Condom Distribution Schemes in England 2015/16

A survey of English Sexual Health Commissioners
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Key findings

In England in 2015/16,

- Condom distribution schemes (CDS) were available in nearly all areas of the country
- C-Card schemes (a type of multi-component CDS) were successful in engaging the key population of young people, especially those aged 15-19 years, who made up 78% of scheme users and 4.4% of the population
- The large number and varied types of reported C-Card outlets allow users to choose time and venue most convenient for them to access the scheme
- Pharmacies were most commonly reported C-Card outlets; GPs were most commonly reported other CDS outlets
- Almost equal proportion of young men and young women used C-Card schemes
- High number of repeat users of C-Card schemes, including users registered from previous years, were indicative of their success and popularity
- Of the reporting local authorities, almost £1.5 million was spent on C-Card schemes (£1.4 million) and other CDS (£0.1 million)
Condom Distribution Schemes in England, 2015/16

Introduction

Background

Adverse sexual health outcomes such as sexually transmitted infections (STI) and unplanned pregnancy are major public health issues in England. In 2016, there were 417,984 sexually transmitted infections (STI) diagnosed at sexual health clinics, with a particularly high burden of STI among groups such as men having sex with men (MSM), black and minority ethnic (BME) groups and young people aged 15-24 years. The rates of STI diagnoses in young people aged 15-24 years were two-fold higher in men and seven-fold higher in women, compared to people aged 25-59 years. Unplanned pregnancy is associated with poorer maternal and child outcomes. Nearly half of pregnancies in women aged 16-44 years were unplanned (16.2%) or ambivalent (29.0%). Although young women aged 16-19 years were at highest risk of unplanned pregnancies, the greatest number of unplanned pregnancies were experienced by women aged 20-34 years and these accounted for almost two thirds (62.4%) of the total.

Correct and consistent condom use remains a major intervention for preventing STIs and unplanned pregnancies and this has been promoted in a myriad of ways. Condom distribution schemes (CDS) are a key method of promoting condom use.

The National Institute of Health and Care Excellence (NICE) has categorised CDS into three types:

1. Single component schemes which provide free condoms
2. Multicomponent schemes which offer free condoms as well as additional services such as support and training (eg C-Card)
3. Cost-price sales schemes

The first multicomponent condom distribution scheme (C-Card) was developed in 1989 in Edinburgh. Almost three decades have passed and C-Card schemes are now widespread and the most common type of CDS in the UK. Previous studies of C-Card in England were observational in nature and restricted by geography, focusing on users' perspectives, service delivery model and activity data. This is the first study conducted at national level to inform and develop a standardised framework for the evaluation and benchmarking of C-Card schemes.

Aims and objectives

We reviewed C-Card activities in England in 2015/16 in order to inform the development of policy and best practice for such schemes by:

- Obtaining an estimate number and geographical distribution of C-Card schemes
- Ascertaining model delivery of C-Card schemes, including structure, governance and ownership
- Assessing availability and range of condoms
- Ascertaining number of users by key demographics and service attendance variables
Providing a knowledge base from which to develop a standardised framework for possible future monitoring of C-Card schemes
Method

Definition

We have defined C-Card schemes, one type of multicomponent condom distribution scheme, as one which provides registered young people with a C-Card which entitles them to free condoms\textsuperscript{16}. Being multicomponent, C-Card schemes take a more holistic approach to condom distribution and sexual health promotion. At registration, a trained practitioner will conduct a thorough risk assessment and consultation with a young person applying for a C-Card. Once registered, users may present their C-Cards at any distribution outlets, to access free condoms.

Other condom distribution schemes (CDS) in this study refers to non C-Card schemes, which may be single component, multicomponent or cost-price sales schemes. Whilst C-Card schemes target young people up to the age of 19 years, (or 24 years in some areas), other CDS target individuals most as risk such as men having sex with men (MSM), injecting drug users, sex workers, etc.

Data Collection

An online cross-sectional survey, was hosted on SnapSurvey and disseminated to sexual health commissioners of 152 upper tier local authorities (UTLA) in England.

The survey was conducted between 17 December 2016 and 10 February 2017. Three reminders were sent to UTLAs during this period. A shortened version of the questionnaire, were sent to non-responders on 30 January 2017. This version only asked if a C-Card scheme and/or other condom distribution schemes (CDS) scheme, was present in each UTLA.

Survey tool

The survey specifically focused on C-Card schemes as they are the most prevalent type of CDS in the country. A small section of the survey asked about other CDS types, excluding cost-price sales schemes. Survey domains of this survey collated information on service delivery structure, governance, user information, spend (excluding set up costs), product availability and provision of C-Card schemes for the financial year 2015/16. A number of survey domains and sub categories were informed by recommendations on monitoring stated in the Brook and PHE best practice guideline for C-Card schemes\textsuperscript{16}. Quantitative aspects of the survey requesting for aggregated data were accompanied with free text boxes for additional or supporting information. In order to allow both commissioners and C-Card service providers to complete different sections of the survey, it was possible to save survey responses at various stages before submission.

