BASHH British Association for Sexual Health and HIV

BASHH COVID-19 Sexual Health 'Clinical Thermometer' Survey

Initial Results Snapshot

Introduction

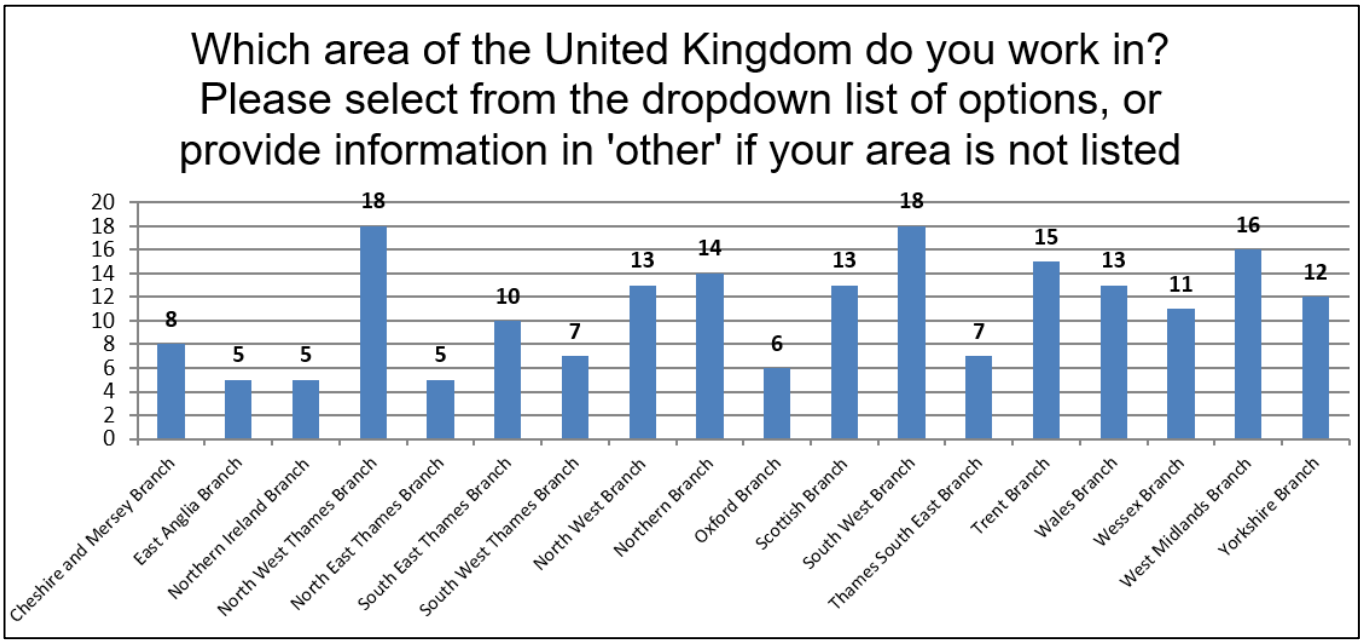
On Tuesday 7th April the British Association for Sexual Health and HIV (BASHH) circulated a survey to members to help understand how COVID-19 is affecting the capacity and ability of sexual health services to deliver essential and other functions, now and in the future. Respondents were encouraged to answer as many of the questions as possible, and to base their responses on 'best estimates' reflecting their immediate situation, in recognition of the need to acquire a national picture of services as quickly as possible.

The first round of the survey closed on Friday 17th April, with responses received from 200 members. Findings from the initial circulation are set out below, with further survey rounds to be disseminated in the coming weeks to help establish how the national picture of service provision is changing.

Response Information

Respondent Location

Survey responses have been received from every BASHH branch – the ambition of the survey activity is to establish the impact that COVID-19 is having on every service in the country.

