BASHH British Association for Sexual Health and HIV

BASHH COVID-19 Sexual Health 'Clinical Thermometer' Survey

Round 4 Results Snapshot (February 2021)

Introduction

On Tuesday 22nd December, the British Association for Sexual Health and HIV (BASHH) circulated an updated 'Clinical Thermometer' survey to members to help understand the changing impact of COVID-19 on the capacity and ability of sexual health services to deliver essential and other functions. The updated fourth round of the survey reduced the number of questions related to pre COVID-19 capacity levels and unlike other rounds included a question on the provision of PrEP.

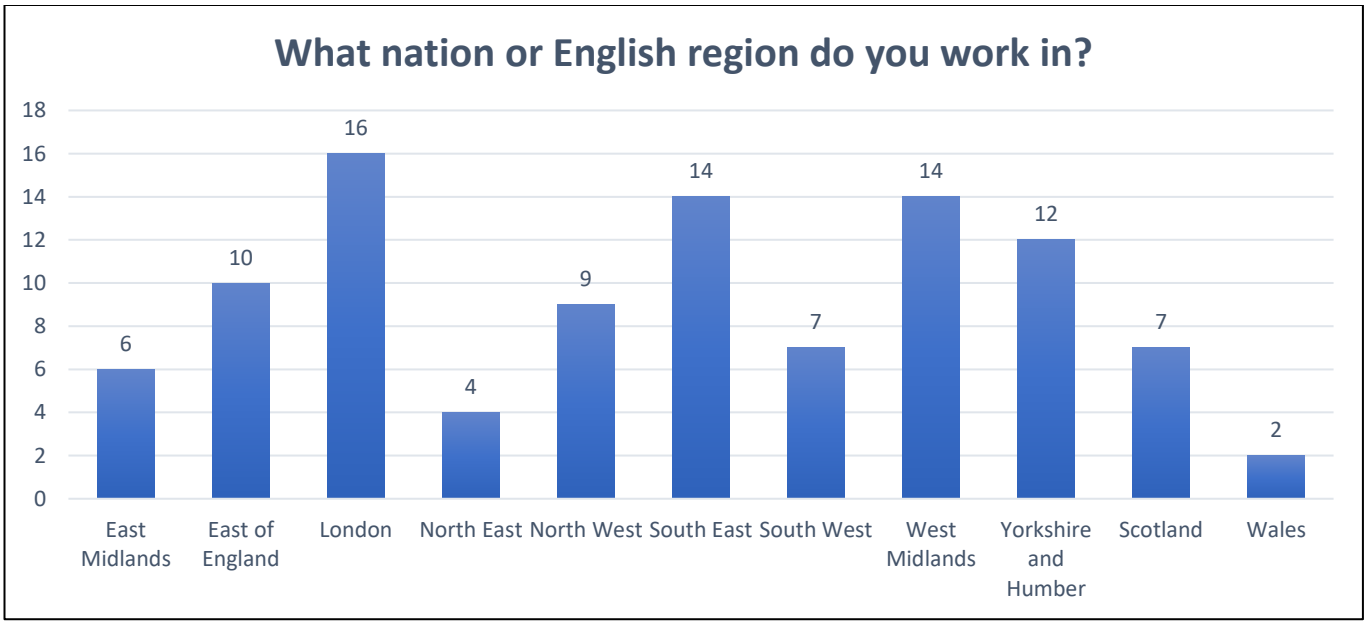
Respondents were encouraged to answer as many of the questions as possible, and to base their responses on 'best estimates' reflecting their immediate situation, in recognition of the need to acquire a national picture of services as quickly as possible.

The fourth round of the survey closed on Wednesday 20th January, with responses received from 101 members. Findings from the survey are set out below. Further BASHH surveys will be disseminated in the coming weeks to help establish how the national picture of service provision is changing.