A Microsoft Word version of the survey was initially piloted with three sexual health commissioners in different regions, to estimate time taken to complete the survey, clarity of questions and suggestions. Based on feedback received, amendments were made and incorporated into an online survey using Snap survey.
Data Analysis

Completed and partial responses were analysed for this report. When local authorities resubmitted their responses, the resubmitted records were used for analysis. Free text information that accompanied aggregated data, were used to validate and if necessary, amend submitted quantitative variables. Data submitted for part of the year instead of a full financial year were excluded to avoid the need for extrapolation.

Aggregated information will be presented at national and regional level (ie PHE Centres) in this report. Where numbers instead of proportions were presented at regional level, the average per reporting UTLA was calculated for each region.

Linear regression analyses were used to investigate if there was any evidence of association between:

- number of new registrations and combination of outlet types within a scheme
- number of repeat users and combination of outlet types within a scheme
Results

Availability of condom distribution schemes (CDS) in England in 2015/16

Combining the results from the shortened and full survey, 85% (129/152) of UTLAs in England reported operating either C-Card schemes or other condom distribution schemes (CDS) or both, 7% (10/152) have no schemes and 9% (13/152) did not respond.

Figure 1: Distribution of types of condom distribution schemes (CDS) in London and England in 2015/16, by upper tier local authorities (UTLA)
Survey response of the main survey

Nearly two thirds (98/152, 68%) UTLAs completed the survey, of which 79% (77/98) reported having C-Card schemes, 14% (14/98) having other types of condom distribution schemes (CDS) and 7% (7/98) reported no schemes.

C-Card outlets by venue types

Almost 5,000 (4,828) C-Card outlets were reported by 61 UTLAs in 2015/16. These include registration and distribution outlets. Amongst PHE Centres, West Midlands reported to have the highest average number of outlets per reporting UTLA (149), followed by South West (116) and Yorkshire and Humber (99) (Appendix Figure 1).

Information on venue types of 4,560 C-Card outlets were reported by 60 UTLAs (Figure 2). The three most common C-Card venue types in England were pharmacy (1,363/4,560, 30%), youth voluntary organisations and educational settings (1,105/4,560, 24%) and general practice (GP) (996/4,560, 22%) followed by other (792/4,560, 17%) and genitourinary medicine (GUM) and sexual health and reproductive health (SHRH) services (304/4,560, 7%). Other reported venues included work-based learning providers, sports and leisure venues, supported housing providers, etc. There was weak evidence of association between having different combination of outlet types with number of new registrations (p=0.526) or number of repeat users (p=0.309).

**Figure 2: Distribution of C-Card outlets in England in 2015/16, by venue types reported in 60 UTLAs**
Other condom distribution scheme (CDS) outlets by venue settings

Combining the results from the shortened and full survey, other CDS were reported in 43 UTLAs, of which 25 also reported C-Card schemes. From the main survey, other CDS were reported in 34 UTLAs, of which 14 also reported C-Card schemes.

There were CDS 504 outlets in 2015/16, reported by 13 UTLAs. Of these outlets, the most common venue types were GP (167/504, 33%), outreach and education settings (148/504, 29%), and pharmacies (100/504, 20%). The least common outlets reported were bars (27/504, 5%), public sex environments (14/504, 3%) and sex on premises venues (6/504, 1%).

Table 1: Distribution of venues of other CDS by venue types/settings, in England, 2015/16, reported by 13 UTLAs

<table>
<thead>
<tr>
<th>Venue types/settings</th>
<th>Proportion</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>33.1%</td>
<td>167</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>19.8%</td>
<td>100</td>
</tr>
<tr>
<td>Education settings (include schools, further education, universities)</td>
<td>15.1%</td>
<td>76</td>
</tr>
<tr>
<td>Outreach</td>
<td>14.3%</td>
<td>72</td>
</tr>
<tr>
<td>GUM and SHRH clinics</td>
<td>6.3%</td>
<td>32</td>
</tr>
<tr>
<td>Bars</td>
<td>5.4%</td>
<td>27</td>
</tr>
<tr>
<td>Public sex environments (ie parks)</td>
<td>2.8%</td>
<td>14</td>
</tr>
<tr>
<td>Sex on premises venues (ie saunas)</td>
<td>1.2%</td>
<td>6</td>
</tr>
<tr>
<td>Online services</td>
<td>1.2%</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>0.8%</td>
<td>4</td>
</tr>
</tbody>
</table>

Key messages:
- Condom distribution schemes are available in most areas of the country
- Numerous and varied C-Card outlets provide young people with options to their convenience
- Most common C-Card outlet: Pharmacy
- Most common other CDS outlet: GP
Service users

New registrations

From the aggregated data provided in the survey response, there were 65,762 new registrations of C-Card schemes reported by 49 UTLAs in 2015/16. This is estimated to be 3.0% of ≈2.2 million young people aged 15-24 years in these areas.

