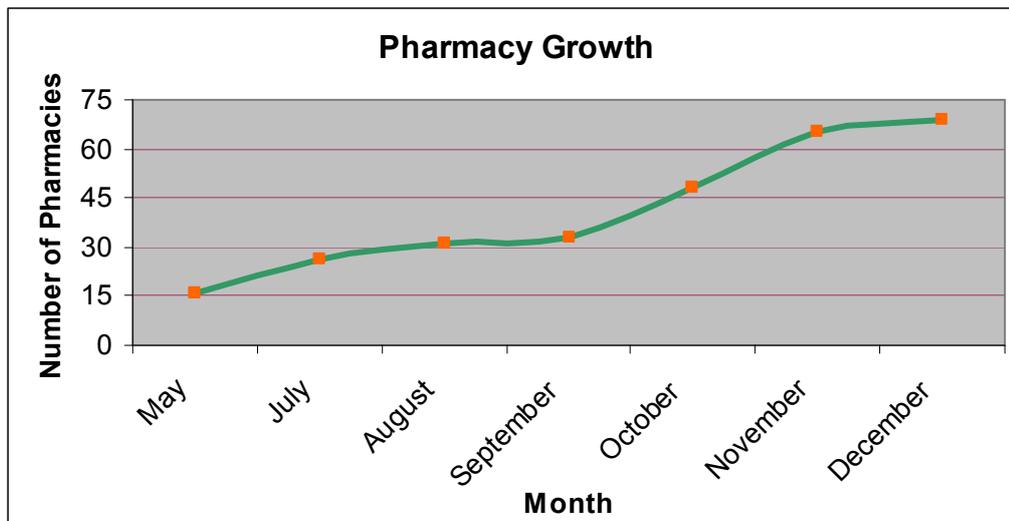
27 health centres and GP practices were recruited. However, there was no deliberate recruitment drive amongst this type of venue. The increase in numbers is largely due to these sites having been involved in condom distribution in previous years but not being included in the list of venues passed to the CDS team from the previous C-Card service.

The largest 'business type' recruited were pharmacies with 69 new venues becoming operational in 2011, in addition to the 15 venues who were involved with the 'C-Card' scheme. Pharmacies provide a positive opportunity for condom distribution for a number of reasons including locality, discretion, anonymity and an opportunity to discuss health issues and signposting to services. The service does not provide a payment to pharmacies for providing the service, however, anecdotal information gained from pharmacies suggest that they find this a useful service to offer as it compliments other public health services and may provide footfall into the pharmacy.

As Table 2 illustrates, the increase in recruitment of pharmacies was due to recruitment directly by the CDS team and recruitment by Community Pharmacy Contract Managers. Where pharmacies were recruited by the CDS team, a letter was sent with a joint signature from Steering Group member Elaine Paton, Primary Care Development Pharmacist.

In autumn 2011 letters were sent to pharmacies in CHP areas where there was a definite lack of distribution venues (West Dunbartonshire, Renfrewshire, Inverclyde and East Dunbartonshire). 31 pharmacies were recruited in this period. Pharmacies were followed up with a telephone conversation and, if in agreement, were sent the service handbook, stock and supporting materials. All were offered training. An additional 20 pharmacies were recruited by the Pharmacy Contract team as a result of Contract Managers raising awareness of the service during annual visits. Again, all pharmacies requesting further information were telephoned and service materials were provided and training arranged as appropriate. Table 3 illustrates the growth of pharmacies throughout 2011. Table 4 illustrates the CHP areas where pharmacies were recruited and highlights the growth in pharmacies particularly in Renfrewshire and West Dunbartonshire.

**Table 3 – Pharmacy Growth**



**Table 4 – Pharmacy Venues by CHP area**

CHP AREA	PHARMACIES RECRUITED
EDUN	7
EREN	5
GCC NE	5
GCC NW	5
GCC S	4
INVER	4
NLAN	2
REN	21
SLAN	2
WDUN	14
<b>Grand Total</b>	<b>69</b>

### 3.2 Ongoing review of venues

Venues involved in condom distribution are liable to change as some may lose funding, go out of business or simply decide that they no longer wish to offer the service. Changes in staffing can also affect service operation. It's important therefore that the CDS team track and monitor the supply of condoms to agencies and also have a system for regular dialogue to ensure the information on venues is accurate and up to date.

During the autumn of 2011 all distributors who had not ordered stock or who had a low number of orders since the service launch in June 2011 were contacted by telephone. Table 5 below outlines the 53 services that were contacted and the reason why they had not re-ordered.

**Table 5 – Venues Contacted re Low Orders**

BUSINESS TYPE	No Demand - Removed	Re-ordered	Small Numbers	Stock low - will reorder	Under management review	Using c-card stock	No response	Grand Total
Acute			1					1
Addiction Services	2	4	1	1		1	3	12
Community Centre			1	1				2
Community Health/Social Care		2	2			1		5
Doctors/H.C.	3	2	6	1		2		14
Housing Services		1	1					2
Library			3					3
NHS Youth Health Services					1			1
Pharmacy			5					5
Sport			1					1
Vocational/Training			1					1
Youth Services		1	2	1	1	1		6
<b>Grand Total</b>	<b>5</b>	<b>10</b>	<b>24</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>53</b>

24 of the venues contacted reported that they had low demand for the service but wished to continue to operate. 10 venues were prompted to re-order stock as a result of the call and another 4 reported that they were due to place an order in the coming weeks.