Response Information

Respondent Location

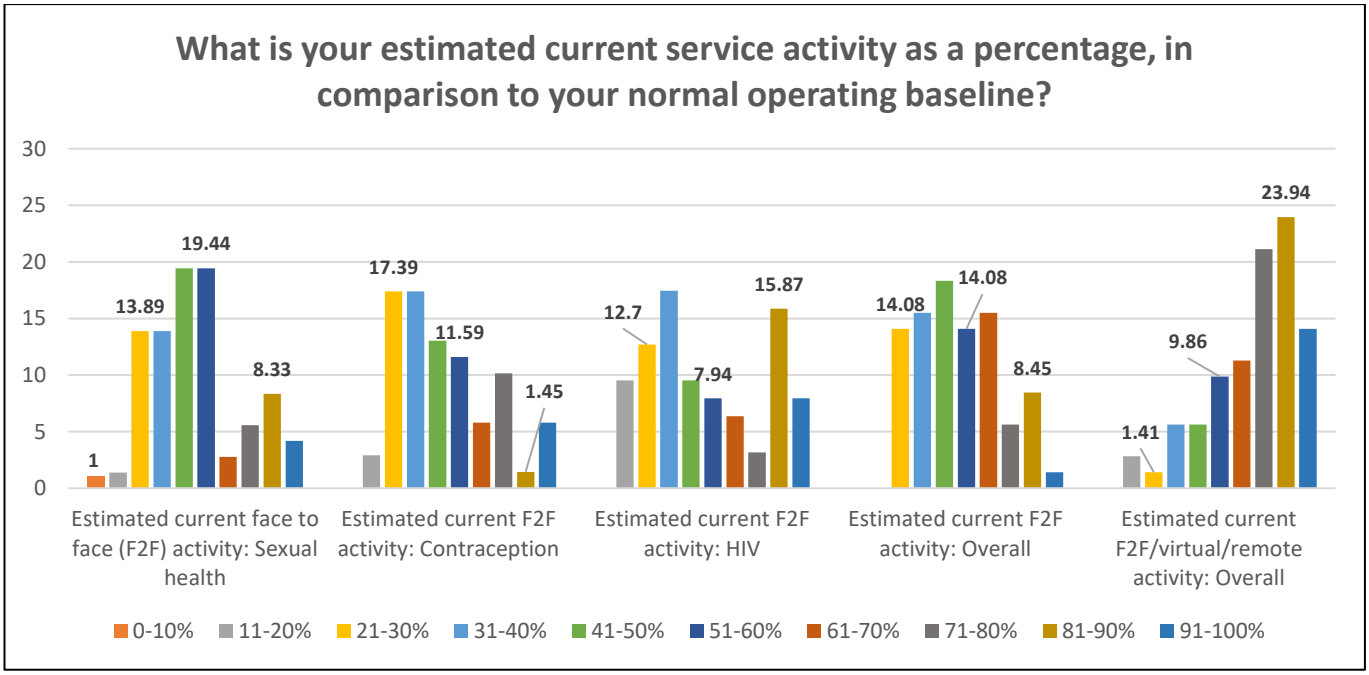
Survey responses were received from 11 BASHH branches, with a good spread of responses from across the UK (no responses were received from members based in Northern Ireland).



Current Service Capacity

Results from the fourth round of the survey found continued reductions remained in overall levels of face-to-face capacity, although these were not as severe as previous rounds. 80% of respondents reported more than 50% overall capacity being in place locally, with 38% of respondents having 80% or more capacity. This was significantly higher than the first two rounds of clinical thermometer surveys, although there was a slight drop in overall capacity compared to the September '20 survey results.

- **Sexual Health service provision:** 11% of respondents reported having <20% f2f capacity (vs 25% in September)
- **Contraception provision:** 14% of respondents reported having <20% f2f capacity (vs 34% in September)
- **HIV provision:** 10% of respondents reported having <20% f2f capacity (vs 41% in September)
- **Overall f2f capacity:** Just 7% of respondents reported having <20% overall f2f capacity (vs 41% in May)
- **Overall capacity (including virtual):** Almost 64% of respondents reported overall capacity was >60% (vs 70% in September)