Where gender breakdown was available, 60,700 new registrations were reported by 46 UTLAs, of which 30,112 (49.6%) were male, 28,325 (46.7%) female, and 2,263 (3.7%) other, which includes 2,239 not known and 24 transgender. The proportion of males registered with C-Card schemes is generally slightly higher than females, with the exception of East of England (49% female) and East Midlands (54% female) (Appendix Figure 3). The largest gender difference of 18% (59% male, 41% female) was observed in the North East.

Figure 3: New registrations by gender in England 2015/16 (46 UTLAs)

*other includes 2,263 (3.73%) not known and 24 (0.04%) transgender

Key messages:
- 3% of 15-24 year olds in the population registered with a C-Card scheme
- Approximately equal proportion of male and female C-Card users
- Low reporting of transgender
Repeat users

There were 45,725 repeat users of C-Card schemes reported (39 UTLAs). More repeat users (30,995) than new registrations (20,412) were reported in 14 UTLAs. On average, number of repeat users was 57% (minimum 2% - maximum 157%) higher than new registrations.

Where gender breakdown was available, 35,768 repeat users were reported by 34 UTLAs, of which 17,964 (50.2%) were male, 15,452 (42.6%) female, and 2,580 (7.2%) other which includes 2,566 not known and 14 transgender. The proportion of repeat users who were males were generally higher in most areas, except East of England (52% female), East Midlands (56% female), West Midlands (51% female). North West and South West reported 75% and 50% of unknown gender respectively. (Appendix Figure 4)

Figure 4: Repeat users by gender in England, 2015/16 (34 UTLAs)

*other includes 2,566 (7.17%) not known and 14 (0.04%) transgender
Age of users

Of 70 UTLAs that provided maximum age of C-Card schemes, 61 (87%) reported the maximum age limit of up to 24 years old.

There were 19,906 new registrations reported with age breakdown, by 20 UTLAs, of which 15,553 (78%) were aged 15-19 years, 2,329 (12%) aged 13-14 years and 2,024 (10%) aged 20-24 years. This represents 1.7% of 13-14 year olds, 4.4% of 15-19 year olds and 0.7% of 20-24 years olds in the 20 reporting UTLAs. Of these new registrations, 10,235 (51%) were male, 9,283 (47%) were female, 386 (1.94%) were unknown gender and 2 (0.01%) were transgender.

There were 8,713 repeat users reported with age breakdown, by 12 UTLAs, of which, 6,575 (75%) were aged 15-19 years, 1,351 (16%) aged 13-14 years and 787 (9%) aged 20-24 years. Of these repeat users, 5,192 (60%) were male, 3,461 (40%) were female, 54 (0.62%) were unknown gender and 6 (0.07%) were transgender.

Figure 5: Proportion of new registrations by gender* and age group in England in 2015/16, reported in 20 UTLA

*gender excludes transgender and not known

Figure 6: Proportion of repeat users by gender* and age group in England in 2015/16, reported in 12 UTLA

*gender excludes transgender and not known
Condom provision

Information on product availability in 2015/16 were reported by 70 UTLAs, of which 60 (86%) provided free lubricant packets, in addition to free condoms.

A total of 896,221 products were distributed by 28 UTLAs; 768,992 (85.8%) condoms, 122,551 (13.7%) lubricants, 4,678 (0.5%) other such as oral sex dams and female condoms.

Estimated spend

In 2015/16, almost £1.5 million was spent on C-Card schemes and other condom distribution schemes in 57 UTLAs, with the vast majority (£1.4 million) spent on C-Card schemes. In England, on average each reporting UTLA was estimated to have spent £26,769 on a C-Card scheme and £7,138 on other CDS.

Figure 6: Estimated average spend per UTLA, on condom distribution schemes (CDS) in PHE Centres in England, 2015/16

Key messages:
- Young people aged 15-19 used C-Card scheme the most (78%)
- Higher proportion of male amongst repeat users compared to new registrations (60% vs 51%)
- £1.4 million of estimated spend on C-Card schemes
Although 52 UTLAs were able to estimate total spend for C-Card schemes in the financial year 2015/16, when further spend breakdown was requested, less than half (25 UTLAs) estimated spending £115,000 on product provision and a fifth (10 UTLAs) estimated spending £0.26 million on staff (Figure 8).

**Figure 7 : Estimated total spend on condom distribution schemes (CDS) in UTLAs in England, 2015/16**

Although 52 UTLAs were able to estimate total spend for C-Card schemes in the financial year 2015/16, when further spend breakdown was requested, less than half (25 UTLAs) estimated spending £115,000 on product provision and a fifth (10 UTLAs) estimated spending £0.26 million on staff (Figure 8).

**Figure 8: Further breakdown of estimated spend on C-Card schemes in England, 2015/16**

* n refers to number of reporting UTLAs.
Governance of schemes

Of 74 UTLAs that responded to questions on governance of their local C-Card schemes, 15 delivered their local schemes and 59 commissioned out their schemes to SHRH service providers, of which 15 co-commissioned with other organisations. Most UTLAs (49/74, 66%) reported C-Card schemes as components of embedded contracts for the provision of outreach, sex and relationships education (SRE) or SHRH clinical services.