It is fair to say that there are a number of sites that operate at low levels of demand but despite this it is important that these sites are retained as they may provide a local service to a small population. Additionally, most sites reported that, despite the fact that they had ordered only small volumes, they still wished to operate the service. Many of these sites are involved in distribution to their own clients only (i.e. not open access venues) and thus demand may not be high. However,

this piece of work highlighted 8 sites that reported that there had been no demand for the service or who did not respond despite several attempts at calling/e-mailing. These 8 sites were subsequently removed from the venue database.

Table 6 illustrates the venues that ceased operation between June and December 2011. In all cases, service details are retained on the database as 'in-active' to maintain records.

**Table 6 – Venues no longer active**

<b>BUSINESS TYPE</b>	<b>Lost Funding</b>	<b>No Longer Operating</b>	<b>Not /Responded</b>	<b>Not Viable</b>	<b>Poor Numbers</b>	<b>Re-structure</b>	<b>Grand Total</b>
Addiction Services			3		1	1	5
Doctors/H.C.		1		2	1		4
Pharmacy				5			5
Youth Services	1						1
NHS Youth Health Services		1					1
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>16</b>

As Table 6 illustrates, a number of addiction services were removed from the 'active sites database'. For 3 of these sites there has been no response to telephone calls or e-mails despite several attempts at contact. Another addiction service reported that they had little interest from service users, perhaps because they were based in close proximity to a Sandyford site. A pharmacy chain with 5 venues decided that they no longer wished to participate after approximately 3 months of service operation.

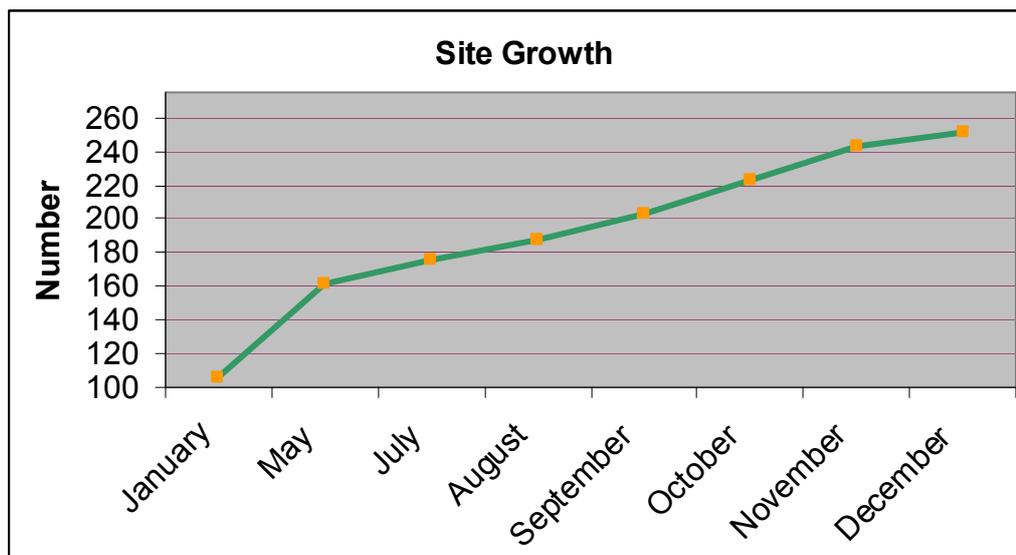
At the end of 2011 the CDS team had a more accurate picture of the venues operating the service and, through a variety of contact with agencies, have had the opportunity to build relationships with staff at each venue.

As at 31 December 2011 there were 251 'active' sites across Greater Glasgow and Clyde. This excludes work with partner agencies such as Gay Men's Health, African Health Project and Brownlee Centre. Table 7 illustrates the types of venues in each CHP area and Table 7 illustrates the site growth throughout the course of 2011.

**Table 7 – Operational CDS Venues as at 31<sup>st</sup> December 2011**

CHP AREA	BUSINESS TYPE															
	Acute	Addiction Services	College/University	Community Centre	Community Health/Social Care	Doctors/H.C.	Housing Services	Library	Pharmacy	Residential/Secure Unit	Sandyford Services	Sport	Vocational/Training	Youth Services	NHS Youth Health Services	Grand Total
EDUN						2			9		1			1		13
EREN		2				3			6		3					14
GCC NE	1	1	4	4	3	11		3	9		3		1	2		42
GCC NW	1	5	6	1	5	15	4	3	10		3	1	2	4	2	62
GCC S	1	5	3		1	5			5		3		1	5	1	30
INVER	1	1	1		1	7			5		2			1		19
NLAN						1			2							3
REN		4	3		1	6	1		17	1	3		2		1	39
SLAN						1			2		1			1		5
WDUN		3			1		2		14		2			2		24
<b>Grand Total</b>	<b>4</b>	<b>21</b>	<b>17</b>	<b>5</b>	<b>12</b>	<b>51</b>	<b>7</b>	<b>6</b>	<b>79</b>	<b>1</b>	<b>19</b>	<b>1</b>	<b>6</b>	<b>16</b>	<b>6</b>	<b>251</b>

**Table 8 – Growth of CDS Venues 2011**



### 3.3 Plans for Development of Venues

In the first quarter of 2012 the CDS staff team will review the list of venues to find areas that have little or no service access and ascertain which areas will require the development of a venue as a matter of priority. Data will be considered including local teenage pregnancy statistics and Scottish Index of Multiple Deprivation data to compile a list of geographical priority areas. These areas will be mapped to current CDS venues and, if no venue exists in that area, arrangements will be made to source new distributors.