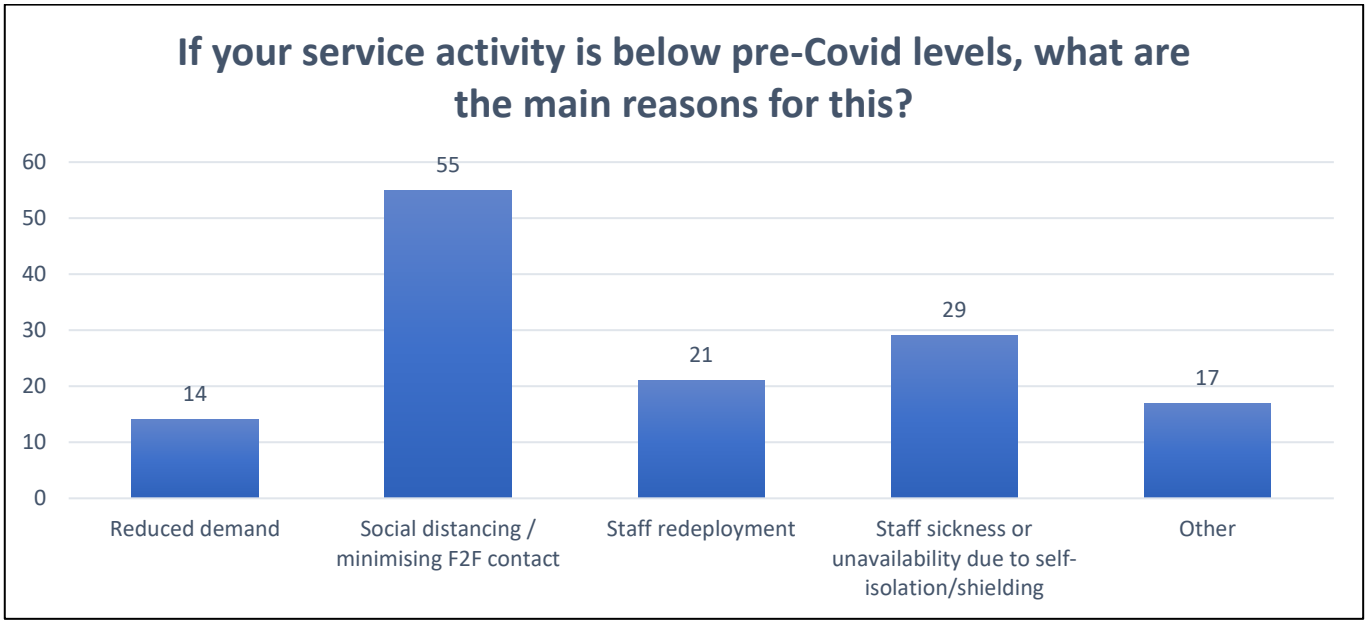


Key comments from respondents:

- "Reduced presence of F2F due to staff redeployment again and staff sickness"
- "Many patients do not want to return back to pre-COVID F2f access, except when required"
- "All integrated sexual health patients are telephone triaged, then either allocated online services, remote/virtual consultation or F2F. During Tier 4, F2F is being actively scaled back and increased remote/virtual consultations"
- "Telephone clinics are less efficient even though you may be talking to patient for only a few minutes. The reason is that patients often do not answer their phone. This results in having to ring them later sometimes days later, read their notes and results all over again."
- "Overall demand and capacity are close to normal for GU medicine and seems to be greater than normal for contraception care (with reduction in access to primary care)"
- "We are having more patient contacts if you include remote and F2f access than before Covid"

Service Activity Levels & Access Methods

Feedback from the survey found that over 85% of respondents have reduced their activity due to social distancing measures to minimise face-to-face contact. 22% said their services were operating at less than normal levels because of reduced demand, with 32% stated it was because of staff redeployment.