A total of 27 UTLAs reported a decrease in the number of outlets since 2013, whilst 31 UTLAs reported an increased number. Most UTLAs believed that their local population needs were met (33/74, 45%), outlets were distributed in the right settings (48/74, 65%) and plan to change number and distribution of outlets in 2017/18 (59/74, 80%). More UTLAs would like to change number and distribution of outlets as part of ongoing review of local schemes, despite believing that local population needs were met and outlet distribution in the right settings.
Discussion

Our survey has demonstrated that condom distribution schemes (CDS) are available in nearly all areas of the country (129/152 UTLAs, 85%) and are successfully engaging a significant proportion of young people, especially 15-19 year olds. Pharmacy was the most common venue type of C-Card outlets, while GP was most common of other CDS outlets. Uptake of C-Card schemes was gender equal and continued use of schemes following initial registration observed minimal gender difference. Higher number of repeat users than new registrations in 2015/16 were reported in 14 UTLAs, which suggests continued use after registering with C-Card schemes. Approximately £1.4 million was spent on C-Card schemes and £0.1 million on other CDS, in 57 UTLAs.

Almost 5,000 C-Card outlets were identified, of at least five venue types, allowing users to access outlets most convenient to them. Almost a third of reported outlets were pharmacies, compared to ≈300 GUM and SHRH services. The popularity of pharmacies has been attributed to extended opening hours, availability of private consultation areas and not having to make an appointment. However, location and setting of pharmacies may also influence their popularity. For instance, pharmacies in urban areas were five times more likely to have extended opening hours, compared to rural areas; pharmacies in healthcare settings were three times more likely to provide youth-specific health information compared to retail settings. Reported number of other CDS outlets was approximately a tenth of C-Card outlets. A third of other CDS outlets were GPs, compared to 9% reported in bars, public sex environments and sex on premises venues. However, in Greater Manchester, almost half (34/78, 44%) of other CDS outlets were in bars, pubs and clubs and a high proportion of MSM (86%, 285/331) were more likely to access free condoms and lubricant packs in these venues.

Popularity and acceptability of C-Card schemes were reflected by high number of repeat users compared to new registrations. However, only an estimated 3% of young people aged 15-24 and 6% of young people aged 15-19 in the population were registered with a scheme in 2015/16. The lower reach among 20-24 year olds despite the upper age limit of 24 being implemented by almost all schemes, may indicate a lack of promotion or of need in this age group. Considering the high proportion of young people aged 16-24 who have experienced at least one sexual encounter (80%) (21), the high level of STI rates (21) and teenage pregnancies (3) underline the importance of promoting C-Card schemes among young people. As young people who used condoms at sexual debut were twice as likely to use condoms at most recent sexual encounter, introducing and normalising correct and condom use at a young age may contribute to decline of STI diagnoses and unplanned pregnancies.

There were approximately equal numbers of male and female new registrations and repeat users of C-Card schemes. However, regional data showed higher uptake by men in England except East of England and East Midlands. Difference in uptake and continued use by gender may be attributed to design or delivery model of schemes. Gender balance of staff of C-Card schemes may influence uptake by male (12) and female (18, 23) users. In most cases, young women would prefer discussing health issues with female staff. Young women were also found to be less assertive at negotiating condom use. However, the low number of transgender individuals reported using C-Card schemes may require further investigation. The low number may be attributable to low estimate of a
prevalence of 1% of adults who were gender variant\textsuperscript{24,25}. In addition, social pressure at home and at school may discourage realisation and revelation of their gender variance\textsuperscript{24}. Individuals who had successfully undergone gender reassignment and acquired recognition of their acquired gender may not identify themselves as transgender\textsuperscript{26}. Therefore, instead of relying on self-reporting, a better measure is attainable by asking for (a) gender at birth, (b) if gender identity differs to gender at birth, and (c) if gender role opposite to gender at birth was adopted in personal and professional lives\textsuperscript{26}.

There were little evidence to suggest associations between combination of outlet types within a scheme and uptake (number of new registrations and repeat users). More detailed analysis may be required. High data quality would also be necessary to avoid misleading misinterpretation.

Running costs of C-Card schemes and other condom distribution schemes are low compared to treating the population with new STIs, HIV and unplanned pregnancies\textsuperscript{27}. Incremental cost-effectiveness ratio (ICER) summarise the cost-effectiveness of a health care intervention, by establishing a willingness-to-pay value for the outcome of interest. Recent economic cost analysis by NICE demonstrated that the effect of multi-component condom distribution schemes for STI prevention is almost three times more cost effective towards wider age group of 13-25 (ICER £17, 411) with 55 QALYs gained, compared to age group 13-18 (ICER £48,856) and 17 QALYs gained\textsuperscript{11}. The ICER is further reduced to £14,469 and 56 QALYs gained, if taken into account that condom demonstration may reduce condom breakage\textsuperscript{11}. The effect on preventing unplanned pregnancies will reduce the ICER even further.