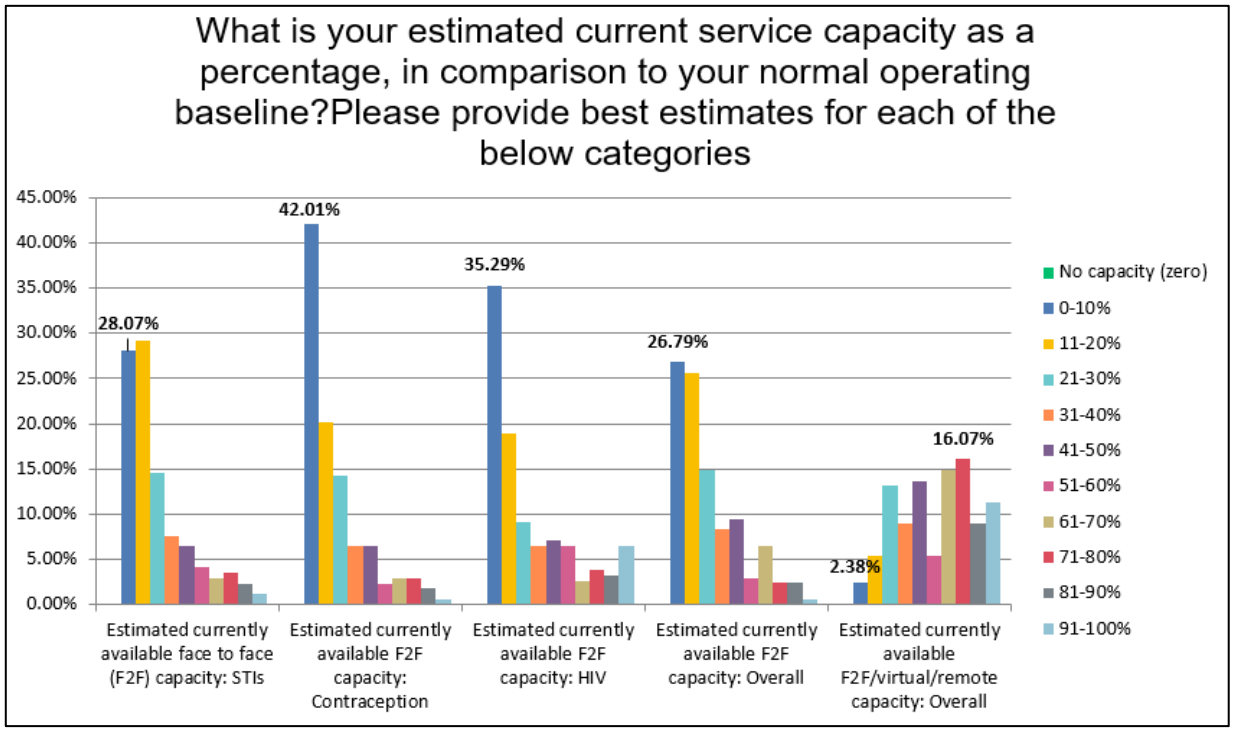


Current Service Capacity

Feedback demonstrated severe face to face capacity restrictions across STIs, contraception and HIV service provision, with over half of respondents reporting having less than 20% available capacity in these three areas. Overall capacity appears to be more resilient when virtual services are taken into account, with more than half of respondents suggesting that their overall capacity was 60% or higher.

- **Site closure:** 54% of sites appear to have closed in recent weeks, when compared to baseline figures (989 sites reporting at baseline by survey respondents, now at 456). The overwhelming reason for site closure has been to help preserve delivery of services, at a single site where necessary.
- **STI provision:** 57% of respondents reported having <20% f2f capacity
- **Contraception provision:** 62% of respondents reported having <20% f2f capacity
- **HIV provision:** 54% of respondents reported having <20% f2f capacity

- **Overall f2f capacity:** 53% of respondents reported having <20% overall f2f capacity
- **Overall capacity (including virtual):** Over half of respondents (51%) reported overall capacity was >60%

