

This FAQ chapter presents the views and experiences of men in relation to visiting a clinic. We begin with some quotes from men below, and continue to represent what we have been told in the pages that follow.

It was absolutely perfect but the thing is to actually go, it wasn't easy for me. But once I was there, amazing. The nurse at the clinic was really nice, explained it was confidential and she tested me for everything.

(Bisexual, 16-25, HIV negative)

I do have a chat then, not really a chat, they just ask about my sex life and how safe I've been. We do have a chat about STIs. They ask if I use a condom in oral sex and I answer no and then I get this speech about how important it is to use condoms in oral sex. And I sit there and nod my head politely until they stop talking.

(Gay, 16-25, HIV negative)

It is more just they give you a lecture even though you're in a relationship because they say you're still at risk. I do think looking at my background you can't influence people with a big stern lecture. You make people despondent I think. I think education is one thing and ramming it down ones throat isn't useful.

(Gay, 36-45, HIV negative)

I think they would need to have some understanding of the breadth of the gay sexual experience. Thinking about that, I suppose heterosexual sex is also a broad experience isn't it. Something gay guys do, I find distasteful, but if I were caring for someone I would want to watch my nonverbal communication the way I react to something I didn't like the thought of.

(Gay, 45+, HIV positive)

What's not addressed is self-esteem and mental health and that sex can be used to validate who they are - they like me so I can't be that bad looking. You need to explore the reasons why people have sex. It's not simply about sex drive it's about how they use that experience of sex and relate to how they feel. So that relates to condoms. It's hard to be that person who initiates the conversation. If you don't feel good, you can't do the right things.

(Gay, 26-35, HIV negative)

Smile. Be non-judgemental. Be open about sex and sexual acts, talking about anal sex and you know, gay sexual practices. Be sort of friendly. Be non-authoritarian and non-disapproving.

(Gay, 45+, HIV positive)

FAQ Scotland is part of a larger project that wants to prevent HIV infections in Scotland among gay and bisexual men. The larger project is called an HIV Needs Assessment, undertaken by NHS Greater Glasgow and Clyde and NHS Lothian. For more about FAQ and other FAQ chapters go to [www.faqscotland.co.uk](http://www.faqscotland.co.uk)

## OVERVIEW

### What we learned from men about their experiences:

- Attending a sexual health service is often prompted by worry, it can feel stressful. Despite this, FAQ interviewees share many positive experiences when engaging with services.
- Men recognise that services have come a long way in recent years, now becoming more welcoming and capable to attend to gay and bisexual men's needs.
- Positive experiences help the individual to build a relationship with a service and with individual clinic staff and to establish a pattern of attendance.
- While generally positive, some engagement with services can feel like a 'tick box' experience, structured around set questions and lacking a focus on the individual's experience and needs. On occasion men report contact in which staff can be judgemental or lecturing. Men are especially sensitive to any impression that clinic staff are uncomfortable or embarrassed in the discussion of gay sex.
- Staff who have the skills, knowledge and language and are comfortable talking about the sexual lives men lead are able to deliver a positive clinical experience to gay and bisexual men.
- In addition to the skills and qualities of staff other key features attract men to services, these are: a discreet outward appearance; convenient locations with a choice of local or city centre; provision of free condoms and lube; a mix of appointments and drop-in clinics (daytime, weekend and evening); good advice and support; and minimal waiting times.
- Young men identify the most important aspects which draw them to a service are the quality and skills of staff and a commitment to provide a service which is confidential, anonymous and discreet. However, as with men of all ages, younger men may also be motivated to come to services only after perceived risk or with symptoms.
- Young men also report important blocks to accessing services: a lack of privacy and concerns about being seen attending a service; they might be fearful of the experience of HIV/STI tests or a positive result; feelings of embarrassment and shame are also significant hurdles to overcome.
- Bisexual men identify the most important characteristics which draw them to a service are the quality of staff (they should be open-minded, non-judgemental, conversational) and by privacy and discretion. Bisexual men also report that fear of discrimination and stigma about being bisexual can act as a barrier to engaging with a service.
- A majority of gay men like the option of attending a specialist gay/bisexual men's clinic. However, younger men express a preference for a targeted younger gay and bisexual men's service or for a generic young people's service and bisexual men indicate a preference for generic/open clinics rather than a gay/bisexual men's service.
- Men support the development of new aspects of clinic provision (as options and not mandatory requirements) which FAQ has proposed to them. Text and email reminders to make or keep appointments and pre-consultation questionnaires are generally welcomed. Telephone and online consultations and services for couples may be explored further and were seen by men as having both potential benefits and disadvantages.
- Point of care/rapid HIV and STI testing receives overwhelming support from those gay and bisexual men who have engaged with FAQ.
- Men reject the use of condoms for oral sex, continuing this advice contributes to men disengaging with all discussions of risk reduction because they consider the service/staff member as out of touch.
- Men report that sexual health services need to improve the focus and support they give in terms of mental health.

- Some men express a preference to engage with male or gay/bisexual staff however when it comes to their engagement with a service, most men want staff who are knowledgeable, non-judgemental and interested in them; continuity and building a relationship with a member of staff also matter.
- FAQ interviewees living with HIV identify the opportunity to talk openly and frankly about sex and sexual health as a positive feature, however HIV positive men also recognise that a 'tick-box' experience can mean not enough time and care is taken to speak in detail about sex, relationships and sexual health.
- HIV positive men report that HIV/Sexual Health services should not assume that an HIV positive man has the information or knowledge or skills he needs to maintain a healthy approach to sex.
- While HIV positive men tell FAQ that they think HIV/sexual health services are good they might also choose to limit the information they are willing to share, particularly when it comes to partner numbers or instances of condomless anal sex.
- HIV positive men identify the need for better integration across HIV treatment and care services and Sexual Health services when it comes to meeting their sexual health needs.
- HIV positive men report that they can still encounter negative attitudes towards their HIV status when engaging with other parts of the NHS.
- While practical arrangements and issues of access are important what really defines a service and ensures that men return is the relationship built between people.
- Two key messages emerge from men (across ages, sexual orientation and HIV status). First, clinic staff should remember that men might be nervous or anxious, either when first approaching a service or when they attend with a worry about their sexual health. Second, men need clinic staff to be non-judgemental, respectful, informative, interested, friendly and professional.

#### **What findings mean for HIV prevention and HIV/Sexual Health clinical services:**

- Too many gay and bisexual men come to services only when they are concerned about an episode of risky sex or have symptoms; services need to consider how they engage with men more effectively as preventative services, and not just reactive.
- When they engage with a man, clinic staff should focus on building a relationship and delivering individualised, person-centred care, while taking steps to make routine data collection less mechanical/tick box.
- Services should ensure that it is staff with the skills, knowledge, language and confidence to work with gay and bisexual men who do so.
- Individualised care should provide an opportunity to discuss and plan risk reduction strategies that are particular and appropriate to the individual's circumstances; this might include condom use for anal sex.
- With men rejecting condoms for oral sex clinical services and HIV prevention interventions should reconsider how they discuss the risk of HIV transmission through oral sex.
- Younger men and Bisexual men do not necessarily want to attend a targeted gay/bisexual service, with this in mind services must consider how generic young people's services or open clinics understand and meet their needs.
- The sexual health needs of HIV positive men may not be met consistently or adequately and should be given more consideration.
- Services must consider how the mental health and wellbeing of service users is understood and addressed in the context of a Sexual Health or HIV service.
- Consideration should be given as to how staff training can support staff to focus on whether they are giving verbal or non-verbal signals that suggest judgemental attitudes to men or their behaviour.
- Staff training is required to educate staff about gay/bisexual culture and sexual practices to ensure staff are equipped to have detailed conversations with men.