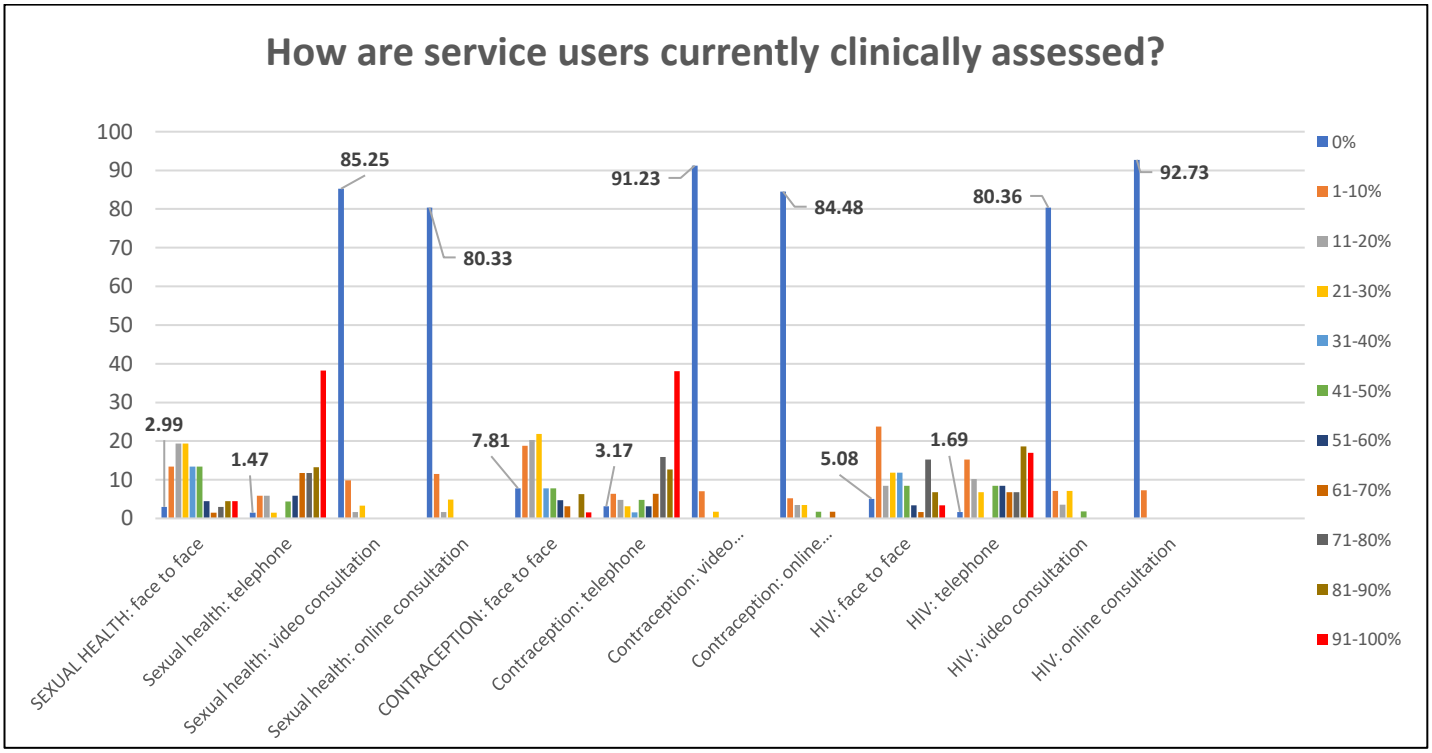


Clinical Assessments in Sexual Health and HIV

Based on the latest survey findings, many respondents indicated a mixed picture in terms how service users are currently being clinically assessed. The majority of contacts are taking place via telephone access, although some respondents indicated that high proportion of patients are accessing contraception and HIV care face to face.

