



Report for NHS Borders

**Research into service needs for men who have sex
with men**

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Acknowledgements

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- Borders Equality Forum

Section 1: Introduction and methodology

Introduction

NHS Borders is responsible for delivering health care throughout the Scottish Borders and for meeting the health needs of the local population. Improving the sexual health of the population is a key priority within this role.

NHS Borders Sexual Health strategy group has been seeking to increase attendance at sexual health services in the area and has been successful in achieving this amongst the general population. It has also been seeking to engage with men who have sex with men (MSM) in order to encourage testing and treatment for HIV as part of the national "Wake Up" campaign, however, attendance at sexual health services amongst men who have sex with men (MSM) remains lower than desired and engagement with this group of men has proved challenging.

As part of its ongoing role in supporting the national HIV Action Plan in Scotland, the NHS Borders Sexual Health and Blood Borne Virus Health Improvement Specialist wished to review the attitudes of local MSM towards sexual health services in the area, and their information needs with a view to encouraging greater uptake of sexual health services in the Borders generally, and HIV testing more specifically.

As the views of the service users and the public have always been important to NHS Borders, the Health Improvement Team commissioned a programme of research aimed at engaging with MSM in the Borders to establish their information needs, attitudes towards sexual health in general and sexual health services in the Borders in particular. It was hoped that information from this research could be used to inform a future service strategy and support a marketing and communication plan to encourage sexual health service uptake amongst this target group.

The research was commissioned in December 2010 and was conducted between January and June 2011. The findings from this research are outlined in Sections 2- 4 of this report.

Methodology

The purpose of the research programme was to establish the sexual health and information support needs of MSM aged 20 - 40 in the Scottish Borders. The methodology for this research was influenced by a number of issues involved in the engagement with this specific target group, most specifically around the impact of stigma in the area which could potentially affect men's openness about their sexuality. In addition to this, it was recognised that:

- There is no recognised LGBT 'scene' in the local area
- There are a small number of organisations in the Borders which provide support for men who have sex with men
- Anecdotal feedback suggested that there may be some concerns amongst the MSM community regarding confidentiality amongst some health service providers which may also prevent men from being open about their sexuality and was resulting in men accessing services outwith the Borders to ensure confidentiality.

Planned methodology

To address these issues it had been proposed to conduct a combination of quantitative and qualitative research as follows:

- A self completion questionnaire which men from the Borders attending Genitourinary Medicine (GUM) clinics could complete confidentially. Recognising that men who have sex with men were very likely to use attend clinics outwith the Borders area, it was intended that copies of the questionnaire were made available in the GUM clinics in:
 - Edinburgh
 - Berwick
 - Carlisle (Cumberland Infirmary)
 - Newcastle (Croft Centre)
 - Glasgow (Sandyford Place).
- A focus group of up to 10 individuals for two age groups (20-25 and 26-40)
- An online discussion with up to ten men who have sex with men

Actual methodology

The research was conducted in two waves as follows:

- A self completion survey conducted:
 - Online via Forums' and Support Groups' websites (14 completed surveys)
 - Via a self completion questionnaire sent to GUM clinics
- Qualitative discussions using:
 - A focus group with a sample of 8 young men aged 20 - 25 in Selkirk
 - Telephone interviews with a sample of MSM (3 interviews).

Due to workload issues within some of the GUM clinics, questionnaires could only be made available in the sexual health clinics in the Borders and Sandyford Place, Glasgow. Therefore, contact was made with a range of Forums and Groups who provide information and support to the MSM community and an on-line version of the questionnaire was made available through their websites. A full list of the participating organisations is detailed in Appendix 1. These Forums and Support Groups advertised the questionnaire and invited gay and bisexual men aged 18 to 45 from the Scottish Borders area to complete the questionnaire.

A focus group was conducted with 8 young men, living in the Borders, who have sex with men. The focus group was recruited from members of LGBT Youth Community, aged 20 – 25, and discussed:

- Awareness, attitudes and perception of sexual health issues and services available in the Borders
- Their current sources of sexual health information
- Their current sources and locations of sexual health services and reasons for choice
- Suggestions for sexual health information and services in the future.

Despite several attempts it was not possible to organise a focus group discussion for men aged 26 - 40, due to a reluctance amongst these older men to participate in face to face discussions. Whilst it is not clear as to the reason for this, anecdotal feedback suggested that the older men may have been more concerned about retaining their anonymity than

younger gay and bisexual men. The focus group was therefore replaced with telephone interviews with three individuals.