- Services should consider piloting text and email reminders for routine sexual health screens, online or telephone consultations, pre-consultation questionnaires for triage, and couples clinics.
- Recognising that men like Point of Care/rapid HIV and STI testing, services should explore how this can be expanded.

### Reflective questions for practitioners

Throughout FAQ reporting we ask individual practitioners, teams and services to read the detail of findings and then take time to reflect on important questions.

- Personally, am I ever anxious when using a public service? What characterises a good public service for me?
- Do I understand the worry or anxiety a gay or bisexual man (or a man who does not identify as gay or bisexual) might feel when engaging with my service?
- How do I approach my conversations with a man? Are *they* my focus? Or am I guided by a list of questions and risk assessment I must undertake?
- How do I respond (verbally and in my body language) to reports of condomless sex or ambivalent attitudes towards condom use?
- Do I show empathy and patience in my manner and language?
- In the consulting room, do I make space for individuals to pause, reflect and talk?
- Am I aware of how my gender and sexual orientation might affect how I work or how I am perceived by a gay or bisexual man using my service?
- How do I and my service engage with men living with HIV in the realm of sexual health and wellbeing?
- Do I place an equal value on trust established in a regular gay relationship to that within a heterosexual relationship, recognising that the difference in HIV risk between the two is primarily a function of higher HIV prevalence in MSM and the biology of transmission?
- Am I clear in my engagement with men that my service is more than a pragmatic 'test and treat' service, that I provide a holistic service which has a concern for all aspects of sexual health and wellbeing?
- What can my service do to meet expectations that services should be discreet, welcoming, accessible and flexible?

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Throughout the chapter direct quotes from participating men are **in blue**. When direct quotes are taken from an FAQ telephone interview it is possible to identify sexual orientation, age category and HIV status (actual or perceived); an internal interview code is also given. Quotes taken from online responses are labelled as such.

### INVOLVING PARTICIPANTS

Men have commented on their experience of visiting a clinic in FAQ interviews and online. In the first wave of **FAQ interviews** (with 118 men) interviewees were asked about their contact with and experience of sexual health services. Then, in the second wave of FAQ interviews (with 45 men; 27 interviewed previously and 18 new interviewees) we initiated further conversations about specific aspects of services; those already in place (such as the provision of free condoms and lube or use of appointments versus drop in services) and possible service developments (such as text reminders, online consultations or couples clinics). A final additional set of interviews with 18 bisexual men also provided information for this chapter.

The FAQ online survey **Going to the Clinic** (with 59 respondents) also provided a space to discuss aspects of service provision while a second FAQ online survey **Clinic Staff** (with 29 respondents) focussed specifically on the characteristics and requirements of staff working in sexual health services. This chapter also incorporates information from the **Being a Teenager** online survey (50 respondents) in relation to younger men’s views on services (discussed in more detail in the **Younger Men** chapter) and information from two online surveys that targeted bisexual men; the first called **Bisexual** (117 respondents) and the second called **Men Having Sex with Men and Women** (73 respondents) - both are discussed in more detail in the Bisexual chapter.

## FINDINGS

### Positive experiences of attending a sexual health clinic

FAQ interviewees shared positive experiences about engaging with sexual health services. From their reports it seems that positive experiences help the individual establish a relationship and pattern of attendance. Some FAQ interviewees also recognise that attending a sexual health service might always be somewhat uncomfortable but that in their interactions clinic staff are aware of this and do their best to mitigate nerves with a professional approach. Older men also recognise in our conversations that services have come a long way in recent years, now becoming more welcoming and capable of attending to gay and bisexual men's needs.

It was absolutely perfect but the thing is to actually go, it wasn't easy for me. But once I was there, amazing. The nurse at the clinic was really nice, explained it was confidential and she tested me for everything.

(Bisexual, 16-25, HIV negative, I1/014)

I think there were issues in the past but I think now they don't have problems. I think they've opened their eyes to reality. It used to be like gay men didn't exist... I have sort of a rapport with her now. I trust her judgement and she's professional about what she does.

(Gay, 45+, HIV negative, I1/097)

The whole experience was useful. The doctor was fine. It's not a pleasant experience but it's something I do and it was not bad. I don't think you want to enjoy it. They treat you very well... Nobody feels comfortable doing a face to face thing. It's improved dramatically doing a self-swab. It's not getting your dick out in front of someone.

(Gay, 16-25, HIV negative, I1/094)

After the first time I went I did get a STI and I had to go to somewhere, so it's just a pattern now.

(Gay, 16-25, HIV negative, I1/115)

They're friendly without over hitting the mark, very professional... I think they've got it right. They don't use medical language too much.

(Gay, 45+, HIV negative, I1/081)

I think they have confidentiality and they're unbiased, not opinionated.

(Gay, 45+, HIV negative, I1/049)

It wasn't all centred around HIV. It was about different things about having sex. It was just the nurse telling me about possible risks, the awareness. It was a drop in centre, so they took some bloods and some samples and they checked my penis as well. I was very, very happy with the service.

(Gay, 16-25, HIV negative, I1/096)

Staff are open and helpful. Felt I could talk about any worries. I'm outgoing though so don't have a problem broaching the subject. There were a lot of questions to check off but then they did ask, 'is anything worrying you?' So guess I could bring up something.

(Gay, 16-25, HIV negative, I1/118)

When you go and speak to the nurses you realise how good the NHS is. They obviously get taught. It's a personal thing; they're at ease so you're at ease.

(Gay, 36-45, HIV status not shared, I1/109)

I went in with a lot of fears and worries. You know, that even cumming in my mouth it could be passed. These kinds of things were really playing on my mind. I asked specifically about certain risks and they really helped me out. Treated me with complete respect. Everything you'd expect from a professional in that area.

(Gay, 16-25, HIV negative, I1/093)

They were really nice, really friendly and gave me their number if I needed to phone for advice. I've been there a few times and that was the first time I was asked about my dick size for a condom. It was serious but fun and friendly, so I didn't feel I was getting a lecture. Sometimes if I get a lecture I just turn it off. But if somebody offers advice and says this is what you can do and these are the options I will listen.

(Gay, 36-45, HIV negative, I1/095)

I just find the service wonderful. I've been tested there and I know the people but I value most the service itself. They're very professional and very helpful. Do you think most guys would understand what they are told by the nurse or doctor? Most guys would understand it. It wasn't difficult language. It was friendly even though you were talking to a doctor. Nice smile. I think most guys would act on it... It's one of those things where you are dealing with somebody in front of you. You have to force yourself to spit it out. I felt comfortable but it was not a comfortable issue.

(Gay, 26-35, HIV negative, I1/103)

When you go in for a health screening you give a history of what you've done since the last time you've been there... They're fine. They're very professional. They're non-judgemental. I've certainly never felt under any pressure to go down routes I didn't want to go down. They don't try to brow beat you or lecture you. That's at Sandyford, Steve Retson... I've never come across anybody at Sandyford who has struggled with it. It's all been pretty positive. Staff have that right mix of being professional and approachable.