Current venues will also be visited by the CDS team throughout 2012 as part of a rolling programme of evaluation. These visits will provide information on how well the CDS is operating in the community and will inform future service design. Further information is included within section 5 – Service Evaluation.

## **4. Information and Training for Venues**

Three main formats for providing information to distribution venues were developed throughout 2011; the service handbook, a practitioners section on the web-site and face-to-face staff training.

### **4.1 Service Handbook**

A service handbook was created during the second quarter of 2011 and was distributed to all previous C-Card venues together with the launch marketing materials in May 2011. The handbook was created to communicate the changes to the CDS and to provide distribution venues with a 'one-stop' source of information on the service. The handbook includes information on a range of topics including service procedures and operation (including expected service standards), information on products, providing guidance on condom use and an in-depth section on providing condoms to young people under the age of 16. Additionally, information was provided on the launch marketing process for the service including the naming, branding and advertising plans for the service. A short section on planned evaluation was included.

The handbook is produced entirely in-house and is now sent to all new distribution venues as part of their 'welcome' package.

### **4.2 Practitioners Section of Web-site**

Information on the development of the CDS web-site is included in section 6, Communication and Marketing. During the development of the web-site it was decided to create a section specifically for practitioners, in recognition of the fact that many people look for web based information. The section is designed to give information to current service providers as well as providing information for potential new venues. Indeed, new venues have the option of 'signing up' to the service by providing their details via an on-line form. Other topics in the practitioners section includes information on products, service values and operation, referral to Sandyford services and advice on condom provision with young people under the age of 16.

Much of the information contained within the practitioners section of the web-site was taken from the service handbook and will be updated during the second quarter of 2012.

### **4.3 Training**

Practitioner training has been developed throughout 2011. The previous C-Card service offered a full day training event several times each year, this was attended by a variety of agencies and it was made clear that the service could not be operated if training had not been attended. With the new CDS it was recognised that training had to be tailored to suit the needs of each organisation.

In particular, it was recognised that pharmacy staff can seldom be released to attend external training and that any staff training would have to take place on the premises. Additionally, it was recognised that staff training is best tailored to each individual organisation dependant on time available, the staff taking place and the type of agency offering the service. Therefore, a more flexible approach to training has been adopted. Every new service is offered a training session, however training is not viewed as compulsory for service operation. A number of new services have been set up with contact over the telephone and a further call once the service has received their handbook and welcome pack. For some agencies (particularly some pharmacies) this appears to be preferable. In all cases, agencies are made aware that they can contact the CDS team at any time to discuss any issues or concerns.

Training is generally offered in 3 formats; a basic 'information session', an 'introductory session or and a 'tailored session'.

The basic 'information session' is a short session on the operation of the scheme. This often takes place before an agency signs up to become a venue and gives background information on the service, information on how the service operates and the level of involvement required from a distributor. Information sessions generally take place on site, often at an agency's team meeting. This session is useful as it can allow staff to consider operational issues and gives time for staff to ask questions, raise concerns or make suggestions around any aspect of operating the CDS within their organisation. These sessions usually take between 30 minutes and an hour, depending on any issues that staff wish to raise.

The 'introductory session' is formed around a PowerPoint presentation carried on a laptop and delivered within the service's premises. Again, the session is tailored to the particular needs of the organisation. For example, the training could have a more in depth focus on condom provision for young people under the age of 16. The main components of this training are service operation, product information and marketing the service. The length of this session is flexible but usually lasts between 1-2 hours.

More in-depth tailored sessions can be arranged on request to suit the needs of the group. However, it has been found that most training and information needs on the CDS are covered sufficiently within the sessions described above.

Table 9 describes the range of training activity that took place during 2011.

**Table 9 – Training Activity During 2011**

Business Type	Type of Training			
	Information Session	Introductory Session	Tailored Session	Grand Total
Acute		2		2
Addiction Services	1	1		2
Brownlee	2	1		3
College/University		4	1	5
Community Centre		1	1	2
Community Health/Social Care		2		2
Doctors/H.C.		7		7
Housing Services		2		2
Various/Mixed Groups	4		1	5
Pharmacy		24		24
Sandyford Services	1			1
Vocational/Training	1	1		2
Youth Services		6		6
<b>Grand Total</b>	<b>9</b>	<b>51</b>	<b>3</b>	<b>63</b>

## 5. Service Evaluation

During 2011 plans for the future evaluation of the CDS were put into place.

An Excel database of distributors which records a range of information including:

- Contact details business type and CHP location
- Volume and type of condoms ordered
- Value of condom spend and invoice check
- Training provision

Reports from the database have been set to extract information to form a Quarterly Report which is sent to the CDS Steering Group and other partners. The Quarterly Report details the following:

- Number and type of distributors in each CHP area
- New site recruitment
- Type and volume of condoms ordered
- Training provided

Financial reports are also made available on a quarterly basis.

As the service progresses the database will be used to assist with evaluation including information on the sites that are most active, the products that are most popular and differences in distribution across the various partnership area of NHSGGC.