The findings and recommendations from this review are detailed in Sections 2 and 3 of this report. Copies of the questionnaire and discussion guides used in the focus group and telephone interviews can be found in the Appendix 2.

Section 2: Participant feedback

Feedback from a sample of MSM from the Borders was gathered using self completion questionnaires, a focus group and telephone interviews. Their views on the following issues are presented below:

- Awareness of and attitudes towards sexual health issues for men
- Sexual health services used and reasons for choice
- Awareness attitudes towards sexual health services in the Borders
- Current sources of sexual health information
- Suggestions for the future.

Awareness of and attitudes towards sexual health issues for men

The majority of respondents in the questionnaire considered HIV to be a very serious or serious problem (10 out of 14, 71%) and recognised the need for testing, with 9 suggesting that they should be tested every 3 to 12 months (64%) and three respondents suggesting testing less often.

However, despite recognising the need for testing, most of the respondents (8 out of 14, 57%) had never been tested for HIV.

In addition to not being tested, almost all of the men admitted that they did not always use a condom when having sex (10 out of 14, 71%). The reasons given included personal preference, having a regular partner or forgetfulness.

Awareness of potential sexual health issues was also high amongst the young men in the focus group. All of them were aware of the risks of sexually transmitted infections (STIs) and HIV. However, unlike their older peers, all of the young men had been tested and maintained that they did this regularly.

All of young men also knew that they should be practising safe sex but, similar to the questionnaire respondents, half of the group did not use condoms on a regular basis. This is despite getting them from the GUM clinic. The young men suggested that they tended to rely on their sexual partner to bring the condoms - particularly if the partner was an older man.

Sexual health services used and reasons for choice

The majority of the questionnaire respondents (10 out of 14) had not used sexual health services for some time. Where services had been used (6 out of 14, 43%) this tended to be for STI or HIV testing.

Contrary to this, the young men in the focus group had all used sexual health services regularly, for testing and for condoms (despite not using them).

Where sexual health services had been used these tended to be GUM clinics or GPs. The choice of service appeared to depend on age, with young men preferring to attend their GP rather than the GUM clinic. Feedback from the focus group participants suggested that they found the environment in the clinics intimidating and felt that the staff were not particularly in tune with dealing with young gay or bisexual men.

Awareness attitudes towards sexual health services in the Borders

Almost all of the questionnaire respondents (10 out of 14, 71%) were aware of the sexual health services in the Scottish Borders. However despite this most of these respondents did not use the services in the area. Feedback from the questionnaires suggested that this was because these respondents tended not to use any sexual health services rather than indicating that there were particular issues with the services in the Borders area.

Of those that did use local services, they stated that they had attended either at Duns, Borders General Hospital (this would have been several years ago) or the GUM Clinic Gala. Some respondents stated that they had seen the school nurse - the school nursing service participates in the condom distribution scheme and provides condoms as appropriate. Almost all (4 out of 5) felt that the service met their needs. Most of them used the services to be tested and/ or receive treatment, or to receive free supplies of condoms.

As a point of note, some stated they had attended Tweed Horizons, however there has been no clinical provision from that base. Health Improvement was based there approximately 6 years ago and it is possible they may have received a supply of condoms from there, however Health Improvement does not, as a matter of course, supply condoms to individuals, as there is adequate provision through the condom distribution scheme (which Health Improvement co-ordinates).

Three out of the 5 people who had used local services stated that the sexual health services in the Borders could be improved by NHS Borders and suggested that the service needed:

- More discretion by staff
- More privacy
- More information about LGBT in general
- More information about the service and what it offered
- Improvements in the length of time it takes to get test results
- Better staff understanding of gay men and their lifestyles.

Despite seeking some improvements, all of the men who used the sexual health services in the Borders would use the services again. For some it was:

'Easier to speak to them than just any GP' and 'easier to get to than going to Edinburgh'.

In comparison to their older peers, all of the young men attending the focus group stated that they had used sexual health services locally. Half of the group (those young men aged 23 - 25) had gone to the main GUM clinic and suggested the experience was good. They had found the staff knowledgeable and helpful and described the environment as:

"OK - it's a clinic after all. It's not plush but it's OK for why you are there".

The remainder had attended their GP - these were the youngest in the group. They stated they had preferred to go there than to the clinic as it was familiar - they described the GUM clinic as "too scary". However they felt that their GP (family GPs) had been "a bit odd" with them. They felt that their GP disapproved of their sexuality.