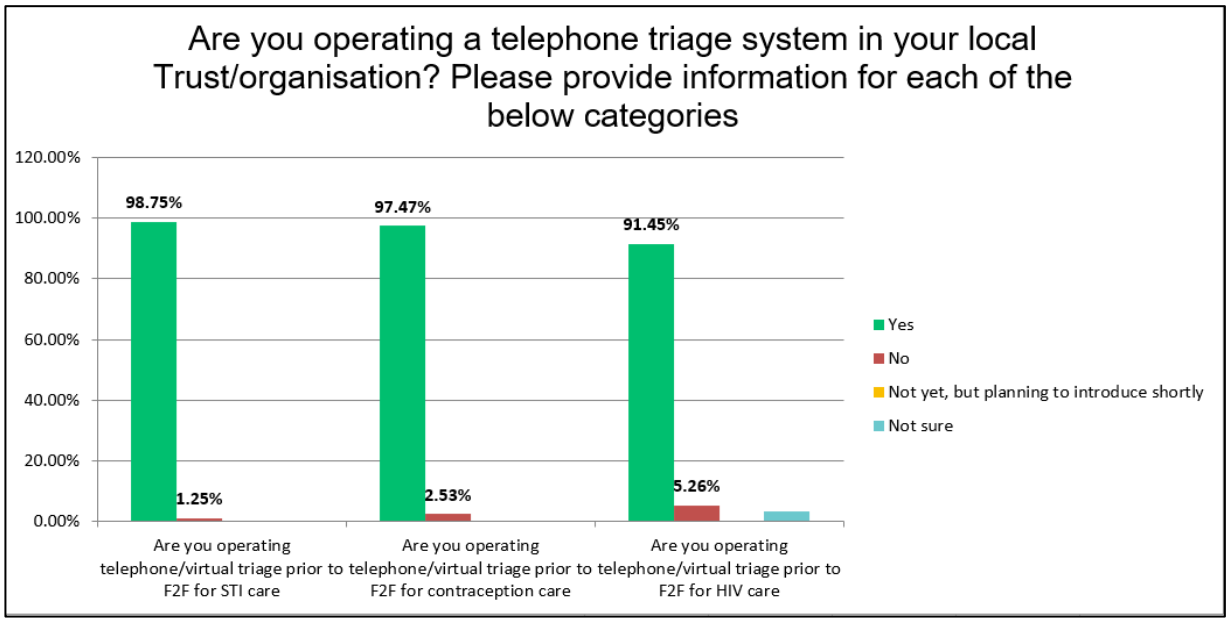


Key comments from respondents:

- *"No PPE so no F2F at all currently"*
- *"Team of 70 gone to 7"*
- *"Demand is being managed with stringent telephone triage. This capacity represents the people who are still coming through the door after triage. We would have capacity to see a little more FTF, if we relaxed the triage criteria, but that would involve relaxing the triage which would* ***'open the floodgates'*** *to overwhelming demand."*