(Gay, 35-45, HIV negative, I1/106)

After I'd started my current relationship I realised I'd never been for a sexual health screening so I did it to put my mind at rest, to know that I was clear. HIV and STI negative. Went through the sexual experiences I'd had and we talked about what I was at risk of and they did all the swabs and blood test. It was very welcoming. Steve Retson project in Glasgow that ran 5 to 8 after being in Uni all day. Non-judgemental and a good atmosphere.

(Gay, 16-25, HIV negative, I1/060)

It's just so relaxed no pressure at all and no judgement at all.

(Gay, 16-25, HIV negative, I1/029 discussing service provided by ROAM team/NHS Lothian)

### The tick-box experience

Many of the experiences of visiting a clinic described in FAQ interviews have been positive. But some engagement with services can feel like a 'tick box' experience, structured around set questions rather than a conversation; lacking a focus on the individual's experience and needs.

They ask questions about what you do, but not really a discussion.

(Gay, 16-25, HIV negative, I1/086)

Can you tell me about your last visit/conversation? What sort of things did you talk about? Don't talk, just get the test and that was it, no conversation... They asked me questions about what contact, what sex I had, but basic. I just tell them I've used condoms, for the most part I do. But you had said previously you don't always? Yes, but they say use condoms for things like oral and that would be crazy so you just say the same things.

(Gay, 16-25, HIV negative, I1/115)

There was some discussion, form filling, questions, very impersonal, not so open. No discussion about sex I like, just a checklist... You seem to be objected to a particular doctor's manner, so it wasn't a space to talk about my sexuality. It was about 'have you done various things'. Very fixed view of gay male sexuality. If I were into heavier CP stuff, where there might be blood issues, their list of questions wouldn't have found that out.

(Gay, 36-45, HIV negative, I1/108)

... they were yes/no questions and answers. My perception would be that a lot of single gay guys, most guys, are promiscuous. Sex is available for guys. So in a clinic you don't go into detail. Just yes/no, in/out. You get basic information in any NHS service.

(Gay, 26-35, HIV negative, I1/113)

Part of this tick-box conversation might be a lack of personalised or detailed discussion about reducing HIV/STI risk.

It wasn't a long discussion really. Nothing stood out. She did ask me about unprotected anal sex and I told her yes. She maybe thought it was hard for me to go to the doctor so she didn't talk about it a lot. She just said use condoms and stuff.

(Gay, 16-25, HIV negative, I1/090)

While men may appreciate a service, they recognise that the consultation can be limited and fail to provide an opportunity to share and reflect on the sex they have.

I like fisting and rimming. I'm not sure if I'm taking chances. I'd go on the internet to find out things but I haven't spoken to a health person about that. If I thought my risk was serious I would ask. People of my age, you start to take risks. In my general psyche, probably at this time for a lot of guys, you think 'just go for it', if you're sexually driven, to get the sex you want.

(Gay, 45+, HIV negative, I1/114)

Tested last month. I was offered to speak to a counsellor in case it came back positive. They didn't know I was thinking of stopping using condoms with my new partner, well they didn't ask and I didn't say... They don't ask anything. I guess you're expected to tell them what you think they should maybe know, maybe they're embarrassed... Staff need to be specially trained.

(Gay, 36-45, HIV negative, I1/110)

### Negative experiences

A particular issue raised across interviews has been the issue of condom use for oral sex. This is covered in more detail in the FAQ chapter **Oral Sex** but in summary, the promotion of condoms for oral sex is not seen as realistic, nor does it seem other risk reduction strategies in terms of oral sex are explored:

I do have a chat then, not really a chat, they just ask about my sex life and how safe I've been. We do have a chat about STIs. They ask if I use a condom in oral sex and I answer no and then I get this speech about how important it is to use condoms in oral sex. And I sit there and nod my head politely until they stop talking.

(Gay, 16-25, HIV negative, I1/041)

While some visits to the clinic might seem rather perfunctory other FAQ interviewees have described experiences in which clinic staff have been lecturing, judgemental or rude.

It is more just they give you a lecture even though you're in a relationship because they say you're still at risk. I do think looking at my background you can't influence people with a big stern lecture. You make people despondent I think. I think education is one thing and ramming it down ones throat isn't useful.

(Gay, 36-45, HIV negative, I1/104)

I was with my partner and he was nervous so I asked the receptionist if I could go in with him and she said go away and be quiet. It's not as friendly or as welcoming as they should be. I didn't complain, but it's about customer service. So anyway, I didn't go in with him.

(Gay, 36-45, HIV negative, I1/108)

What would be the main things you think the clinic should know about talking to guys like you about the sex you have? When I think back to my experience of them wanting to run the full set of tests, if I was there for the first time and I found their approach intimidating it would have been fairly easy just to leave really.

(Bisexual, 45+, HIV negative, I1/089)

One nurse was very harsh. She thought I was just rolling up to get tested, and she gave me quite a harsh perspective so I said 'Listen love, I know about HIV' and I did speak to one of her colleagues about her attitude. What if I'd been someone who had no knowledge whatsoever about HIV and she spoke to me in that tone, really heavy? I spoke to the receptionist and told her that I just felt like her tone wasn't really nice and she was really sympathetic and said she would pass that on. I didn't want to get anyone in trouble but I didn't want to leave it at that I felt unsatisfied about her tone. It was quite judgemental.

(Gay, 16-25, HIV negative, I1/003)

### Creating a positive experience and identifying barriers

In these positive and negative experiences of visits to a sexual health service what underpins the engagement are staff skills, knowledge, attitude, language and confidence. Staff who have the skill, knowledge, etc. provide a service men value.

Most guys would understand it. They talk in plain down to earth language. You can't get any more descriptive than what they're talking about.

(Gay, 45+, HIV positive, I1/107)

Like the ROAM guys, they're friendly, approachable, you see them in the saunas, there's no pretence, they see it as it is. At Chalmers, it's a bit clinical, more professional, they won't say 'fuck' they'll say 'anal sex'. ROAM use laymen's terms.

(Gay, 36-45, HIV negative, I1/110)

I remember questions about anal sex, with condoms or not, just questions you need to answer. What stood out as either useful or positive about your visit? Free condoms and lube is fantastic. Just being in an environment where you can talk to people that are knowledgeable about sexuality and HIV. First time I went, felt like first interview was an introduction, you realise it has to be explicit to be effective. So I get the impression they are experts, good experience for me.

(Gay, 45+, HIV negative, I1/112)

It's a lot to do with their attitude and the signals you get from them. Then you get that reflected back from you. If they are open and matter of fact, comfortable in their job, it gives you a reassuring thing and makes you comfortable to talk about these things.

(Gay, 16-25, HIV negative, I1/060)

However, where staff skills, knowledge, attitude, language or confidence are lacking the experience of visiting the clinic will be much poorer.

It's really down to their personality a lot of it. Some people you don't feel comfortable with and other ones, you just have a chat. It doesn't mean the ones you're not as comfortable with are any less professional.

(Gay, 36-45, HIV positive, I3/068)

How comfortable are you speaking to someone at the clinic? Depends on who you get and which day you go. It depends if you get a bubbly, chirpy doctor who wants to make you feel comfortable or someone who just wants to stick a needle in your arm and take your blood I've been in when they tell me there are too many people see. What would a doctor, nurse or health advisor need to do to make you more comfortable talking to them? Be non-judgemental. Majority are non-judgemental at Sandyford but you get the occasional one who isn't compassionate, not understanding or open minded. Just because they're straight... They need to be more clued up on the different expressions that are used in sex and what the different acts are... I'm not dissing them, they do a wonderful service but it would be easier if I could just go and talk "I was rimming someone last night" and not have to explain what rimming is.