It should be noted that all of the focus group respondents had come out as gay - although the youngest in the group had only just done so. This was despite the fact that all but one of the group had experienced negative attitudes towards their sexuality - all of which stemmed from people at school, particularly classmates or other school pupils. Interestingly, none of the group had experienced any negative reaction from adults.

The reaction of others towards their sexuality seemed to concern the younger members of the group only and this may have influenced their decision to attend their family GP rather than attending the local GUM clinic.

Current sources of sexual health information

Questionnaire respondents were asked what information they would have found useful to know about MSM sexual health services. Nine respondents suggested the need for more information on the following (ranked by the number of responses):

- Sexually Transmitted Infections (STIs) - particularly information on testing and treatment
- Safe sex and sex education in general
- HIV, HIV testing and treatment (e.g. 'what happens if the results are positive' etc).

Nearly all the respondents (10 out of 14, 71%) suggested they would look for information about sexual health services on the Internet, from friends or at their doctor's surgery. A small number suggested it would be useful to receive information via leaflets or on posters.

The preferred sources of information did appear to vary by age. The young men participating in the focus group who went to the GUM clinic were aware of posters but tended not to bother with them. They suggested that:

"We don't go there to read posters - I just want to see the doctor and then go".

The young men got their information primarily from the Internet - from a variety of sources, none of which were recognised support group sites. As a result, the quality of the information they sourced seemed to vary.

Suggestions for the future

Over half (8 out of 14) of the questionnaire respondents suggested that the following services would be useful:

- Preventative services with free condoms, lube etc.
- Screening
- Counselling
- Testing and advice ('like the Steve Retson Project in Glasgow')
- HIV testing
- Safe sex education.

However, with the exception of the Steve Retson Project, these services are in fact currently available in the Borders. This suggests that, whilst the respondents may have been aware of the availability of sexual health services in the Borders, they were unaware of the type of services on offer.

None of the young men suggested additional services but were looking for a wider range of information than their older peers. They thought that it would be useful to have more information on general health issues for gay men - not just sexual health issues.

They also suggested that gay men would be more likely to use an information source which was not directly associated with their sexuality. They felt that this would overcome any concerns men might have about confidentiality. One participant explained:

"Some men might be worried about being seen getting information on gay health so if they could get information from somewhere which was not just about being gay they might be more likely to use it".

However, all of the young men preferred to source their information from the Internet. They suggested that this allowed them to access information at a time and place convenient to them. None of them were interested in information being made available in places they socialise:

"... wouldn't pick it up - where would you keep it on a night out? Who wants to be carrying leaflets about?"

Section 3: Conclusions and recommendations

Conclusions

The research suggests that there appears to be a difference in attitudes towards sexual health and HIV testing between older and young men who have sex with men and that this may be impacting on their use of sexual health services rather than any specific issues with services in the Borders. The younger men appeared more willing to use sexual health services and were tested more regularly than their older peers. A number of factors may influence this such as:

- Confidence in their sexuality. All the young men had come out as being gay or bi-sexual, despite negative reaction from classmates and/or other school pupils
- Extent of sexual activity. Older men who have been sexually active for longer may have more concerns about their sexual health than younger men
- Regularity of sexual partners. Many of the older men were in long term relationships with the same partner and did not feel they were at risk from STIs etc.

Lack of use of sexual health services did not appear to be due to a lack of understanding of sexual health issues. Indeed, awareness of sexual health issues was high amongst all respondents. However knowledge of the issues did not appear to influence their use of protection or testing - particularly amongst older men. Despite knowing the risks, the majority of the research participants were continuing to have unprotected sex regularly, irrespective of the risk and were not being tested regularly. One survey respondent commented:

"I've not used condoms in years I don't really want to know as I don't want to hear bad news".

Current sources of information on sexual health varied considerably amongst respondents with the Internet being the preferred medium due to convenience and anonymity. However, the men used a range of websites, most of which were not recognised health sites - it is not clear how accurate or up-to-date this information was.

The more traditional methods for communicating health information, such as posters and leaflets appeared to have limited effect in changing behaviour. Whilst attendees at clinics and GP practices were aware of sexual health posters they did not appear to influence either their attitudes towards sexual health or their behaviour in terms of practicing safe sex.