Free lubricant packets are provided by the majority of C-Card schemes and should be offered by all schemes. There is strong evidence that water-based lubrication reduces the likelihood of condom breakage\textsuperscript{28,29} and risk of slippage\textsuperscript{30} for anal sex. Although likelihood of condom failure rates was reduced by 9 times\textsuperscript{31} with water-based lubrication for vaginal sex, a more recent study demonstrated a doubling risk of slippage\textsuperscript{30}. This highlights the importance of offering condom demonstration\textsuperscript{32} as well as advice on the use of lubricants and on what to do in case of condom failure\textsuperscript{16}.

**Did you know?**

The effect of multi-component condom distribution schemes for STI prevention is almost three times more cost effective towards wider age group of 13-25 (ICER £17, 411), compared to age group 13-18 (ICER £48,856)\textsuperscript{11}. The ICER is further reduced to £14,469, if taken into account that condom demonstration may reduce condom breakage\textsuperscript{11}.
Strengths and limitations

This study is the first to report on national distribution, structure and activity of condom distribution schemes in England. This provides a knowledge base from which to inform the development of policy, best practice, future monitoring and evaluation.

However, responses by UTLA varied in terms of providing aggregated data for number of outlets by venue types, number and type of users, product availability and financial provision in the financial year 2015/16. The survey did not specifically request for number of repeat users who registered within the same financial year. It was therefore not possible to quantify total number of users in 2015/16 and repeat users who registered in previous years. Data accuracy could not be validated; number of repeated users could have been misinterpreted to be number of repeat visits by responders. Incomplete data was a major limitation, making comparison between areas difficult. Inability to provide aggregated data was attributed to survey duration, clarity of survey, uncategorised outlets on local IT system, and governance of schemes, which includes commissioning UTLAs having to request data from scheme providers and schemes as part of an embedded contract. Statistical analyses have to be interpreted with caution, considering limitations with incomplete and unvalidated data from this survey.

Conclusions

C-Card schemes are a key component of the sexual health and reproductive health economy due to their significant reach and easy access. These schemes successfully engage 15-19 year olds and minimal gender difference in uptake and repeat use were observed.

Data quality of aggregated data provided could be improved by reporting transgender and using outlet category types recommended in the Brook-PHE guidance document for C-Card schemes.

Next steps

Future research

The large number of pharmacies providing outlets for C-Card schemes should encourage further research, development and promotion in enhancing the role of pharmacies in local sexual health provision.
PHE will support future research recommendations by NICE Guideline Sexually transmitted infections: condom distribution schemes by:

- launching an improved national survey in 2018-19, to inform the development of a standardised national framework of C-Card scheme monitoring and evaluation
- exploring ways of assessing impact of C-Card schemes on changes in sexual behaviour, that contribute to SHRH outcomes such as STI incidence and unplanned pregnancies.

Data and surveillance

C-Card schemes are recommended to

- collect information on transgender, according to the guidelines by the ONS Trans Data Position Paper\textsuperscript{26}.
- use outlet category types recommended in Brook-PHE guidance document for C-Card schemes\textsuperscript{16}

References

13. Cheetham M. The social meanings of the C-Card scheme: The importance of friends and
Condom Distribution Schemes in England, 2015/16


Appendix

Figure 1: Distribution of 4,828 C-Card outlets by PHE Centres, 2015/16 (n=61 UTLAs)

Figure 2: Distribution of 4,560 C-Card outlets by PHE Centres and England, 2015/16 (n=61 UTLAs)
Figure 3: Proportion of new registrations by gender in PHE Centres and England in 2015/16, reported in 46 UTLAs

Other* includes transgender and not known.

Figure 4: Proportion of repeat users by gender in PHE Centres and England in 2015/16 reported in 34 UTLAs

Other* includes transgender and not known. Only local authorities within a PHE Centre that provided gender breakdown for both new registrations and repeat users were included. UTLAs from South East and Yorkshire and Humber were unable to provide repeat user information by gender, and hence, excluded in the figure.
A sexual health commissioners’ survey of C-Card schemes in local authorities in England

Aims and objectives:

The aim of this study is to review the delivery and activity of C-Card schemes in England in 2015/16 are reviewed to inform the development of policy, best practice, future monitoring and evaluation.

The objectives are:
- obtain an estimate number and geographical distribution of C-Card schemes in England
- ascertain model delivery of C-Card schemes, including structure, governance and ownership
- assess availability and range of condoms
- ascertain number of users by key demographic
- provide a knowledge base from which to develop a standardised framework for possible future monitoring of C-Card schemes

Time: This survey should take approximately 20 minutes to complete. Parts of the survey will require aggregated 2015/16 data of your local C-Card scheme in terms of:
- type and number of outlets
  - further breakdown of dispensing only sites for C-Card schemes, if available
  - further breakdown of condom provision for non-C-Card schemes, if available
- estimated spend and further breakdown, if available
- number of registered users and repeat users by gender (further age breakdown if available)
  - further breakdown at registration or subsequent visits, if available
  - further breakdown of age and, if available
- type and number of product provision

If you need to save the questionnaire and complete it at a later date with the aggregated data, click “Save” at the bottom of the page. Please bookmark, save or copy the link provided to return to your questionnaire instead of requesting the link emailed to your account.