A form of qualitative evaluation is also required to review how the CDS is delivered within the community. Although options such as electronic surveys are useful, the opportunity to have a face to face discussion with staff involved in the actual delivery of the service will provide added value. Therefore, CDS staff will aim to visit each distribution venue on an annual basis to have an informal discussion with distributors on how condom distribution is working at their base whilst auditing the delivery of the service based on the 'core values' and aims of the service. This site visit offers the opportunity to build relationships with distributors, answer any questions and assist with resolving any problems/issues. Additionally, there is an opportunity to provide information to new staff. A site visit also gives the opportunity to ensure that signage and choice cards are displayed and that a full range of stock is held. These visits will give a realistic impression of the service being offered and give an opportunity to build relationships and ultimately improve service standards. Visits are planned to commence in Spring 2012. CDS staff time is a consideration for on-site audits, particularly as number of distribution venues increase. The CDS administrator's role is being developed to undertake some of the audit visits.

A sample evaluation questionnaire is attached at Appendix 2.

## 5.1 Current Trends – Products

Using the CDS database it is possible to analyse the ordering and re-ordering of products. A table demonstrating the volume of products ordered throughout 2011 is shown below at Table 10. These include products provided via Sandyford but not via Gay Men’s Health, African Health Project or Brownlee Centre.

**Table 10 – Condom Products Ordered**

Product	Number of Packs
Standard - Naturelle	38106
Female Halo	8216
Male Halo	7895
Variety (Naturelle, Trim and Large)	4459
Latex Free – Sensiva	4375
Lubricant 1 – Light Lube	3426
Large	3165
Single – 3 pack of standard	2613
Lubricant 2 – TLC Lube	2187
Small – Trim	1605
Black Velvet	1318
Female Condom	634
Starter Pack	287
<b>Grand Total</b>	<b>78319</b>

Condoms are delivered wrapped into packs of 12 with the exception of the Single packs which are wrapped into packs of 3. Similarly, lubricant sachets are wrapped into packs of 12 sachets.

The Starter Pack is delivered to all new agencies. In addition, a starter pack was sent to previous C-Card venues to ensure that they were able to supply the full range of products. Starter Packs include 66 packs of 12 condoms, 3 packs of 3 condoms and 4 packs of 12 lubricant sachets.

The Standard product (Pasante Naturelle brand) is by far the product most frequently re-ordered by agencies. Additionally, the Halo products (wrapped into a circular foil design) also contain the standard condom product. It is interesting that Naturelle is consistently the most popular product; the anatomically correct fit of the product may be a factor in this. Additionally, some distributors have reported that some service users don’t wish to enter into a discussion about products and simply ask for the ‘usual’ or ‘standard’ product.

Halo products have been a useful addition to the range, being introduced as a method of engaging younger service users with condom usage. Anecdotal reports from distributors suggest that the Halo range is popular amongst the 16-25 age group, particularly amongst women who prefer the discreetness of the design, often reporting that it’s less embarrassing to carry than a standard condom. Some distributors have reported that they do not like the ‘gender specific’ nature of having a male and female product. However, the male Halo product does contain images that would appeal to both males and females. Interestingly, some agencies have reported that young

males have reported a preference for the female Halo product. Notwithstanding, it would appear from the volumes outlined above that both products are popular and are a valuable addition to the range.

Distributors are encouraged to offer the Variety pack to all new service users to allow the individual to try the 3 product sizes and find the product that suits them best. It is encouraging therefore to see that the Variety pack was re-ordered regularly.

The latex free option, Sensiva, was re-ordered at surprisingly high levels. Although the product is latex free distributors can offer the product to anyone who reports sensitivity to latex products. However, this product is far more expensive than latex options so the popularity of this product does impact on the overall condom supply budget. There have been 3 reports from users that this product is an uncomfortable fit (although the size of the product is similar to standard condoms the Sensiva, being made from a different material, doesn't appear to have as much 'stretch'). 2 further reports have been received via distributors and therefore the CDS team will continue to seek further information from distributors as part of their evaluation visits.

Anecdotal information from distributors suggest that black condoms, although low in re-ordering terms, are requested by a cross section of the population. Distributors have informed that some service users view these as a novelty due to the 'black rubber' appearance of the product.

Female condoms are re-ordered in low quantities and most distributors inform that they have no demand for these products. Agencies re-ordering appear to have contact with African women or women involved in prostitution.

Further product trends will become apparent in future years of service provision. The CDS database will be able to produce data on which products are most popular amongst the different venue types/areas. Additionally, further information on products will be sought during evaluation visits. There is also scope to run an electronic survey via the web-site.

## **5.2 Current Trends – Venues**

It is early in the service's existence to look at trends amongst populations and geographic areas. However, the CDS database can tell us the distributors that have re-ordered in the highest volumes throughout 2011. The data outlined below does not include condom distribution provided by Gay Men's Health, African Health Project, Steve Retson or the Brownlee Centre (all of whom order different products in differing formats e.g. clinic packs).

As expected, the range of Sandyford services order the highest amount of condoms packs with a total of 45,668 condom packs re-ordered by Sandyford Central and all Hubs, Satellites and 'The

Place' clinics. However, this is not a true reflection of all condoms distributed by Sandyford services as many clinics had large stocks of condoms from the previous C-Card service. Some Hubs did not begin ordering until autumn 2011.