Awareness of local sexual health services was also relatively high across all respondents. However despite high awareness, usage of services (including local services) was relatively low - particularly amongst older men. The research suggests that this may be as a result of:

- Lack of understanding of what the services offer. Many of the service suggestions made by the older men (in the survey) were already available locally
- Concerns that, due to their sexual activity and preference for unprotected sex, they may be at risk of, or even have, and STI or HIV

Whilst there was no specific mention of concerns about confidentiality and anonymity preventing men from using local services, feedback from the younger men suggested that

concerns about being seen as gay may be preventing some men from using the sexual health services - particularly older men who have not yet come out. All of the young men had come out about their sexuality and suggested that, as a result of this, they were less concerned about being seen to attend sexual health services than their older peers.

Where services were used, the men appeared satisfied with the service provided. This suggests that the quality of local service provision is not acting as a deterrent to service use.

However, the choice of service to attend appeared to be influenced by age. The youngest gay men in the group tended not to use the local GUM clinic. Their feedback suggested that they perceived the clinic to be uninviting and aimed at older men. As a result, younger men chose to go to their GP.

However, despite choosing to attend a service which was more familiar to them, these younger men were the only respondents to express dissatisfaction with the service experience - particularly in terms of how they were treated in the consultation by their GP. Staff appeared to these young men as judgemental and highly negative about their sexuality making them reluctant to return in the future.

Recommendations

The research suggests that lack of uptake of HIV testing and sexual health services in the Scottish Borders by men who have sex with men may not be due to issues with the service itself but may be influenced more by a lack of understanding of what the services do as well as concerns about what individuals may be told about their health in the clinics.

The research suggested that younger MSM were more open to sexual health messages and more willing to attend sexual health services than older MSM. Older MSM appeared less willing to attend services or to practice safe sex - due to preference rather than ignorance. The young MSMs regular contact with services would provide opportunities to influence them in further improving their sexual health practices.

It is understood that work has been undertaken in the Borders to raise awareness of LGBT issues in some of the local schools (including projects by LGBY Youth). The research suggests that it would be beneficial if this could continue and could include more information on sexual health issues - encouraging young gay and bisexual men to consider safe sex and adopt healthy sexual behaviours as they become sexually active with a particular view to the prevention of HIV.

The research also suggested that the young men who participated in the focus group had sexual relationships with older men in the Borders, many of whom had not come out as gay or bisexual. Given that many younger men have sexual encounters with older men, it may be that future sexual health strategy should concentrate on influencing their sexual health behaviour and encouraging them to influence their older partners (ie influencing the influencers). This would enable NHS Borders to reach (indirectly) the harder to engage older men who are less likely to use services and whose current sexual health practice is unsafe.

The research also suggests that, in addition to work in schools, it will be important to:

- Increase MSMs understanding of the sexual health services available locally
- Improve the quality of the information on sexual health issues they are sourcing

- Encourage young men to continue to access sexual health services and practice safe sex.

We believe that these aims could be supported by:

- Developing a web-based sexual health toolbox. The men participating in this research preferred to get their information from the internet rather than more traditional communication media such as posters and leaflets. Developing a web-based information portal would enable NHS Borders to provide accurate and reliable information on sexual health issues which could be updated regularly and quickly as required. The portal could highlight sexual health services available across the Scottish Borders and provide an explanation of what each service offers as well as how to access them.
- Recognising that there are men in the Borders who have not come out as gay but who will require this sexual health information but will not access MSM websites for fear of compromising their confidentiality, the portal could also contain more general men's health information and be marketed more widely to males within the Borders using non MSM sources.

Links to the portal could be placed, free of charge, on a range of websites aimed at supporting men who have sex with men.

- Developing training for staff who provide sexual health services as part of their service offering but are not sexual health specialists (eg GPs, Practice Nurses etc) in providing sexual health advice for young men who have sex with men. Feedback from this research suggests that many young gay or bisexual men may attend their GP practice in preference to the local GUM clinic. The reaction of these health professionals and their interaction with these young men will be critical in ensuring that they receive a high quality service and are encouraged to continue with positive sexual health practices which includes regular visits to the practice for testing and supply of condoms, lube etc. Feedback from the young men who participated in this research suggested that the attitudes of some primary care professionals was not conducive to encouraging regular attendance, thereby compromising their sexual health.

The feedback from the men who participated in this research suggests that if these communication and workforce development issues can be addressed it will increase the opportunity for individuals to engage with services, improve their experiences of the service they receive and enable services to respond more effectively to the specific needs of this very vulnerable client group.