(Gay, 26-35, HIV negative, I1/051)

My last experience wasn't that great actually. It was at the new clinic here in Edinburgh and the nurse I had was an older woman probably about 40+, and she kept apologising for the questions she asked me. I think it had to be updated on the computer but she was clearly uncomfortable with the questions she was asking which made me feel uncomfortable. My partner and I both left the GUM clinic with conflicting information. He was told that he would get an answer for HIV in 24 hours, but I was the standard 2 weeks. I think their consultant or nurse that my partner saw had basically probed more questions so basically I think his risk was assessed differently from mine. A lack of questions from the woman I had who clearly felt uncomfortable. You have an image of going these places and they don't judge, so I don't think the woman had much exposure to the answers I was giving.

(Gay, 26-35, HIV negative, 11/038)

So what might stop you from coming to the clinic? Staff that make you feel bad about what you do; see you as a walking risk taker... It's a physical based service - symptoms, testing, leave. Not a lot of thinking or talking about mental health, why you do things.

(Gay, 26-35, HIV negative, 13/023)

In their FAQ interviews men highlight concerns about whether clinic staff understand aspects of gay and bisexual men's culture well enough, particularly practices around the sex men have.

It depends on who you see, not like a doctor or a nurse, but their personality... I don't think health professionals appreciate how gay men live their lives, it's different from heterosexual people they see in clinics, like the amount or kind of sex gay men have.

(Gay, 26-35, HIV negative, 11/023)

They need the knowledge to be clued up on what people do and the terminology.

(Gay, 26-35, HIV negative, 13/005)

Heterosexual sex is more accepted, even shows of public affection. They just need to know more about the culture and how it is promiscuous, because it's online or meeting in a bar.

(Gay, 26-35, HIV negative, 11/069)

I think they would need to have some understanding of the breadth of the gay sexual experience. Thinking about that, I suppose heterosexual sex is also a broad experience isn't it. Something gay guys do, I find distasteful, but if I were caring for someone I would want to watch my nonverbal communication the way I react to something I didn't like the thought of.

(Gay, 45+, HIV positive, 11/075)

They should know more about the cruising activities that guys do. They should know about internet outreach.

(Gay, 26-35, HIV negative, 11/057)

What would be the main things you think staff should know about talking to guys like you about the sex you have? Probably our age group, our life style, and things we do on a daily basis. Just if they know this they might have a better idea of what kind of people we have sex with.

(Gay, 16-25, HIV negative, I1/008)

I'd ask about the psychological aspect. Counselling should be available. Is it that they don't have resources? I think I might have had times where I would have benefited. It's never been offered. It's not just about STI testing you know. Maybe if there were gay staff they'd understand this better, you know, what they're talking about, in our world, not another world.

(Gay, 45+, HIV negative, I3/048)

Online responses from men who completed our FAQ **Going to the Clinic** survey highlight many of the barriers and facilitators to clinic attendance. We asked men, *what would encourage you to come to a clinic and what might stop you from coming to a clinic?*

The top issues men identify as stopping them from attending are: clinics which are not discreet, overcrowded and where other people might know you (18 men highlighted concerns in this area); unapproachable, judgemental or rude staff (18 men); fear of positive results (9 men); inaccessible location (8 men); waiting times at drop-in/walk-in clinics (8 men); feelings of embarrassment or shame (7 men); poor or restricted opening hours (6 men); difficult to access or restricted appointment slots (6 men). Other barriers to clinic attendance raised by smaller numbers of men included: locating gay men's services alongside generic services, feeling intimidated, being asked too many questions, being unsure about what is on offer, a lack of helpful advice, too long a wait for results, not being bisexual or trans-friendly.

In terms of what encourages men to attend, FAQ survey respondents identify: clinics which are easily accessed because times suit or they are near where one lives (18 men) confidential and discreet services (15 men); when clinic staff are friendly and non-judgemental (13 men); services that offer rapid testing and results (11 men); clinics with flexible, evening or weekend opening (10 men); clinics where there is little or minimal waiting (10 men); clinics which offer good support and advice (5 men). Other aspects of services that encourage clinic attendance were raised by smaller numbers of men, these include: calm comfortable waiting rooms; availability of condoms and lube; availability of drop-in clinics; gay specific services; when one is aware of what to expect.

Younger men in their teenage years were also asked, via the FAQ survey **Being a Teenager: What would encourage you to come to a clinic?** Young men identified the most important aspects which would draw them to a service are the quality and skills of staff and a commitment to provide a service which is confidential, anonymous and discreet. However, as with men of all ages, younger men may also be motivated to come to services only after perceived risk or with symptoms. Then, when asked: *What might prevent you from coming to a clinic?* important blocks to attendance for young men are reported as a lack of privacy and particularly concerns about being seen attending a sexual health service and fear of the clinic experience, either tests or results. A number of young men also feel embarrassment or shame are significant hurdles to overcome regarding clinic attendance.

Bisexual men have also commented on what might encourage clinic attendance and what might act as a barrier. Via two online surveys targeting bisexual men they report that they will be drawn to a service by a guarantee of privacy and discretion and the quality of staff (they should be open minded, non-judgemental, conversational) as well as other factors such as attending a service after a risky episode or practical aspects of clinics being easy to get too and with good opening times. Bisexual men are also less likely to attend a sexual health service and when they do so only 1 in 4 report to FAQ that they have discussed being bisexual; reasons given for this lack of openness with a sexual health service are given as feelings of embarrassment, shame or guilt and a stigma which they feel is experienced by bisexual people. When asked if they would discuss being bisexual at a clinic 70% of bisexual men say they would or might do so if clinics had the characteristics mentioned earlier. (For more on this go to the FAQ **Bisexual** chapter).

### Specific characteristics of services

With this general knowledge of what men's experiences of clinic attendance are, and an identification of what acts as a barrier or facilitator of attendance, in the final wave of FAQ interviews (with 45 men) and via the FAQ online survey **Going to the Clinic** (with 59 respondents) we have also sought more specific views on a number of aspects of services. These include: provision of free condoms and lube, use of appointments and drop-in clinics, evening and weekend clinics, whether they like and use targeted gay men's services, preferences for city centre or more local/peripheral services and practical aspects of services including waiting times, reception and waiting areas.

#### Free condoms and lube

This aspect of services is important to men: in the FAQ **Going to the Clinic** survey 52 men (88.1% of those who responded to this question) and in the final phase of FAQ interviews 37 men (82.2% of the 46 men interviewed) said this service was important. Value was given to free condoms and lube as enablers of safer sex, and of particular importance to men when money is tight.

*Yeah, if I was kind of going to see a lot of different people.*

(Bisexual, 26-35, HIV negative, I3/123)

*I think it's quite important because sometimes I've no got money.*

(Gay, 26-35, HIV negative, I3/070)

*I think it is important you know you can pick them up if you want them, especially if you're unemployed because they're not cheap.*

(Gay, 36-45, HIV positive, I3/068)

*Quite important. I don't use their lube but I do get condoms.*

(Gay, 45+, HIV positive, I3/044)

#### Appointments

A majority of men who express an opinion online and in FAQ interviews also value appointments: in the FAQ **Going to the Clinic** survey 52 men (88.1%) and in FAQ interviews 33 men (73.3%) say appointments are an important aspect of a service. These have particular value for men travelling to a service and those who work.