**Table 11 – Condom Products Ordered by Sandyford Hubs**

Sandyford Site	Packs Ordered
Sandyford Central	15481
Sandyford Renfrewshire - HUB	5870
Sandyford South West - HUB	3858
Sandyford South East - HUB	2946
Sandyford East - HUB	2686
Sandyford East Renfrewshire - HUB	2534
Sandyford Inverclyde - HUB	2301
Sandyford West Dunbartonshire - HUB	1660
Sandyford North - HUB	1400
Sandyford East Dunbartonshire -HUB	1366

Table 12 illustrates 25 sites that have re-ordered the highest volume of condom stock. Again, this is not a true reflection of a full year's activity – some previous C-Card sites had large volumes of stock and their ordering may not reflect their level of distribution. Some sites are new, joining at various times of the year. However, this table gives an interesting insight to the activity of a range of sites.

**Table 12 – Condom Products Ordered by Free Condoms Venues**

Company Name	Grand Total
Glasgow Drug Crisis Centre	2381
University of Glasgow - Queen Margaret Union	2282
Boots - St Enoch	806
Boots - Sauchiehall Street	796
University of Glasgow - Student's Rep. Council	771
Glasgow Caledonian University	761
Streetlinks - Community Links Youth Partnership – East Dun	746
Boots - Queen Street	740
Integrated Drug Services - Inverclyde	681
Base 75	650
Y Sort It / Y Sort It BUS	605
Morrisons Supermarket Pharmacy - Bishopbriggs	564
Streetwise - Castlemilk	561
Boots - Central Station	560
Easterhouse Community Health Centre – Community Reception	559
Govan Health Centre – Community Reception	552
Linwood Health Centre - Youth Drop-In	502
Houlihan Pharmacy - Partick	501
Thornliebank Health Centre – Community Reception	468
Lloyds Pharmacy - Carmunnock Road	405
Springburn Health Centre - Community Reception	405
ASK - University of Strathclyde	366
Shettleston Health Centre - Community Reception	366
T McLean & Sons - Shawlands (Copland Chemist)	365
Youth Health Service at South West Pollock	355

Firstly, Glasgow Drugs Crisis Centre's ordering figure may not truly reflect the level of distribution. This Centre ordered a large volume of stock in July 2011 but did not re-order, suggesting that levels of demand perhaps were not as high as anticipated.

University of Glasgow's Queen Margaret Union offers an interesting method of condom distribution tailored to suit service users. Staffed by a group of student volunteers, this service has been altered and adapted from the model of service under the C-Card brand. The group moved their distribution venue to a visible location near a cafeteria and were able to offer a distribution service on 3 afternoons per week. The group adapted the Free Condoms branded materials to promote their service and also came up with some novel marketing approaches. Ordering data reveals that this group re-orders regularly, usually on a monthly basis.

Of interest is the featuring of city centre pharmacies including Boots branches at the stations and within the main city centre shopping areas. It is possible that people prefer the more anonymous venue of the city centre pharmacy locations as opposed to their local pharmacy or it could be down to the sheer volume of potential service users shopping in these areas. Nevertheless, it would appear that pharmacies within shopping centres are a useful means of distribution. A Boots pharmacy at The Fort shopping centre has recently agreed to offer the service and it will be of interest to look at their distribution levels throughout 2012. There may be scope to look at other pharmacies based within main shopping centres throughout 2012.

It is encouraging that 3 services offering condoms to young people appear within this table. Streetlinks, Y-Sort it and Streetwise all offer condom distribution from their base and also as part of their respective outreach programmes.

The Integrated Drug Service in Inverclyde has had a successful period of condom distribution since joining the CDS in September 2011. Distribution venues within the Inverclyde area are in short supply so this may provide a useful opportunity for many service users.

The previous C-Card service recruited many GP surgeries and health centres as distribution points. It is therefore of interest to note that 5 health centres appear on this table. It is possible that the 'Community Reception' venue offers a useful method of distribution at some of the larger health centre bases.

### **5.3 Anecdotal Feedback on the Service**

Some initial anecdotal information has been received regarding products with a number of comments being received by distributors. Initially, 3 distributors were in touch with CDS staff to report that they were unhappy with the removal of flavoured condoms from the list of available products. All were given a full explanation of the reasons for the removal of this product and were

encouraged to write to the CDS Steering Group with their concerns. However, no formal written complaints were received. No comments were received regarding the removal of 'extra-strong condoms' from the service.

The new approach to condom provision for under 16s did initially cause some anxiety, particularly amongst health centres where reception staff naturally felt uncomfortable with the proposed situation. 2 health centres in particular required further clarification. For most, the details outlined within the service handbook and web-site were explanatory.

No negative feedback has been received regarding the ordering or delivery process. There has, however, been the occasional order which has gone astray but as it is easy to trace who has signed for a package this can be resolved quickly. Within the first few weeks of the new supply and delivery system being introduced 7 comments were received complimenting the speed of delivery and the quality of the packaging.

## 6. Communication and Marketing

### 6.1 Tender for Marketing

During 2010, staff from Health Improvement Team – Sexual Health began the tender process for a marketing campaign to launch the new CDS. The tender specified that the chosen creative agency would be expected to devise a name for the service, design and develop branding and implement a planned marketing strategy for the service launch during 2011. Essentially, the aim of the marketing strategy was to ensure that priority groups were made aware of the new condom distribution service and have an easy way of accessing information about the CDS, distribution venues and opening times. The contract was awarded to Freight Design Ltd, a Glasgow based agency and work commenced in January 2011. A full evaluation report of the CDS launch marketing is available.