Appendices

Appendix 1: Organisations

Organisations hosting questionnaire/advertising research:

Websites:

- LGBT Centre For Health and Wellbeing www.lgbthealth.org.uk
- West of Scotland LGBT Forum www.woslgbt.org.uk
- Glasgow LGBT Centre www.glgbt.org.uk
- Gay Dads Scotland www.gaydadsscotland.org.uk
- Queer Youth Network www.queeryouth.net
- Young Cumbria www.youngcumbria.org.uk
- Queer Cumbria www.queercumbria.com
- LGBT Youth North West www.lgbtyouthnorthwest.org.uk/
- MESMAC North East : www.mesmacnortheast.com
- Equality Network : www.equality-network.org
- Gay Outdoor Club: <http://www.goc.org.uk/news>
- Bi Scotland : <http://www.biscotland.org/>
- Gay Men's Health : www.gmh.org.uk

Portal : Facebook Groups and Pages

- Radio Borders
- Melrose
- Scottish Borders
- You know you're from the Scottish Borders when?
- LGBT News
- Rainbow Rooms UK G.L.B.T Foundation
- Wipeout Homophobia on Facebook.
- gaycounselling.net,
- Stonewall Scotland
- anonymous gay man
- Gay Scots, University of Edinburgh
- University of Glasgow Student Network
- Glasgow University Union (GUU)
- Borders college, Scottish Borders MSYPs
- Borders Bisexual Lesbian And Gay Group (BBLAGG)
- Scottish Borders Youth Commission on Bullying
- LGBT National Youth Council
- LGBT History Month Scotland
- LGBT Youth Scotland, Gaydar
- Glasgow College of Nautical Studies (Student Association)
- Involved LGBT Youth Borders
- University of Strathclyde Students' Association
- University of Strathclyde
- University of the West of Scotland
- Glasgow Caledonian University

Appendix 2: Questionnaire and Discussion Guide



Axiom Consultancy (Scotland) Ltd has been asked by NHS Borders to find out what men who have sex with men think about the availability and suitability of sexual health services in the Scottish Borders.

You have been given this questionnaire because you live in the Borders. We would be very grateful if you could take a few minutes to complete - it will take no more than 10 minutes of your time. You can then send it back to us, confidentially and completely anonymously, in the Freepost envelope provided. Your views are entirely anonymous and you will **not** be recontacted about this questionnaire.

Many thanks for your help in our research.

SECTION 1 AWARENESS OF SEXUAL HEALTH SERVICES

Q1 Were you aware that there were sexual health services in the Scottish Borders? **(PLEASE TICK RELEVANT BOX)**

Yes ☐ No ☐ **NOW GO TO Q2a**

Q2a Have you used sexual health services in the Scottish Borders before? **(PLEASE TICK RELEVANT BOX)**

Yes ☐ **IF YES, GO TO Q 2b**
No ☐ **IF NO GO TO SECTION 2 (Q5)**

Q2b If yes, where did you attend the service?

NOW GO TO Q2c

Q2c Did the service(s) meet your needs? : **(PLEASE TICK RELEVANT BOX)**

Yes ☐ **IF YES, GO TO Q2d**
No ☐ **IF NO GO TO Q2e**

Q2d If yes, in what way?

NOW GO TO 3a

Q2e If not, why not?

NOW GO TO Q3a

Q3a Was there anything about the sexual health services in the Borders that you think NHS Borders could improve upon? : **(PLEASE TICK RELEVANT BOX)**

Yes ☐ **IF YES, GO TO Q3b**

No ☐ **IF NO GO TO Q4a**

Q3b If yes, what would you like to see improved?

NOW GO TO Q4a

Q4a Would you use sexual health services in the Borders again? : **(PLEASE TICK RELEVANT BOX)**

Yes ☐ **IF YES, GO TO Q4b**

No ☐ **IF NO GO TO Q4c**

Q4b If yes, why?

NOW GO TO SECTION 2

Q4c If not, why not?

NOW GO TO SECTION 2

SECTION 2 INFORMATION SOURCES

Q5 What information would you find useful to know about sexual health services for men who have sex with men?

NOW GO TO Q6

Q6 Where do you look for information about sexual health services?