*Quite important. For me, trying to get to one would take quite an effort and quite a while to get there. So it would be good to know you'd be seen.*

(Gay, 16-25, HIV negative, I3/131)

Very important because I work and it is something that can put me off going, if it's drop in and you have to wait for hours.

(Bisexual, 26-35, HIV negative, I3/127)

### Drop-in clinics

Even more men state that drop in services are very important. In the FAQ **Going to the Clinic** survey, 56 men (96.6%) and in the FAQ interviews, 40 men (88.8%) say drop in clinics are important.

Quite important because the problem could be urgent.

(Gay, 16-25, HIV negative, I3/134)

### Evening clinics

Again, men state that evening clinics are very important: in the FAQ **Going to the Clinic** survey 52 men (89.7%) and in FAQ interviews 38 men (84.4%) say evening clinics are important.

That would be important I could go at night after work.

(Bisexual, 36-45, HIV negative, I3/132)

Important as well because obviously people have children and jobs.

(Bisexual, 36-45, HIV negative, I3/039)

### Specialist gay/bisexual men's clinics

We also asked online respondents and FAQ interviewees about preference for gay/bisexual men's clinics or attendance at more generic clinics. In the FAQ **Going to the Clinic** survey 49 men (86%) and in FAQ interviews 32 men (71.1%) say that having an option of attending a gay/bisexual men's clinic is important to them. The support men give to this service option might be based on poor experiences in generic clinics or a belief that gay/bisexual men's clinics have an expertise which equates to a better service.

Yes - I felt embarrassed at a Family Planning clinic when I was 18, it was two older women and it felt uncomfortable.

(Gay, 26-35, HIV negative, I3/018)

I changed my GP so now I could talk to my GP. But SRP is more specialised.

(Gay, 45+, HIV negative, I1/112)

Basically I don't know if it's right or wrong approach but Sandyford are specialists in what they do. A GP would not be a specialist. Peace of mind and you're not being judged because everyone's there for the same kind of reasons, sex and sexuality.

(Gay, 26-35, HIV negative, I1/051)

The sexual health clinic that I went to Steve Retson project, it's aimed at men who have sex with men. The first clinic I went to was for anybody, but the Steve Retson project went into a lot more detail about what I should be doing to keep myself safer. It was really useful. And they did help me a lot... The last time I called the Steve Retson clinic they said they were very busy and they didn't have time and they recommended the normal STI clinic. If I did go there I wouldn't be able to ask about anything else.

(Gay, 26-35, HIV negative, I1/061)

However it is also important to remember that not all men would use a specialist clinic, that they might prefer a generic service. For other men a priority would be issues about easy access (of any service) and a preference for a service which is provided by open and skilled staff, whether in a specialist setting or not.

Not that important. I'd probably prefer one that was mixed. That way people wouldn't think you were gay just by walking through the door.

(Bisexual, 16-25, HIV negative, I3/136)

I'm not sure how important it is to have separate services now but this was convenient because it was after work.

(Gay, 16-25, HIV negative, I1/060)

I guess it would be good but I don't think there's a need as long as the staff are well versed on both sides straight and gay men as they should be.

(Gay, 16-25, HIV negative, I3/031)

Via the **Being a Teenager** online survey we asked young men about preferences in terms of whether a clinic should target gay and bisexual men, and as young men whether they wanted a younger men's service. Our online teenage respondents indicated a preference for a targeted younger gay and bisexual men's service or for a generic young people's service. When bisexual men were also asked about targeted or generic clinic provision via the **Bisexual** online survey respondents indicate a preference for generic/open clinics rather than a gay/bisexual mens service.

### Locating services

In both FAQ interviews and online, we asked men about their preference for the location of clinics: city centre or more local. A majority of men in both the FAQ **Going to the Clinic** survey 45 men (78.9%) and in FAQ interviews 34 men (75.5%) say city centre locations are important; being near to work and offering anonymity being key factors.

Very important. Easy to get to and more anonymity in the city than out with the city

(Bisexual, 16-25, HIV negative, I3/136)

Yes, for me that would be nearer work, more anonymous too.

(Gay, 16-25, HIV negative, I3/116)

Views on the provision of more local clinics varied with 47 men (82.5%) of those responding to the online **Going to the Clinic** survey stating there are important, but fewer men in FAQ interviews (22 men, 48.8%) say this provision is important. Convenience was important for men supporting this kind of provision, with some additional concerns about anonymity.

Sandyford. They just need to have somewhere that's accessible. Not only Hamilton but people in the east of Glasgow.

(Gay, 16-25, HIV negative, I1/070)

That would be really important because you're not using as much money. That would be a lot better.

(Gay, 16-25, HIV negative, I3/133)

It would be good I suppose. But it depends on what you mean. I would be troubled with a location that was too local to me. You'd see people you know from your local area.

(Gay, 26-35, HIV negative, I3/119)

### Practical aspects of services including waiting times, reception and waiting areas

In FAQ interviews men also raise a number of other issues about the detail of service provision. In these discussions key concerns which could be addressed by clinics are a lack of privacy and anonymity in waiting rooms, waiting times, poor experience of initial contact with reception staff, confusion about systems at open clinics and not being able to get through on the 'phone. Each of these concerns was framed in a generally positive view of the clinic experience.

Clinic was great, but sitting in the waiting room and possibly being seen by someone you know is the tricky part.

(Gay, 36-45, HIV negative, I1/024)

Chalmers: the reception area is really impersonal and public. Staff were fine, very polite. Quite chilled out, had a wee laugh.

(Gay, 36-45, HIV negative, I1/110)

Last visit to Chalmers was perfectly fine. I still find it really weird that they call out your name in full. I remember seeing a film about VD when I was a kid and they just called out your number in the clinic. I find it really weird. I don't personally have an issue about anonymity but I think people should have their privacy.

(Gay, 45+, HIV negative, I1/002)

The waiting times are ridiculous. I was in a queue at 7.30am and was still number 30 and got seen 3 hours later.

(Gay, 45+, HIV negative, I1/114)

Before I went to Steve Retson clinic I didn't know much about HIV but I understand it now. When you wait you can read the leaflets and it brings up your understanding. They were good, the reception wasn't but the nurse was.

(Gay, 45+, HIV negative, I1/099)

They never answer phones... no matter what department you're trying to get.

(Gay, 26-35, HIV negative, I1/051)

In the actual appointment itself it was fine. There was a bit of confusion about picking up a number and I went to the wrong desk, so make sure that is a bit clearer.

(Gay, 16-25, HIV negative, I1/010)

### Developing services

Alongside discussion of already established aspects of services, FAQ interviews and FAQ online provided an opportunity to discuss aspects of potential service development in a number of areas. We asked men to comment on their interest in the following: text or email reminders to make or keep appointments, telephone and online consultations, using pre-consultation questionnaires, couples clinics and point or care/rapid HIV and STI testing. FAQ interviewees also raise a number of other areas for consideration, service improvement and development which are discussed here.

### Text and email reminders

Online and in interviews, we asked men if they would be interested in receiving a text or email reminder when they were due to return for a check-up, or as a reminder when an appointment had been made. A majority of men in both the FAQ **Going to the Clinic** survey 48 men (82.8%) and in FAQ interviews 37 men (82.2%) say they support such a system, albeit with guarantees of subtleties in the messaging.