Confidentiality and anonymity

Answers provided in the survey will be strictly confidential and will be used only for the purposes of this study. The survey will be of most value if the answers reflect benefits and challenges of commissioning and providing C-Card schemes.

Whom to contact

If you need further information, please contact Natasha Ratna at natasha.ratna@phe.gov.uk. Thank you for your time in completing this questionnaire.
C-Card condom distribution schemes - What why and how - July2014.pdf defines C-Card scheme as “one type of condom distribution scheme, which provides registered young people with a C-Card – a paper or credit card-style card – which entitles them to free condoms”. At registration, condom demonstration and risk assessments which are personalised, thorough and confidential, are examples of key elements of the scheme to promote correct condom use and awareness of healthy sexual behaviour, rights and consent.

A. Availability of C-Card scheme

1. Which local authority are you completing this survey on behalf of? ______________

2. Do you have a C-Card scheme in your local authority?  Yes ☐ No ☐
   (If no, please proceed to question 41)

B. Structure, governance of type of data collection of C-Card schemes

Number and venue type of outlets

3. How many sites/outlets are part of the C-Card scheme? ______________

4. How many of these sites/outlets belong to the following categories below?

<table>
<thead>
<tr>
<th>Venue type</th>
<th>Number of outlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practice</td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td></td>
</tr>
<tr>
<td>GUM clinics</td>
<td></td>
</tr>
<tr>
<td>SHRH clinics</td>
<td></td>
</tr>
<tr>
<td>Integrated GUM and SHRH clinics</td>
<td></td>
</tr>
<tr>
<td>Young people dedicated services within GUM/SHRH</td>
<td></td>
</tr>
<tr>
<td>Youth and voluntary agencies</td>
<td></td>
</tr>
<tr>
<td>Education settings (Schools)</td>
<td></td>
</tr>
<tr>
<td>Education settings (Further Education)</td>
<td></td>
</tr>
<tr>
<td>Education settings (Universities)</td>
<td></td>
</tr>
<tr>
<td>Work-based learning providers</td>
<td></td>
</tr>
<tr>
<td>Sport and leisure venues</td>
<td></td>
</tr>
<tr>
<td>Supported housing providers</td>
<td></td>
</tr>
<tr>
<td>Drug and alcohol services</td>
<td></td>
</tr>
<tr>
<td>Groups such as youth offending teams or looked after children teams</td>
<td></td>
</tr>
<tr>
<td>Other, please specify:</td>
<td></td>
</tr>
</tbody>
</table>
5. Some C-Card outlets are dispensing/distribution only outlets. Of the numbers provided in the above table, are you able to list the number dispensing/distribution only sites? □ Yes □ No

<table>
<thead>
<tr>
<th>Venue type</th>
<th>Number of outlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practice</td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td></td>
</tr>
<tr>
<td>GUM clinics</td>
<td></td>
</tr>
<tr>
<td>SHRH clinics</td>
<td></td>
</tr>
<tr>
<td>Integrated GUM and SHRH clinics</td>
<td></td>
</tr>
<tr>
<td>Young people dedicated services within GUM/SHRH</td>
<td></td>
</tr>
<tr>
<td>Youth and voluntary agencies</td>
<td></td>
</tr>
<tr>
<td>Education settings (Schools)</td>
<td></td>
</tr>
<tr>
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<td>Drug and alcohol services</td>
<td></td>
</tr>
<tr>
<td>Groups such as youth offending teams or looked after children teams</td>
<td></td>
</tr>
<tr>
<td>Other, please specify:</td>
<td></td>
</tr>
</tbody>
</table>

6. Do you think the number of outlets meet the needs of your population? □ Yes □ No □ Don’t Know

7. Do you think the distribution of venues are in the right settings? □ Yes □ No □ Don’t Know

8. Have the number of outlets changed since the transition to local government in 2013? □ Increased □ Decreased □ Stayed the same □ Don’t Know

9. Do you plan to make changes to the number and distribution of outlets by the end of financial year 2017/18? □ Yes □ No

10. If so, what are they and why? (max 50 words) ____________________________________________

Mode of delivery

11. Which delivery model of C-Card scheme does your local authority operate? (Tick all that apply)

□ Hub and spoke: a lead agency coordinates the scheme, supports training and quality assurance, and delivers the scheme through a range of outlets such as SRH clinics, GUM clinics and education and youth settings.
□ Web-based:
□ online registration
□ condoms by post
□ Under-16s are generally required to part in a face-to-face consultation
If face-to-face consultations are required for other groups, please specify: ____________

☐ Sole provider: small-scale distribution through youth services, voluntary organisations or clinical services
☐ None of the above
☐ Other, please describe:

Governance/Ownership

12 Does your local authority deliver AND/OR commission out the provision of your local C-Card scheme? (Tick all that apply) ☐ Deliver ☐ Commission