### 6.2 Naming and Branding

Freight produced a range of creative options for the brand name and an electronic poll was held together with focus groups. As a result, it was decided to name the condom distribution scheme simply 'Free Condoms'. The name of the service states clearly what is on offer and is unambiguous. The 'Free Condoms' brand also allows for the word 'condom' to be clearly recognisable adding to the service aims of 'normalising' condom access.

The brand design specified was an uncomplicated design (in order to be easy to replicate in-house/single colour) that is clear and easy to read with visual clues as to the service offered. Freight originated 14 designs for consideration. Each were considered by the CDS manager together with informal voting amongst Health Improvement and Sandyford staff. The eventual brand design was chosen due to the simplicity of the design, the fact it could be easily replicated in a single colour or a choice of colours. Additionally, the condom shaped wrapper design visually offering a suggestion of the service of offer.

Final Logo/brand Design:



### 6.3 Launch Marketing Strategy

The marketing strategy specified that traditional marketing approaches such as posters, leaflets and outdoor media should be used alongside web based/social marketing mediums and other

innovative digital media platforms. Final artwork for the launch was completed May 2011 (see Appendix 3 – A4 Poster Image). This artwork was also used as the basis for the entire launch campaign with images being used throughout a variety of media. Launch advertising commenced in June 2011.

Table 14 outlines the range of media sourced for the launch campaign.

**Table 14 – Advertising as part of the marketing contract**

<b>Marketing paid for via contract with Freight</b>					
<b>Activity/Media</b>	<b>Priority covered</b>	<b>group/s</b>	<b>Geographic Spread</b>	<b>Detail</b>	<b>Duration</b>
<b>Paid for Advertising</b>					
<b>Bus interior panels</b>	All (especially <24yrs)		Throughout	100 Interior Panels on buses on main arteries from larger towns into city centre.	4 weeks
<b>Authorised fly posters</b>	All (especially <24yrs)		Glasgow City Centre	4 sheet size poster at 40 sites. All placed around areas of high traffic attending bars and clubs (for example, top of Sauchiehall Street, Trongate, and Merchant City).	4 weeks
<b>Glasgow Subway</b>	All (especially <24yrs)		Glasgow City Centre	30 x 4 sheet posters, 1 platform & 1 concourse in each of 15 stations	4 weeks
<b>Buchanan Bus station</b>	All		Glasgow City Centre	10 x 4/6 sheets around exterior walls north and south of station in addition to posters within station interior.	2 weeks
<b>Facebook click through advert</b>	16-24yrs		Throughout	Adverts that have capacity to click through to Free Condoms web-site. Targeted at 16-25 year olds based in Glasgow and Clyde areas, as well as people who 'liked' (expressed an interest) in African events/culture and gay events/culture.	As long as budget lasts
<b>Fit lads online banner</b>	MSM		Throughout	Banner adverts that has capacity to click through to Free Condoms web-site. Potential to be seen by anyone accessing the Fitlads web-site.	8 weeks
<b>Print</b>					
<b>Cards and dispensers</b>	All		Throughout	1,500 boxes, 120k 4x4 cards to be used during distribution and by service.	n/a
<b>A4 posters &amp; A3 poster</b>	All		Throughout	1500 A4 and 500 A3 to be used during distribution and by service.	n/a
<b>Distribution</b>					
<b>Credit card and poster distribution (carried out by Direct Distribution).</b>	All		All areas outwith Glasgow City Centre	10 days, two people per day - throughout key areas outside Glasgow City Centre. Venues include retail, community centres, colleges, universities, etc.	4 - 8 weeks
<b>Hand-to-hand club leafleting (carried out by Direct Distribution).</b>	16-24yrs		Glasgow City Centre	2 people for 6 nights, on street targeting 18-25 age group attending pubs and clubs, around 1000 sample condoms also distributed as part of promotion.	6 nights

In addition, CJC Media were contracted to provide advertising within washrooms in a variety of bars and clubs throughout the health board area. Again, a full evaluation of the advertising media used in the launch campaign is available in a separate report.

Other marketing routes were adopted including 'free' or 'goodwill' advertising from partner agencies and from within the NHS. Table 15 outlines the marketing activity undertaken directly by the CDS team and partners.

**Table 15 – Advertising undertaken by CDS team and partners**

Marketing by Health Improvement Team – Sexual Health					
Activity/Media	Priority covered	group/s	Geographic Spread	Detail	Duration
Web development	All		Throughout	Web-site with full content development rights and access held by project team. Includes location finder software	Throughout life of service
GMH website	MSM		Throughout	Article posted on all GMH web pages with link to Free Condoms website	Ongoing for life of service
NHS GGC website	All		Throughout	Article posted on GGC web with link to Free Condoms website	Ongoing for life of service
Press release	All		Throughout	Support from NHS Communications team to produce a press release describing service launch	1 at launch and at other appropriate points
Internal NHS media	All		Throughout	A front page news section on the staff intranet pages.	At launch and at other appropriate points
GMH GM8 magazine	MSM		Throughout	Article in quarterly publication	Several articles/adverts at appropriate points

## 6.4 Web Development

The CDS project team made the decision that most of the information for the service should be web based in preference to print/leaflets. A web-site was created with 3 main components; a section for potential service users, a section for practitioners/distributors and a distribution point search facility. Connect Internet Solutions (the current web designers/providers of the Sandyford web-site) were contracted to design the site. Connect provided a 'sister' site to the Sandyford web-site which gives the project team full content management and allow easy transfer of sexual health information and Free Condoms information between the 2 sites. The CDS web-site was operational in time for the marketing launch in June 2012.