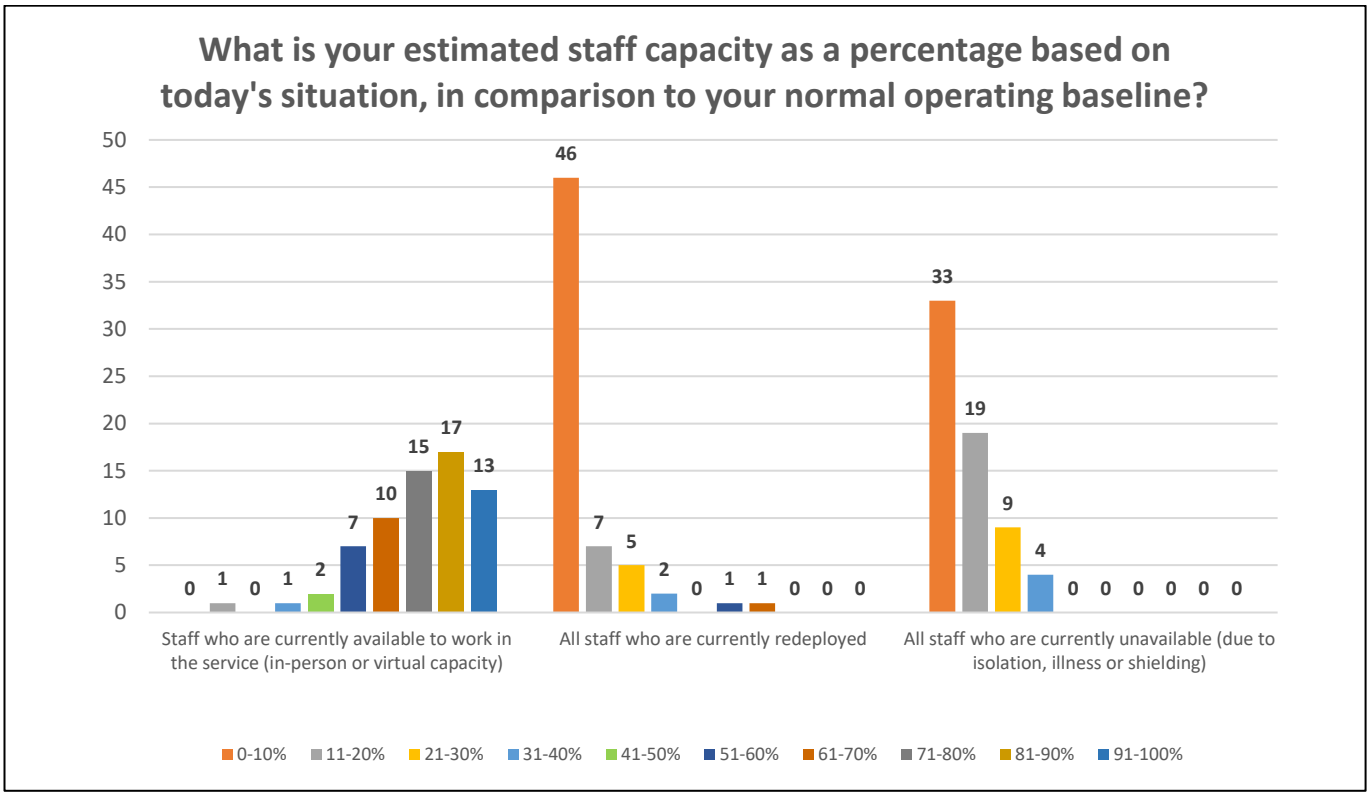
The third-round survey results indicated that the uptake of video and online services for clinical assessment had been low. Similarly, with the latest results many respondents indicated that no service users were being assessed for sexual health, contraception, and HIV by video or online consultation. 85% of respondents noted that no sexual health consultations were being carried out by video.