Yes, the dentist does this already.

(Gay, 45+, HIV positive, I3/111)

Chalmers could do some simple things I forget my appointments occasionally. If I got a reminder by email it would be good to do something like that. Or text.

(Gay, 45+, HIV positive, I1/044)

A good idea, so long as they are fairly subtle.

(Bisexual, 45+, HIV negative, I3/122)

I know I said I wouldn't bother about reminders but maybe like an email to say you're due for a check-up.

(Gay, 26-35, HIV negative, I3/010)

### Telephone and online consultations

Views expressed about the use of telephone and online consultations vary; while some men favour this service as an option, others are less convinced. Men also recognise the need for information, support, advice or testing might be better served by a face-to-face consultation. With these caveats in mind (and illustrated by the quotes from FAQ interviewees below) 30 men responding online (52.6%) and 28 FAQ interviewees (62.2%) say they would be interested in telephone consultations. 45 men (77.6%) of men responding online and 21 men interviewed (46.6%) say they would be interested in online consultations.

Men with some doubts or concerns express these views:

No, this would be cold, horrible, like NHS 24.

(Gay, 45+, HIV positive, I3/111)

No. because they can't take my blood over the phone. If I had symptoms I'd be freaking out and would want them sorted then and there.

(Bisexual, 16-25, HIV negative, I3/136)

I'm not sure of the accuracy of it. I would prefer to speak to someone in person if it was something to do with my sexual health. Guys who aren't out might benefit from it.

(Gay, 16-25, HIV negative, I3/031)

While others were more positive about this as a service option:

The fact that it's with a doctor or nurse and you're in that hospital environment and it's face to face. I don't know if it could ever be as comfortable as when you're in your home environment and you're speaking to them on the phone.

(Gay, 26-35, HIV negative, I1/027)

Sometimes being face to face with people talking about things like this makes you feel insecure. It's a bit of a confidence issue with me. Sometimes I can talk to someone on the phone... but I just don't feel the same in person. I think it's facial expression.

(Gay, 26-35, HIV positive, I1/026)

Yes because I'm able to speak about my problems over the phone.

(Gay, 16-19, HIV negative, I3/134)

Yes but it might be difficult to organise, I can already do this with my GP and have a telephone consultation.

(Gay, 45+, HIV positive, I1/083)

Yes, but would want testing to be part of the arrangements too.

(Gay, 36-45, HIV negative, I3/108)

I don't really have internet access. However if I did then I would be interested.

(Gay, 36-45, HIV positive, I3/068)

### Pre-consultation questionnaires

Men widely support the option of completing pre-consultation questionnaires to provide information to clinic staff before the appointment. A majority of online respondents (49 men/89.1%) and FAQ interviewees (36 men/80%) favour this option. Support was based on assumptions that such a process will make the consultation more focused on individual needs as well as speeding up the consultation. Men supporting the idea also want assurances of confidentiality and that this would be offered as an option rather than a compulsory aspect of the service.

If you could fill in a questionnaire whilst in the waiting room that asks more or lets you say what you want to discuss there might be a better basis for the consultation. If you had a chance to write down a few questions, that would help.

(Gay, 26-35, HIV negative, I1/023)

Yeah but not like mandatory, just voluntary.

(Bisexual, 26-35, HIV negative, I3/130)

Yes, but only if they could guarantee not to get your information mixed up with someone else.

(Gay, 26-35, HIV negative, I3/022)

That would certainly be something I'd be interested in.

(Gay, 26-35, HIV positive, I3/016)

If it speeds everything up I suppose so.

(Gay, 26-35, HIV negative, I3/005)

### Couples clinics

Online and via FAQ interviews, we asked men about their interest in the provision of *couples clinics*. Just over half of online respondents to the **Going to the Clinic** survey (29 men/54.7%) say they would be interested in such a service while 27 FAQ interviewees asked (60%) would be interested. In their FAQ interviews men identify what might attract them to such a service and what might be problematic; this focusses on how a service will manage the needs of both men as individuals and as a couple and recognition that men in relationships might not always know about their partners sex with others.

That would be good as well if me and my partner went in together and were able to speak about things.

(Gay, 16-25, HIV negative, I3/031)

Yes, but probably wouldn't appeal to all, like if they say they are monogamous but they aren't.

(Gay, 26-35, HIV negative, I3/116)

Yes, but this will be a challenge, how they view couples and manage seeing them together.

(Gay, 36-45, HIV negative, I3/108)

No. I can't think of anything worse. But having said that we have both gone and got appointments one after the other, that's good.

(Gay, 26-35, HIV negative, I3/023)

### Point of care/rapid HIV and STI testing

We asked online respondents and FAQ interviewees if they would be interested in rapid testing for HIV and other STIs. These tests (for HIV and Syphilis) have become common in community based clinics. Online and in interviews, men overwhelmingly view their use as positive: with 56 men/96.6% of men online and 41 men/91.1% of the final phase of FAQ interviewees supporting this service option. For men who were not aware of such a service this would address concerns that a 2 week wait for results can be an anxious time.

What do you think they could be doing differently? Get results a bit quicker. Sometimes it's been more than 2 weeks.

(Gay, 26-35, HIV negative, I1/034)

So I get tested for everything at the clinic near to me, Gay Men's Health, you can get a test for syphilis or gonorrhoea in 20 minutes. It's a shame there's not more like this available. It would help people get a test if they knew it was quicker and more easily available. I would probably say I go to that place rather than other places, but this is quick easy service so it's more attractive for me to go... I say it'd be better if it could be open more than one night a week and more widely publicized.

(Gay, 36-45, HIV negative, I1/043)

That would be extremely helpful. I am okay with the current system. I wait a week now for my results but something quick would be better.

(Gay, 45+, HIV negative, I3/013)

### Other areas for consideration, service improvement and development

As well as those areas we specifically asked men to consider, FAQ interviewees raise a number of other issues highlighted here.

The integration of GU Medicine and Family Planning services means that gay and bisexual men may find themselves in service environments which attract a range of members of the public and address more than sexual health.

My comment would be about Chalmers. It's funny at the moment. It's a sexual health place, you get women in for things about fertility, you feel everyone is a bit thrown in, it's too mixed, too many services. That puts me off. Staff are really good though.

(Gay, 45+, HIV positive, I3/111)

In FAQ interviews, men also identify a need for more information about partner notification, its purpose and how it works.

They don't do anything wrong in that sense. They always are polite. I've never intentionally lied to them but there have been times I can't remember all the guys. They've gone a bit too in depth with the names of all the people who you've been with. They should just ask if you need your back passage swabbed, or your throat swabbed.

(Gay, 26-35, HV negative, I1/046)

It could be explained a bit more about the traceability. It feels a little bit weird talking to strangers. I was okay because I just contacted people myself and they were all fine.

(Gay, 36-45, HIV negative, I1/043)

We highlight and address two other areas in more detail in further FAQ chapters. First, men talk about normalising testing and making testing easier as part of the clinic experience. (More about this theme in the FAQ chapter **HIV Testing**).

They always need to consult you before testing. I don't know why they need to do that. If they would just test you and let you go it would be easier... They should have test centres that could be more convenient.

(Gay, 26-35, HIV negative, I1/057)

Second, a theme of interest across FAQ interviews which men also raise in the context of experiences of visiting the clinic is the area of mental health and wellbeing. We consider this in more detail in our chapter **Mental Health** but it is important to raise the issue here because men recognise that clinic staff can and should do more to address mental health concerns, making a more explicit link between mental and sexual health.