13 If you commission out the provision of your scheme what is the name of the providing organisation ______________

14 Do you co-commission this scheme with other local authorities / organisations? ☐ Yes ☐ No ☐ Other

15 If Yes or Other, which local authority / organisation is the lead commissioner?

16 Is the C-Card scheme an embedded component of another contract? ☐ Yes ☐ No ☐ Other

17 If Yes or Other, please list other components of the contract, ie other services that you provide (max 100 words)

18 Is there a steering group to oversee the C-Card scheme in your area? ☐ Yes ☐ No

19 Do you have a C-Card coordinator for the C-Card scheme in your area? ☐ Yes ☐ No

20 If so, is this co-ordinator employed by:
☐ your local authority?
☐ another local authority?
☐ C-Card provider?

21 What is your estimated spend per year on your local C-Card scheme? £_____________

22 Are you able to provide further breakdown by each of the following categories below for financial year 2015/16? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost (£) in 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
</tr>
<tr>
<td>IT systems (including websites and apps)</td>
<td></td>
</tr>
<tr>
<td>Products (eg condoms)</td>
<td></td>
</tr>
<tr>
<td>Promotion/marketing (eg posters, leaflets, cards)</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
</tr>
</tbody>
</table>

Please comment if you have additional information or unable to populate the table (max 50 words) ____________________________________________________________
23 How frequent do you monitor uptake data of the C-Card scheme in your area? (Tick all that apply)
☐ monthly  ☐ quarterly
☐ bi-annually  ☐ annually
☐ ad-hoc  ☐ other, please specify: __________

Data collection (electronic or paper based)

24 Is your scheme an electronic automated system or manual paper based?
☐ electronic automated system
☐ manual paper based
☐ mixture of both systems

25 When and how are data entered onto the database?
Electronically entered during consultation  ☐ Yes  ☐ No
Data entry from paper based system  ☐ Yes  ☐ No
At the end of the week  ☐ Yes  ☐ No
At the end of the month  ☐ Yes  ☐ No
At the end of the quarter (3 months)  ☐ Yes  ☐ No

C. C-Card scheme activity information for your local authority

26 What is the lower age limit of your C-Card scheme? ______________
27 What is the upper age limit of your C-Card scheme? ______________
28 What is the number of registered users and returning users, by gender in financial year 2015/16?

<table>
<thead>
<tr>
<th></th>
<th>New registrations</th>
<th>Repeat users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trans (Male/Female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment if you have additional information or unable to populate the table. (max 50 words)
________________________________________________________________________
________________________________________________________________________
29 Are you able to provide further breakdown by age group for financial year 2015/16?

<table>
<thead>
<tr>
<th>User information</th>
<th>Age-group</th>
<th>13-14</th>
<th>15-19</th>
<th>20-24</th>
<th>25+</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of new registrations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are males</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are trans (male/female)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are not known</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of repeat users</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are males</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are trans (male/female)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of which are not known</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment if you have additional information or unable to populate the table (max 50 words)

_________________________________________________________________________

D. Product availability and provision

30 Type of products available from your local C-Card scheme:

- [ ] male condom
- [ ] female condom
- [ ] lubricants
- [ ] oral sex dams
- [ ] other, please specify

31 What is the number of type of product provided, in financial year 2015/16?

<table>
<thead>
<tr>
<th>Total product provision (Apr 2015-Mar 2016)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of male condoms</td>
<td></td>
</tr>
<tr>
<td>Number of female condoms</td>
<td></td>
</tr>
<tr>
<td>Number of lubricants</td>
<td></td>
</tr>
<tr>
<td>Number of oral sex dams</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Please comment if you have additional information or unable to populate the table (max 50 words)

_________________________________________________________________________
32 Are you able to provide data on the number of products given out at registration and subsequent visits, in the financial year 2015/16? □Yes □No

<table>
<thead>
<tr>
<th>Total product provision (Apr 2015-Mar 2016)</th>
<th>At registration</th>
<th>Subsequent visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of male condoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of female condoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of lubricants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of oral sex dams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment if you have additional information or unable to populate the table (max 50 words)
___________________________________________________________________________________________

33 Are you able to provide further breakdown by age group, in financial year 2015/16? □Yes □No

If Yes, please populate the table below

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of male condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of female condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of lubricants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of oral sex dams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment if you have additional information or unable to populate the table (max 50 words)
___________________________________________________________________________________________

34 Do you offer non-latex alternative products for the following?
□ male condom □ female condom □ oral sex dams
□ other, please specify.........................................................
E. Training

35 What are included as part of your C-Card training to staff? Please note that the following training below are listed as best practice guidelines on C-Card condom distribution schemes - What why and how - July2014.pdf (Tick all that apply)

<table>
<thead>
<tr>
<th>Training</th>
<th>Delivery</th>
<th>Online</th>
<th>Face-to-face</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aims and objectives of the C-Card scheme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The roles and responsibilities of all C-Card workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values and attitudes about young people, sex and relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing healthy conversations about sex and sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying healthy and unhealthy sexual behaviours, including sexual exploitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The pressures young people can feel accessing the service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training in condoms and using condom demonstrators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic sexual and reproductive health information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practicalities of delivering the C-Card scheme and guiding young people through the process – registration, distribution etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fraser Guidelines (see page 21), safeguarding policies, the Sexual Offences Act (2003)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality and safeguarding protection, and the need for a policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information on the full range of contraceptive methods – including emergency contraception – and where to access them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to respond to challenging situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to complete and return monitoring and ordering forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness-raising and the importance of signposting young people to other sexual and reproductive health services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other, please specify: ______________________________________________________