A total number of 12,708 Visits were made to the web-site from the time of its launch in June 2011 to the end of December 2011. 10,901 (85.75%) were unique visitors.

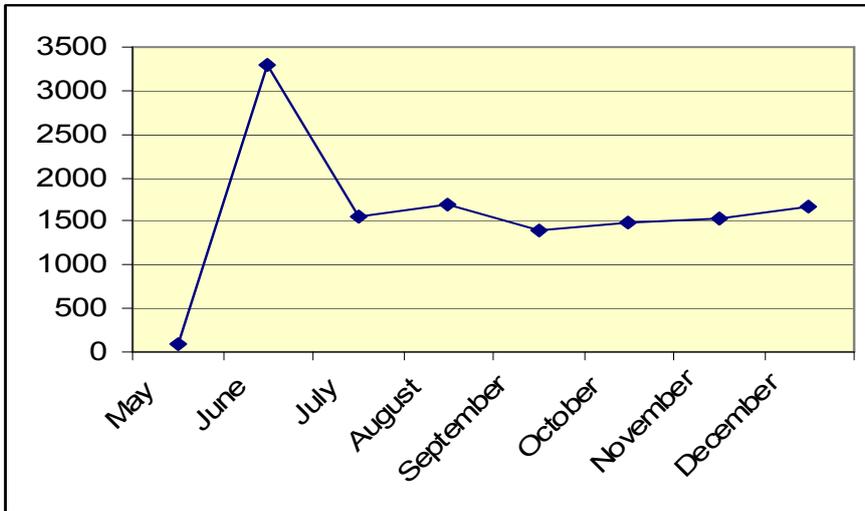
As expected, visits to the web-site peaked in June during the launch advertising period. Visits to the site dropped from July onwards but there appears to be an increasing trend towards the end of the year. The following table and graph outlines the volume of web visits by month.

**Table 16a – Web visitors**

Month	No. of Visits
May	92
June	3293

July	1563
August	1696
September	1389
October	1481
November	1527
December	1667

**Table 16ab – Web visitor growth**



The web-site includes a search facility that performs a radius postcode search and a results page with a list of 10 nearest outlets with distance from the search postcode given. Each outlet in the list can be clicked on for further information including address details, opening times and any other relevant service information. A Google satellite map is also provided.

This feature provides service users with an easy, user friendly method of finding out where to collect condoms. CDS staff can easily add or remove distribution points to keep the information up-to-date and accurate.

The web-site also has the facility to generate electronic newsletters which can be sent to anyone registering an interest in the service. Currently, this facility is being used to keep in contact with distributors and other partners on a quarterly basis.

### **6.5 E-mail and telephone enquiries via web-site**

To support the web-site a generic Free Condoms e-mail address was set up which can be used by members of the public to make enquiries and comments. This is also used by some practitioners to order condom supplies. A telephone answering service is also available where service users can call and leave details on a voicemail system and have their call returned by a member of the team during office hours.

Between June 2011 and December 2011 the 'Free Condoms' e-mail service received 115 e-mails from people living/working in the NHS Greater Glasgow and Clyde area. 94 of these were from practitioners, the majority ordering further stock. 13 messages were from members of the public

and enquiries ranges from where to collect condoms, further information on products and requests for 'choice cards'. 8 messages were from businesses, usually requesting large stocks of condoms for promotional purposes. Further e-mails have been received from individuals and agencies from around the UK and the rest of the world. However, these receive a standard reply and have not been routinely recorded.

Between June 2011 and December 2011, 23 members of the public left a message including their contact number requesting a call back from a staff member. All calls were returned and the majority, 15, were enquiries regarding where condoms could be collected from. Team members can quickly locate this information using the web-site search facility. 4 enquiries were regarding condoms by post and again these individuals were given information on distribution points within their community. 4 calls were of a 'prank' nature.

As the phone line was not used extensively and phone calls were not labour intensive for staff a change was made to the recorded message in October 2011 inviting callers to call staff members direct during office hours. Call volume from members of the public remains low.

## **7.0 Final Comments**

Evaluation visits will commence in Spring 2012 and visits will be made to groups of 'business types' in CHP areas. It is likely that visits will commence with health centres working throughout Glasgow CHP area followed by all other geographic areas. Reports of evaluation visits will be made available within quarterly reports to the CDS Steering Group.

Training will continue with new services. Additionally, operational services will be contacted routinely throughout 2012 to offer a training update, particularly where a service is offered to young people under the age of 16.

Ongoing recruitment will take place in areas lacking in a service. Current services will continue to be reviewed with a further 'call round' of services ordering in low volumes anticipated to take place in early summer 2012.

Should resources be available, some publicity will take place in autumn 2012. Opportunities for publicity amongst health improvement and other CHP colleagues will be used wherever possible.

Data will continue to be collected and made available to the CDS Steering Group and other partners in the form of quarterly reports.