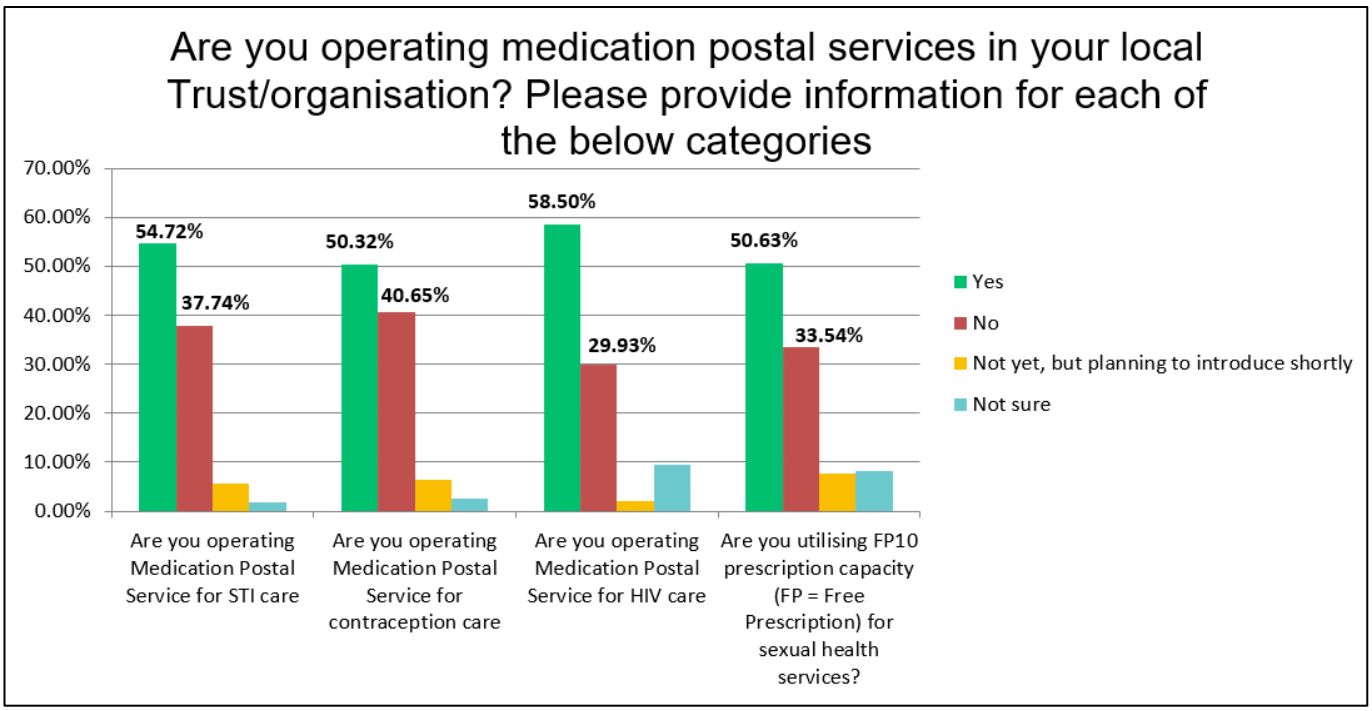
Telephone/Virtual Triage (Question 8)

The overwhelming majority of respondents reported that telephone triage services were in place prior to face to face contact across STI (99%) and contraception (98%). This figure dropped slightly for telephone/virtual triage prior to HIV care (91%).



Provision of Medication Postal Service (Question 10)

Respondents indicated a mixed picture in terms of current provision of medication postal service provision. Whilst there were a majority of respondents who said they were providing medication postal services in STI and HIV care (highest in HIV care, at 59%), only half said these services were in place for contraception care. Almost a tenth (<7%) of respondents said they were planning on introducing medication postal services for STI and contraception care shortly. Half of respondents stated they were utilising FP10 prescription capacity.



Supporting comments from respondents:

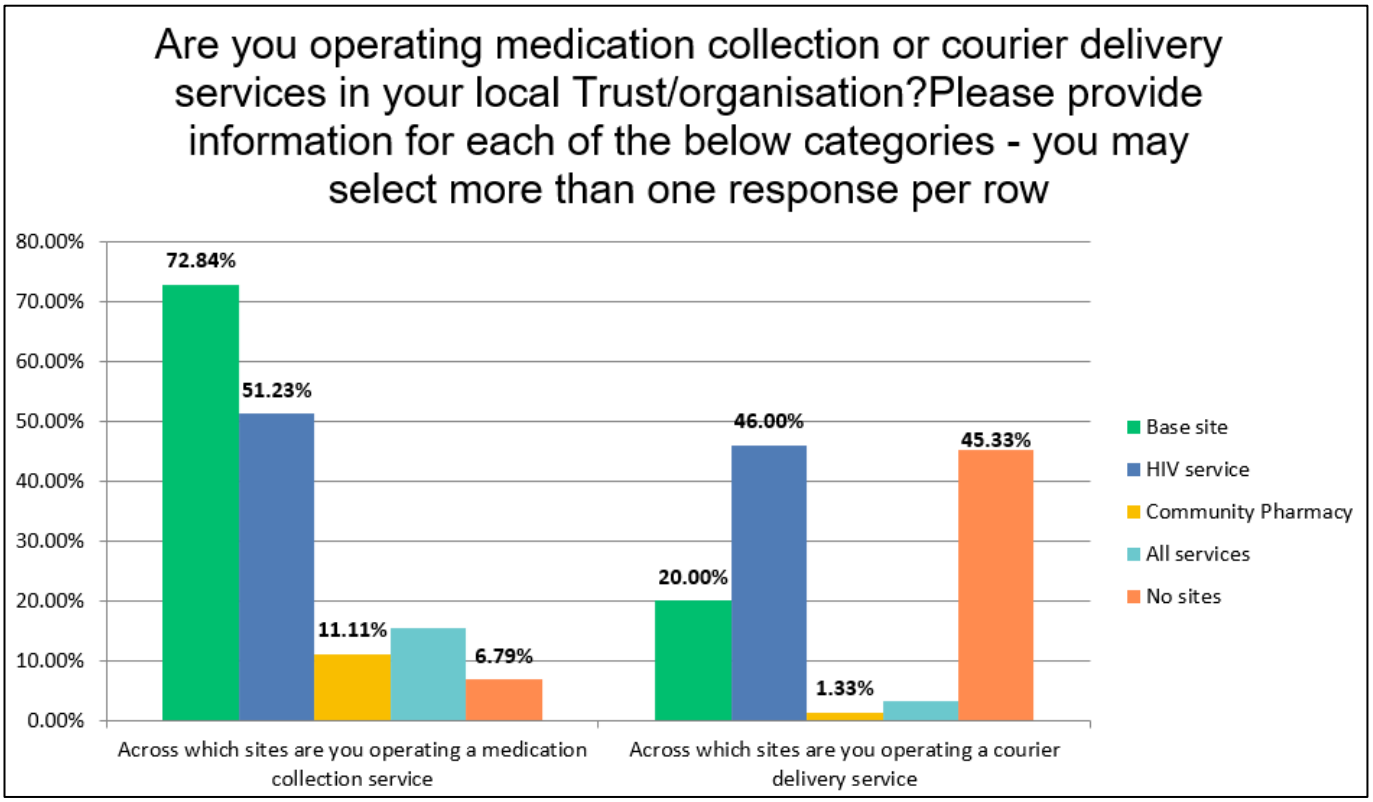
- *"FP10 provision not being used due to pressure on primary care pharmacies. Collection is in place currently and we are moving to postal provision in the coming days"*
- *"Posting out FP10s where pts cannot collect with 'FS' endorsement- one pharmacy did not recognise the endorsement but clinic shared documents and issue was resolved. Have contacted pharmacist at CCG about educating local pharmacists in case this arises again info to be sent out in news bulletin."*
- *"We have had issues with some abx (e.g. moxifloxacin) not being available in some local pharmacies and patients have had to collect from hospital"*
- *"(Our Trust says) it is illegal for us to directly post medication to patients…"*
- *"We have not had posting medicines approved by our Medical management committee and therefore are giving out at the clinic door rather than posting or sending FP10s where people cannot travel"*

Provision of Medication Collection & Courier Delivery (Question 11)

Respondents presented a mixed picture in terms of currently available medication collection or courier delivery services, with the latter significantly less likely to be in place.

- **Medication collection:** Services were most commonly available within a local base site, with 73% reporting these were in place here. Over half (51%) said medication collection was available in HIV service settings. 15% said medication collection was available across ALL local sites, with 6.7% saying medication collection wasn't available at all.
- **Courier delivery:** Courier delivery services were much less commonly reported, with 45% of respondents saying that no local sites had a courier function in place. Where courier services did exist, these were most

likely to be in place for HIV services (46%), with 20% saying their base site provided a courier function. 5% said that courier services were provided across all local sites.