36 How many training (refresher and initial) courses were delivered in total within the financial year 2015/16? ____________

Who attends these courses? (Tick all that apply)

- qualified nurses
- GPs
- pharmacists
- youth workers
- health visitors
- youth offending team (YOT) staff
- other

- school nurses
- GP staff
- pharmacy staff
- healthcare assistants
- social workers
- drug and alcohol services staff
37 Other, please specify: ______________________________________________________

38 Are there refresher training courses? □ Yes □ No

39 If yes, how frequent do they take place?
   □ quarterly □ bi-annually □ annually □ ad-hoc
   □ other, please specify: __________

Reflection/Evaluation

40 Are there any comments on the benefits and/or challenges C-Card scheme that you would like to add? (max 100 words) ____________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
F. Non C-Card condom provision schemes, if applicable

41 Does you provide or commission other condom distribution scheme(s)? □Yes □No
   (If Yes, please proceed to subsequent questions. If No, please go to the end of the survey.)

42 What is the scheme name? ________________________________

43 Does your local authority deliver AND/OR commission out the provision of your local
   condom distribution scheme? (Tick all that apply)      □Deliver □Commission

44 If you commission out the provision of your scheme what is the name of the providing
   organisation? __________________________________________

45 Who are your target audience?
   □ MSM       □ women     □ other, please specify______________

46 What is the lower age limit of your scheme? _____________

47 What is the upper age limit of your scheme? _____________

48 Are you able to provide number of outlets for venue types within the scheme? □Yes □No
   If yes, please populate the table below

<table>
<thead>
<tr>
<th>Venue type</th>
<th>Number of outlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practice</td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td></td>
</tr>
<tr>
<td>GUM and SRH clinics including young people</td>
<td></td>
</tr>
<tr>
<td>dedicated SRH services</td>
<td></td>
</tr>
<tr>
<td>Education settings (Schools)</td>
<td></td>
</tr>
<tr>
<td>Education settings (Further Education)</td>
<td></td>
</tr>
<tr>
<td>Education settings (Universities)</td>
<td></td>
</tr>
<tr>
<td>Outreach services</td>
<td></td>
</tr>
<tr>
<td>Bars/clubs</td>
<td></td>
</tr>
<tr>
<td>Public sex environments</td>
<td></td>
</tr>
<tr>
<td>Sex on premises venues</td>
<td></td>
</tr>
<tr>
<td>Online</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Please comment if you have additional information or unable to populate the table (max 50
words)__________________________________________________________________________

49 How many condoms do you distribute in the financial year 2015/16? ____________

50 Are you able to provide the number of condoms distributed by venue types? □Yes □No
   If yes, please populate the table below

<table>
<thead>
<tr>
<th>Venue type</th>
<th>Number of condoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practice</td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td></td>
</tr>
<tr>
<td>GUM and SRH clinics including young people</td>
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<tr>
<td>dedicated services</td>
<td></td>
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<td>Education settings (Schools)</td>
<td></td>
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<tr>
<td>Education settings (Universities)</td>
<td></td>
</tr>
<tr>
<td>Outreach services</td>
<td></td>
</tr>
<tr>
<td>Bars/clubs</td>
<td></td>
</tr>
</tbody>
</table>

34
Condom Distribution Schemes in England, 2015/16

<table>
<thead>
<tr>
<th>Venue type</th>
<th>Number of condoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sex environments</td>
<td></td>
</tr>
<tr>
<td>Sex on premises venues</td>
<td></td>
</tr>
<tr>
<td>Online</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

51 Please comment if you have additional information or unable to populate the table (max 50 words)
____________________________________________________________________________________
____________________________________________________________________________________

52 What is your estimated spend per year on your local C-Card scheme? £_________

53 Are you able to provide further breakdown by each of the following categories below for financial year 2015/16?

<table>
<thead>
<tr>
<th>Cost (£) in 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
</tr>
<tr>
<td>IT systems (including websites and apps)</td>
</tr>
<tr>
<td>Products (eg condoms)</td>
</tr>
<tr>
<td>Promotion/marketing (eg posters, leaflets, cards)</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>Staff</td>
</tr>
<tr>
<td>Miscellaneous</td>
</tr>
</tbody>
</table>

54 Please comment if you have additional information or unable to populate the table (max 50 words)
____________________________________________________________________________________
____________________________________________________________________________________

Thank you very much for completing the survey

The results of this survey will inform future plans and evaluation of C-Card schemes. If you or your local C-Card scheme is interested in contributing to this work, please provide your details below:

Would you be interested to be involved with a national C-Card study? ☐Yes ☐No
If yes, please provide the following contact details:
Name: _____________________________________________________
Job Title: ___________________________________________________
Telephone: ___________________________________________________
Email: _____________________________________________________