NOW GO TO SECTION 3 (Q7)

SECTION 3 AWARENESS OF HIV & CONDOMS

Q7 How much of a problem do you think HIV is amongst men who have sex with men? **(PLEASE TICK RELEVANT BOX)**

Very serious problem ☐

A serious problem ☐

A slight problem ☐

Not a problem ☐

Unsure ☐

NOW GO TO Q8

Q8 When did you last get tested for HIV ? (PLEASE TICK RELEVANT BOX)

Within the last month ☐

Within the last 2 - 3 months ☐

Within the last 4 - 6 months ☐

Within the last 7 - 12 months ☐

Never been tested ☐

Unsure ☐

NOW GO TO Q9

Q9 How regularly do you think you should get tested for HIV ? (PLEASE TICK RELEVANT BOX)

Every month ☐

Every 3 months ☐

Every 6 months ☐

Every year ☐

Less often than every year ☐

Unsure ☐

NOW GO TO Q10a

Q10a Do you always use a condom when you have sex? : (PLEASE TICK RELEVANT BOX)

Yes ☐ **IF YES, GO TO SECTION 4 (Q11)**

No ☐ **IF NO GO TO Q10b**

Q10b Why have you chosen not to use a condom?

NOW GO to SECTION 4 (Q11)

SECTION 4 FUTURE SERVICES

Q11 What sexual health services should NHS Borders consider for men who have sex with men?

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. PLEASE SEND IT TO US IN THE FREEPOST ENVELOPE PROVIDED.

PLEASE BE ASSURED THAT THIS SURVEY IS COMPLETELY CONFIDENTIAL AND ANONYMOUS. YOU CAN BE ASSURED THAT IT IS BEING CONDUCTED WITHIN THE MARKET RESEARCH SOCIETY CODE OF PRACTICE BY AXIOM CONSULTANCY (SCOTLAND) LTD. IF YOU WOULD LIKE TO CHECK THAT ARE A BONA FIDE MARKET RESEARCH AGENCY THEN YOU CAN CONTACT THE MARKET RESEARCH SOCIETY ON FREEPHONE 0500 396999.

Job No	
Client	NHS Borders
Project	HIV Prevention



MSM Discussion Guide

1. Introduction (5 minutes)

- Interviewer Introduction
- Purpose of Interview
- Explain background to research
- Explain Axiom's role in research and outline research programme
- All comments made are strictly confidential and will not be attributed to participating individuals
- Group will last up to 65 minutes

2. Discussion topics (55 minutes)

Awareness of sexual health issues

- Explore awareness of STI's in Scotland
 - Probe for extent to which they consider STI's is a problem amongst men who have sex with men
- Explore awareness of HIV in Scotland
 - Probe for extent to which they consider HIV a problem amongst men who have sex with men
- Explore attitudes to condom use and reasons
- Explore attitudes to HIV testing and reasons
 - Probe for attitudes to regularity of testing, barriers to testing

Information sources

- Explore where participants source information on sexual health issues
 - Probe for type of information sought
 - Reasons for choice of source(s)

Awareness of sexual health services

- Explore what sexual health services participants are aware of for men who have sex with men
 - Probe for how they became aware
 - Who provides them
 - Where they are located
 - Extent to which they have used the services and reasons for choice
- Explore what sexual health services participants are aware of in the Borders for men who have sex with men
 - Probe for how they became aware
 - Who provides them
 - Where they are located
 - Probe for what services they have used
 - Explore reasons for non use
- Explore their perception of the services in the Borders and reasons
- Review any perceived barriers to using the local services and discuss extent to which they are important in discouraging access to services

LGBT "scene" in the Borders

- Explore attitudes towards being gay or bisexual in the Borders
 - Discuss where LGBT socialise and reasons
 - Discuss extent to which scene is hidden
 - Probe for reasons
 - Probe for impact on men who want to have sex with men
- Explore participants' perceptions of the attitudes towards LGBT people in the Borders
 - Probe for impact on:
 - Coming out
 - Socialising locally
 - Accessing sexual health services locally

Future service provision

- Explore suggestions for additional sexual health services for men who have sex with men
- Explore any desired improvements to sexual health services in the Borders
 - Probe for likelihood to use local services
- If willing to use, discuss:
 - Type of service needed
 - Location
 - Accessibility
 - Referral pathway
 - Rank suggestions to prioritise future needs
- If not willing to use, discuss what factors might encourage men who have sex with men to use local services
- Discuss challenges and how these might be overcome

Winding up (5 minutes)

Summarise key views expressed during focus group. Thank participants for their views and close