It would be good if they had a knowledge of mental health issues, that's for sure. Pretty much everyone I've spoken to in the past at sexual health clinics had a lack of knowledge.

(Gay, 26-35, HIV negative, I3/119)

From my own experience I think it would be good for services to consider guys mental health more.

(Gay, 36-45, HIV negative, I1/108)

What's not addressed is self-esteem and mental health and that sex can be used to validate who they are - they like me so I can't be that bad looking. You need to explore the reasons why people have sex. It's not simply about sex drive it's about how they use that experience of sex and relate to how they feel. So that relates to condoms. It's hard to be that person who initiates the conversation. If you don't feel good, you can't do the right things.

(Gay, 26-35, HIV negative, I1/023)

### **Gender and sexual orientation of staff**

FAQ interviewees and men engaging with FAQ online discuss the gender and sexual orientation of clinic staff. Participants views vary on whether they prefer a given gender or sexual orientation of staff.

Some interviewees have no preference in terms of gender or sexual orientation of staff.

*Their sexual orientation doesn't bother me in the slightest.*

(Bisexual, 16-25, HIV negative, I3/136)

Other FAQ interviewees have clear views and preferences for a male or gay/bisexual member of clinic staff.

*Male. I think they'd have more of a practical understanding.*

(Gay, 26-35, HIV negative, I3/119)

*I would like a gay or bisexual clinician because they would have experience first-hand more than someone heterosexual.*

(Gay, 26-35, HIV negative, I3/038)

*Positive in that open drop in sessions are positive, that you're not judged. Sometimes it's not positive if you get a female, more positive if you get a male doctor or nurse, I find generally. Treated pretty well. No complaints but I think it's easier if you see a guy who knows where you're coming from. You can't pre-judge if a doctor is gay but you usually know.*

(Gay, 26-35, HIV negative, I1/091)

Some men express unease engaging with a female member of staff because of embarrassment or feeling uncomfortable speaking to a woman. Other interviewees express concern that a female or heterosexual member of staff 'might not get it'. For some men conversations with a female member of staff are reported as less detailed and frank.

*To me it's important because I personally don't really like talking about these issues with women at any level whether they are on reception or wherever. I've met women who are really kind and helpful. But I get mortally embarrassed talking about that with women. Partly because I'm married it doesn't feel right to me.*

(Bisexual, 45+, HIV negative, I3/122)

It was a woman this time, so I'm pretty sure I could get answers to questions... but I would feel a lot more comfortable talking to a man, especially a gay man. Because she was female I felt a little less comfortable talking to her. She did know her stuff though.

(Gay, 26-35, HIV negative, I1/061)

I don't want to be sexist but I wonder whether a female health advisor, particularly with gay men having unprotected sex is at a disadvantage. Maybe it needs to be a gay man or another man at least to get more information. The more they can relate to a gay man the more information they will get.

(Gay, 45+, HIV positive, I1/074)

It was a bit awkward because you've got a woman sticking things up your orifices. Or you've got an old man doing the same things. There are certain things you wouldn't want to speak about with them... You want to be respectful to them because of their gender or their age.

(Gay, 26-35, HV negative, I1/046)

When I first started to go there it was in the Royal Infirmary and I was told staff were gay men and that mattered. It made it easier to talk. I've since met female staff and while I don't have a problem I'd feel more comfortable if they were male, and preferably gay. Just a preference really, I'd feel they have more understanding of another gay man's problems. I often wonder how someone who is straight might understand the intimate details, especially on the counselling side of things. When I saw a counsellor I kept thinking, is she getting this?

(Gay, 45+, HIV negative, I1/112)

There was a woman there who was a student. The 2 women dealt with what I wanted to talk about but in the past male doctors asked about ejaculation in the mouth and rimming but they didn't on this occasion.

(Gay, 45+, HIV negative, I1/013)

However a key theme emerges across FAQ interviews that while a man may have a preference for a given gender or orientation, when it comes to engagement with a service they want a staff member who is knowledgeable, non-judgemental and interested in them. Continuity and building a relationship with a member of staff also matter.

You know a male bisexual would be fantastic. Political correctness aside if I could talk to someone who knows what I've been through that would be great. But if anyone offers help, I'm not going to reject it.

(Bisexual, 36-45, HIV negative, I3/121)

Generally male, although recently I had a female member of staff who was marvellous... I prefer someone who is open to bisexuality. Bisexual as an identity. I wouldn't want someone who would be put off.

(Bisexual, 45+, HIV negative, I3/128)

I have no preference but I have always asked to see the same nurse when I'm there because it gives a continuity.

(Gay, 45+, HIV negative, I3/126)

Don't know, it's important to feel comfortable; I might if it's a gay/bi man because I'd be more open. Then I think if they examined me I'd feel less comfortable. Actually maybe there's just the need to stress openness and honesty, they are there to support not judge.

(Gay, 26-35, HIV negative, I3/023)

### Positive men and their experience of services

The views HIV positive men shared in this section also provide opportunity to focus on their particular experiences of visiting the clinic.

A positive feature for FAQ interviewees living with HIV is the opportunity to talk openly and frankly about sex and sexual health.

It's important to engage in a discussion with your medical practitioner. About your sex patterns.

(Gay, 16-25, HIV positive, I1/105)

My consultant is really good. The nurses at the clinic are really good they're very honest with me and I'm honest with them so it works well... My consultant's very good because I don't feel judged by him. The upfront honesty and direct approach, but that works for me and might not work for other people.

(Gay, 36-45, HIV positive, I1/068)

At Chalmers, sexual health clinic I find that you can talk to them about anything... They do ask if I'm seeing somebody, about my sex life, my work. They show an interest. They pay attention to how I feel and look. They keep an eye out for you. I was feeling a bit low last time so got the chance to speak to a nurse a couple of times. It's not always connected to your HIV but in your head. I've had a work related thing connected to HIV, talking makes me feel better... They encourage protected sex but helped me and my partner at the time think about risk and undetectable viral loads... I've always had a good relationship with Chalmers. I've never come out thinking "I couldn't ask that". I've come out thinking what to do, what my choices are. Everything I wanted to know. Once I asked something and she said 'I don't know I'll get back to you' and they do. The Pharmacist will get back to you if the GP prescribes something and you want to check it.

(Gay, 45+, HIV positive, I1/083)

I go to Chalmers. I can talk about anything, that person is probably the person I can be most honest with. I only deal with the one person and as I see it what's the point otherwise. I need consistency... I go once a month, an arrangement I have so I can talk about anything. I can contact him if I want. If I saw someone else it wouldn't work. It's the best deal I could get.

(Gay, 45+, HIV positive, I1/111)

I just think the staff are very approachable... They very much back me up on the idea that I'm safe, as safe as. We have sort of discussed my boyfriend but not in any great depth. We have discussed about whether I disclose to people. Basically that I would have a problem talking to people about it and probably I would only feel confident disclosing to someone who disclosed to me. Our conversations tend to be straight forward and technical and discussing our results.

(Gay, 45+, HIV positive, I1/075)

The above quote from an FAQ contributor suggests that conversations in a clinic setting can be extended. Earlier in this chapter the 'tick-box' experience of services was discussed and HIV positive men also identify that more time and care could be taken speaking about sex, relationships and sexual health. Sexual health services should not assume that an HIV positive man has the information or knowledge or skills he needs to maintain a healthy approach to sex.