Condom Distribution Scheme

Aims and Objectives

November 2010

Sarah Graham, CDS Manager

Nicky Coia, Principal Health Improvement Officer – Sexual Health

Louise Carroll, Programme Manager – HIV and STIs

**Overarching aim: To provide free condoms across NHS Greater Glasgow and Clyde to people who need them.**

	<b>Aim</b>	<b>Objectives</b>	<b>Measures</b>
1.	To identify appropriate target groups based on identified need.	<ul style="list-style-type: none"> <li>• Routine review of national and local epidemiology on HIV, STIs (preventable through barrier methods) and unintended pregnancy.</li> <li>• Routine review of relevant needs assessment, research and evaluations regarding preventable ill health, sexual behaviour and service delivery models.</li> <li>• Through networking, be aware of and critically appraise current policy, practice and professional opinion.</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate description of target groups and their needs including, age, ethnicity, sexual behaviour, morbidity and HIV status.</li> <li>• Understanding of risk behaviours</li> </ul>
2.	To create and maintain effective partnerships which enable service development and delivery.	<ul style="list-style-type: none"> <li>• Identify relevant strategic partners at a national, regional and local level.</li> <li>• Networking with key stakeholders.</li> <li>• Regular, routine communication with a range of stakeholder, services and partners.</li> <li>• Identifying appropriate delivery partners that reflect geographic coverage, service types and target group usage.</li> <li>• Recruitment of agencies to deliver CDS.</li> <li>• Maintain partnerships via routine and regular communication.</li> <li>• Creation of steering group which will meet quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Attending meetings, attendance at relevant strategic planning groups</li> <li>• Consultation</li> <li>• Communication bulletins</li> <li>• Mapping of CDS delivery points to review consistent target group and geographic coverage</li> <li>• Minutes of steering group</li> </ul>
3.	To provide an available and accessible quality service.	<ul style="list-style-type: none"> <li>• Provide tailored training, information and training materials to distributions points</li> <li>• Information and signage within distribution points</li> <li>• Mechanism to accurately track and monitor project spend</li> <li>• Monitoring of any associated contracts including marketing and supply.</li> <li>• Simple and coherent ordering distribution mechanisms</li> <li>• Implement support systems for all involved in ordering and supply system</li> <li>• Evaluation of delivery</li> <li>• Explore models of innovative practice</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation and monitoring reports signed</li> <li>• Uptake of signage and all CDS are adequately signed</li> <li>• Monthly and annual budget reports</li> <li>• Reports from meetings with contractees</li> <li>• Quarterly report to steering group</li> <li>• Quarterly report to HIV prevention network</li> <li>• Monitoring system for complaints and</li> </ul>

		<ul style="list-style-type: none"> <li>• Create a robust complaints procedure.</li> <li>• Consist review of products to ensure value for money and acceptability to service users</li> </ul>	<p>critically review on a 6 monthly basis</p> <ul style="list-style-type: none"> <li>• Annual review</li> </ul>
4.	To establish and maintain effective communication with current and future service users.	<ul style="list-style-type: none"> <li>• Develop and Implement an effective marketing strategy</li> <li>• Develop a process to capture feedback from service users and non-service users</li> <li>• Rolling programme of evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring reports</li> <li>• Evidence of brand recognition in wider health research</li> <li>• Reports and data from feedback and evaluations</li> </ul>
5.	To provide a responsive service that addresses the needs of service users.	<ul style="list-style-type: none"> <li>• Use client feedback (both service providers and service users) to ensure an optimal service model</li> <li>• Ensure that services have adequate information to signpost to other services</li> <li>• Ensure that the needs of young people are addressed in line with the Glasgow protocol for working with sexually active young people and child protection policies and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation reports</li> <li>• Create a list of supporting services for CDS participants to sign-post service users to</li> <li>• Numbers of staff trained to deliver the under -16 protocol</li> </ul>
6.	To contribute towards the evidence base and inform future policy and services.	<ul style="list-style-type: none"> <li>• Participate in/read relevant research</li> <li>• Annual report summarising monitoring and evaluative information</li> <li>• Participate in relevant research and other fora to raise the profile of CDS models as a sexual improvement intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at minimum of one conference per annum</li> <li>• 1 research output per year (conference paper; academic journal; discussion paper etc)</li> </ul>

## **Appendix 2 -Sample evaluation questionnaire**

### **Free Condoms Service**

#### **Review Questions**

##### **1. Stock and Orders**

- a) Do you generally receive your orders within 10 working days?
- b) Are you/your service users happy with the product range available?
- c) Do you stock the full range of products – even if only in small numbers
- d) Have you received any comments or feedback on the products available?

##### **2. Promotion of the Free Condoms service**

- a) Do you advertise the service on your premises?
  - Door/window vinyl
  - Posters
  - Choice Cards
- b) Is your service advertised on the Free Condoms web-site?
- c) Do you have any suggestions on how we can support you to promote the service within your premises?

##### **3. Service Operation**

- a) Do you offer the Free Condom service to the public or just your own service users?
- b) Do you think you are able to offer a discreet and confidential service?
- c) Do you have a private space/discreet area for discussions with service users if required?

##### **4. Target Groups**

- a) Our main targets groups are men who have sex with men, African communities and young adults. Do you think (approximately) you're your service attracts these group?
- b) If so, what group do you see the most?
- c) Are all staff aware of the protocol and guidance for distributing condoms to under 16's?

- d) How do you distribute to under 16s currently? Is there someone available to have a conversation with the young person?

**5. Training and Information**

- a) Do you or any other staff have any additional training needs?
  
- b) Is there anything else we can provide to assist you to provide this service?