Supporting comments from respondents:

- *"We only have a base site. Patients can attend (outside) to pick up essential medication / contraception supplies. The consultant (myself) has acted as the courier - on my drive home - dropping in meds to patients who are self-isolating"*

Access to Online Testing & Treatment (Question 12)

The majority of respondents reported having some kind of online access to gonorrhoea/chlamydia and HIV testing in place (77% and 67% respectively), however these figures were much lower for broader online STI testing and online contraception provision (35% and 18% respectively). A small proportion of respondents indicated that they were planning on introducing online testing shortly (<7% in all categories).

Supporting comments from respondents:

- *"Online Service set up within 1 week! Online treatment of CT only,and POP only for contraception."*
- *"we have access to online chlamydia/gono in under 25s only. Our plan had been to procure a universal online service by the end of this year but process on hold due to staff all being redeployed"*
- *"We can post out STI test kits from our department, but no access to online or BBV testing"*

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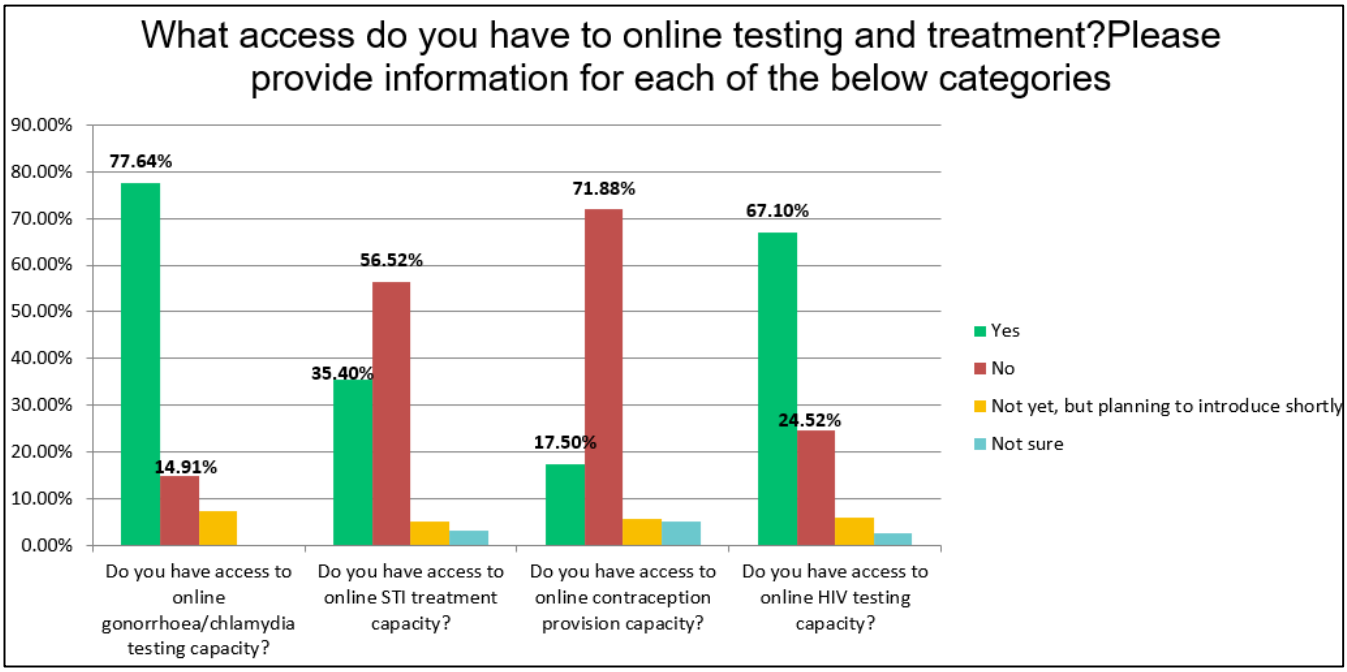