Have you ever talked to a doctor or a nurse or someone in a health service about the sex you're having, or about HIV? My consultant talks about it every time we meet. We're both open and frank and can talk about things. So, say today or this week, if you have a question or a worry about sex or your sexual health where would you go just now? The GUM clinic in Glasgow, the Steve Retson Project. Always if it's something sexual they would know if you have anything and they're more expert than your local GP. They would know there and then. I've been there twice... (but) they have to be more on a personal note instead of just looking down a tick list. I think they just go through the routine because they see so many people a day. It's so busy they haven't got any time to spend with anybody. And maybe doctors could maybe spend more time. Granted there are a lot more people behind you and if you're waiting a long time, you want out quickly... I got the impression that they thought all guys who have HIV know exactly what they need to do.

(Gay, 45+, HIV positive, I1/107)

While positive men tell FAQ that they think sexual health services are good, they might also choose to limit the information they share in a consultation, particularly so when it comes to partner numbers or instances of condomless anal sex.

I have no problem with the staff or the quality of service at the GUM. The only hesitation is to involve the GUM in discussion about all my sexual activities. I can talk to you because you're just collating information but with them it would be like: "You shouldn't be doing that". I don't feel free to talk about the kind of sex I'm having. They know I'm HIV positive or they know I'm getting treated for Gonorrhoea or Syphilis but they are not getting as much information as they should but that's probably my fault, but it's just that they aren't freely eliciting the information from me. I'm always limiting the information from me. When they ask how many partners I've had in the last 3 months, I couldn't tell them. So I'm sitting there with a woman who I don't want to say 100 plus, and have her ask if I know their addresses and phone numbers, so I just tell them I'll tell my regular sexual partners... I usually limit it to about 20 instead of 100. My consultant doesn't ask how many partners, the health advisor has that unhappy task. I always know the questions are coming. If I did tell them it was 100 plus, I feel it would be judgemental because they'd ask how many were safe and I'd have to say the vast majority were unsafe and I do feel I'd be judged as a slapper, to be polite. Even if my consultant asked... I'm not sure I would feel comfortable saying it would be 100 but I might say it was 40 or 50 instead of saying 20.

(Gay, 45+, HIV positive, I1/074)

FAQ interviewees also discuss the importance of anonymity, with concerns that attending HIV specific clinics identify you as HIV positive.

You're lumped in with all the public, not just GUM. I don't like going in on HIV days, I wouldn't go because you don't know who you'll bump into. Years ago people were open about status, now they're not, trying to live normal lives. People gossip.

(Gay, 45+, HIV positive, I1/111)

When discussing sexual health services, and recognising they are good, men also identify the need for better integration across services for HIV positive men. Men also report that they can experience negative attitudes when engaging with other parts of the NHS.

It's good. There could be more done. Social care is not with them, it's shipped out to someone so you have to hunt for it when you're tired. The nurses and doctors are amazing. Just their attitude and the way they speak to you and the way they make you feel safe. Today my nurse, I never had a problem with getting blood taken, but now they're having trouble and it makes me sick, but today the nurse was chatting away to me and I didn't even know that she had put the needle in. They just make you feel safe. They don't make you feel alienated like in other parts of the NHS, like my old dentist in (city named). He said he wouldn't treat me because I was too high a risk of HIV so he refused. When I registered with my new doctor/GP in Glasgow, He just seemed shocked when I told him. He didn't alienate me but he did look shocked. I changed and got a new GP and he's absolutely amazing, very clued up and knows just what's going on.

(Gay, 26-35, HIV positive, I1/026)

I've been in situations with doctors who have been quite judgemental which was really uncomfortable in a medical situation. This was not Chalmers by the way. They made you feel uncomfortable about your status. This was once at my GP, a locum, a stand in doctor who was really unpleasant. I've also experienced this at hospital appointments at Western General.

(Gay, 45+, HIV positive, I1/044)

Despite the experience of discriminatory attitudes or behaviours from non-specialist NHS staff, the FAQ interviewee quoted above also recounts how services can work well, and how support received across agencies and sectors has benefited him.

What has stood out about services? I became single again about 2 and a half years ago and I was concerned about having sex again due to my HIV status, so I did quite a considerable amount of discussion and fact finding. Both with some of the guys at Waverley Care, my Consultant and some literature from the Terence Higgins Trust. Just facts about the law and disclosure. I did a lot of fact finding before I became sexually active again. I was treated fantastically. I've got not criticisms whatsoever with my GP. The only problem I have ever had were historically but in the last 5 years, I've had no problems whatsoever... The doctor I see is incredibly helpful and supportive. Brilliant.

(Gay, 45+, HIV positive, I1/044)

### Advice for clinic staff

Across contributions, men describe their experience of services. While practical arrangements and issues of access are important what really defines a service and ensures that men return is the relationship built between people. To explore this we asked FAQ interviewees: *What does a doctor, nurse or health advisor need to do or to know to make you comfortable speaking to them?*

Two key messages emerge from men (across ages, sexual orientation and HIV status). First, clinic staff should remember that men might be nervous or anxious, either when first approaching a service or when they attend with a worry about their sexual health. Second, men need clinic staff to be non-judgemental, respectful, informative, interested, friendly and professional.

I may be quite nervous at first because I've never been to a clinic before.

(Gay, 16-25, HIV negative, I3/134)

Just kind of... don't be formal really. I think sometimes when you're formal some people don't speak up.

(Gay, 16-25, HIV negative, I3/133)

Be human. Be interested in men's sexual health.

(Gay, 45+, HIV negative, I1/013)

Sincerity is the main thing. Any doctor I've encountered who made the process easier it is because they are the type of people they are.

(Bisexual, 45+, HIV negative, I3/122)

Don't judge. Be knowledgeable. Offer advice but listen is the most important one. Don't just assume.

(Gay, 16-25, HIV negative, I1/094)

I suppose just being patient and listening.

(Bisexual, 45+, HIV negative, I1/089)

Be more human, less robotic, less work conscious. Not to be a friend like, but down to our level kind of thing.

(Gay, 16-25, HIV negative, I1/015)

Just seem interested I suppose and take time to explain. Just be trained for counselling and be professional.

(Gay, 26-35, HIV negative, I1/076)

Just be confident in what they're saying. Be comfortable. If they're not comfortable in what they're saying they're not in the right job, I don't think.

(Gay, 16-25, HIV negative, I1/035)

Don't bullshit. Just be honest and empathetic.

(Gay, 45+, HIV negative, I1/002)

Friendly, open body language. Again kind of empathetic. Not rushed. Ready to be there for half an hour with you rather than the 10 minutes they planned or whatever.

(Bisexual, 26-35, HIV negative, I3/130)

It's nice if they could have a chat with you beforehand. It's nice talking to you and I was looking forward to it because last time I learned some things. I understand doctors are busy and you couldn't just have a half hour talk with them. I understand that's not do-able. They're busy people I appreciate them being there in the first place.

(Gay, 26-35, HIV negative, I1/061)

They would need to know the full facts of anyone's case. Their situation, so they could pose the relative questions and enter the discussion with that person, then it would become more personal.

(Gay, 45+, HIV negative, I3/126)

Smile. Be non-judgemental. Be open about sex and sexual acts, talking about anal sex and you know, gay sexual practices. Be sort of friendly. Be non-authoritarian and non-disapproving.

(Gay, 45+, HIV positive, I3/044)