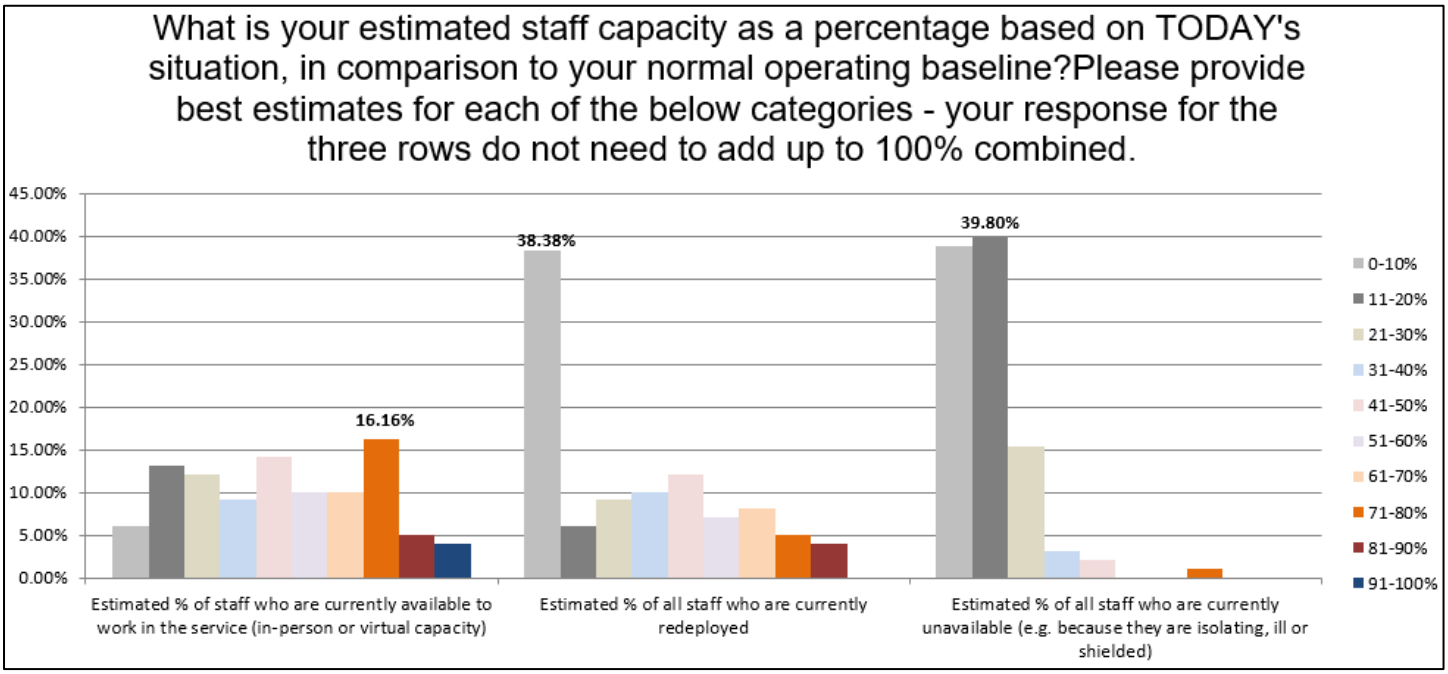


Current Staff Capacity (Question 14)

Respondents demonstrated that COVID-19 is having a significant impact on the availability of sexual health staff. 48% of staff remain in service, compared to the baseline figures. 38% of staff have been redeployed and 17% of staff are shielding, isolating or are ill.



Supporting comments from respondents:

- *"75% of our staff are currently in the redeployment pool so this will change dramatically in the next 2 weeks"*
- *"Consultants and Drs all deployed except where there are medical reasons to shield"*

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Clinical Capacity to deliver care (Question 15)

The majority of respondents reported continued delivery of a wide range of care aspects. Key service challenges appear to be provision of care to vulnerable populations, with almost 1 of 5 respondents saying they were only able to offer limited or no care at all to this group. Other challenging areas appear to be delivery of routine vaccinations (54% unable to provide) and provision of LARC as preferred contraception (54% unable to provide). 9% said they were unable to maintain PrEP provision.