For contraception services, 91% of survey results highlighted that no video consultations were conducted. Additionally, for HIV services, roughly 93% of responses indicated that no service users were being accessed online consultation.



Availability of Sexual Health Staff

Responses demonstrated that COVID-19 continues to have a significant impact on the availability of sexual health staff, although the situation appeared to be improved compared to previous surveys. 61% of respondents said they had 80% or more of their workforce available in an in-person or virtual capacity. Despite this, 29% of respondents said that up to a fifth of the workforce were unavailable (due to illness or shielding requirements), whilst 51% reported up to a tenth unavailable. 11% of respondents said that between 11-20% of the workforce was redeployed.

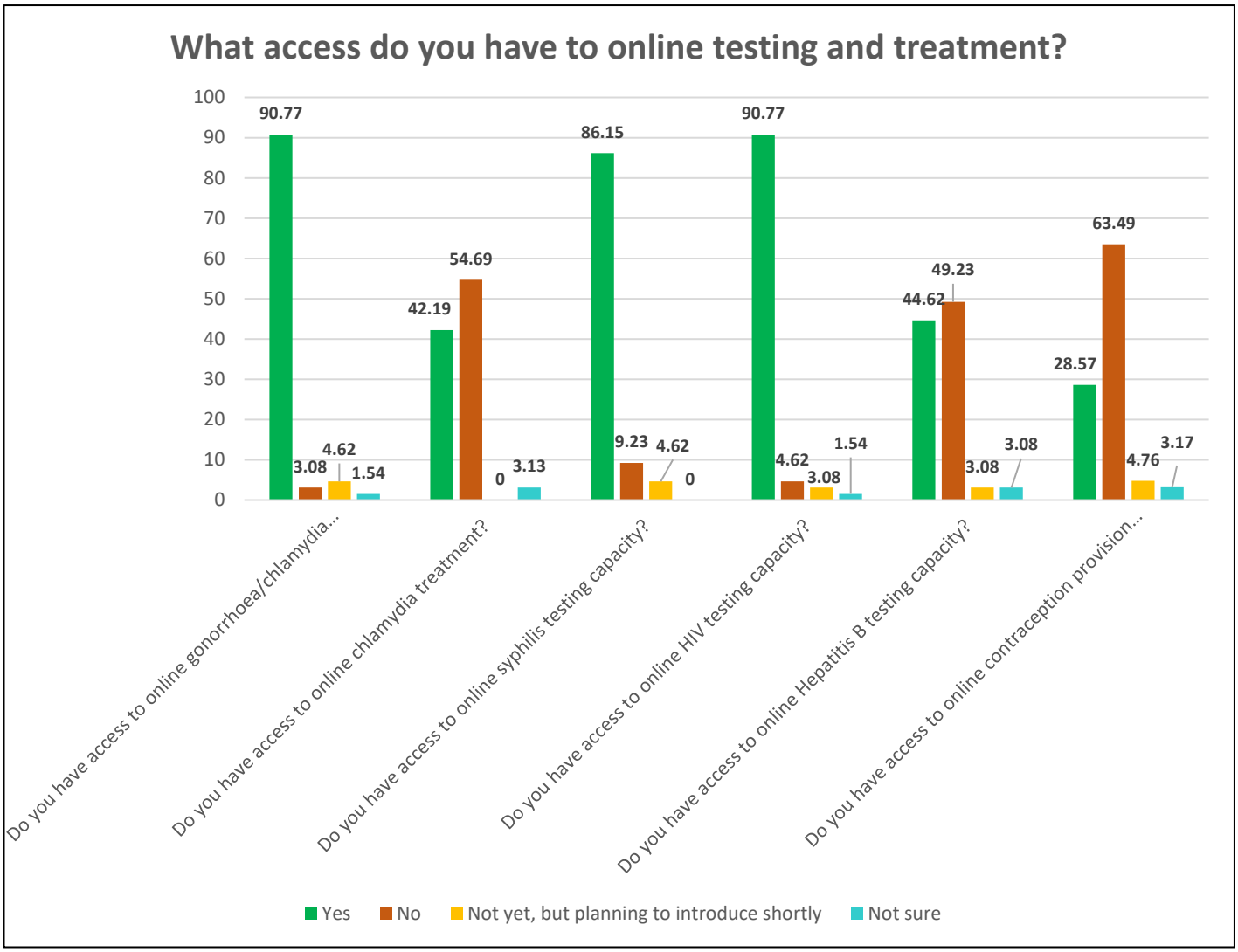


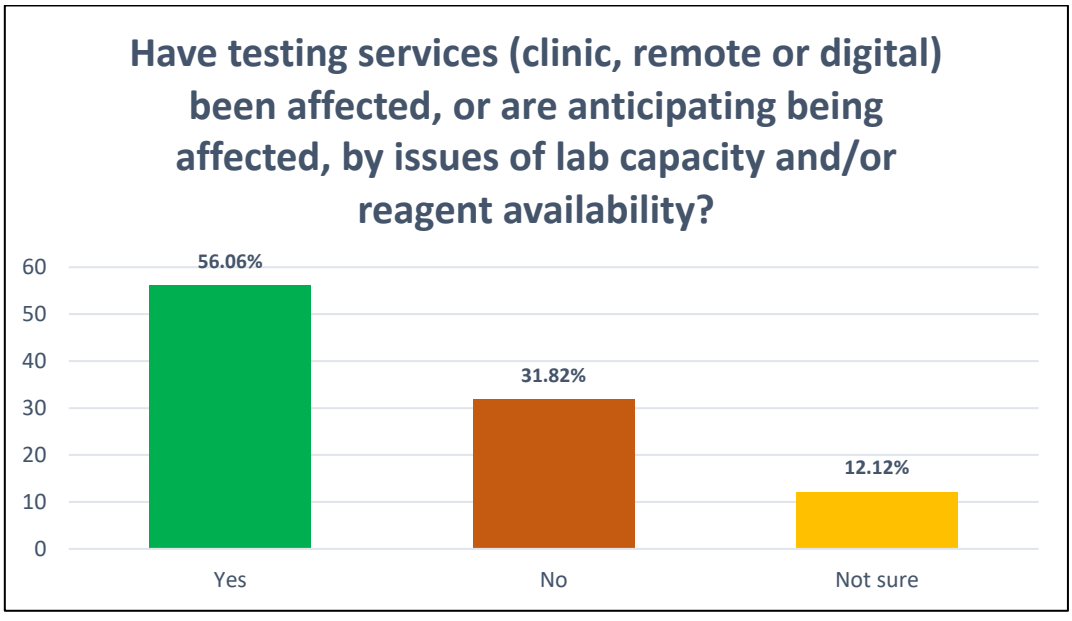
Access to Online Testing & Treatment

The majority of respondents reported having some kind of online access to gonorrhoea/chlamydia and HIV testing in place (91% across all), with these figures increasing slightly from the September results (88%). Since the third round of the survey, the figures for broader online contraception provision had increased (29% said they had access vs 23% in September). However, 63% of respondents still are unable to access online contraception provision.

Additionally, 55% respondents do not have access to online chlamydia treatment (this has decreased from 57% since September) and 49% are unable to offline online Hepatitis B testing capacity (this figure has remained the same).

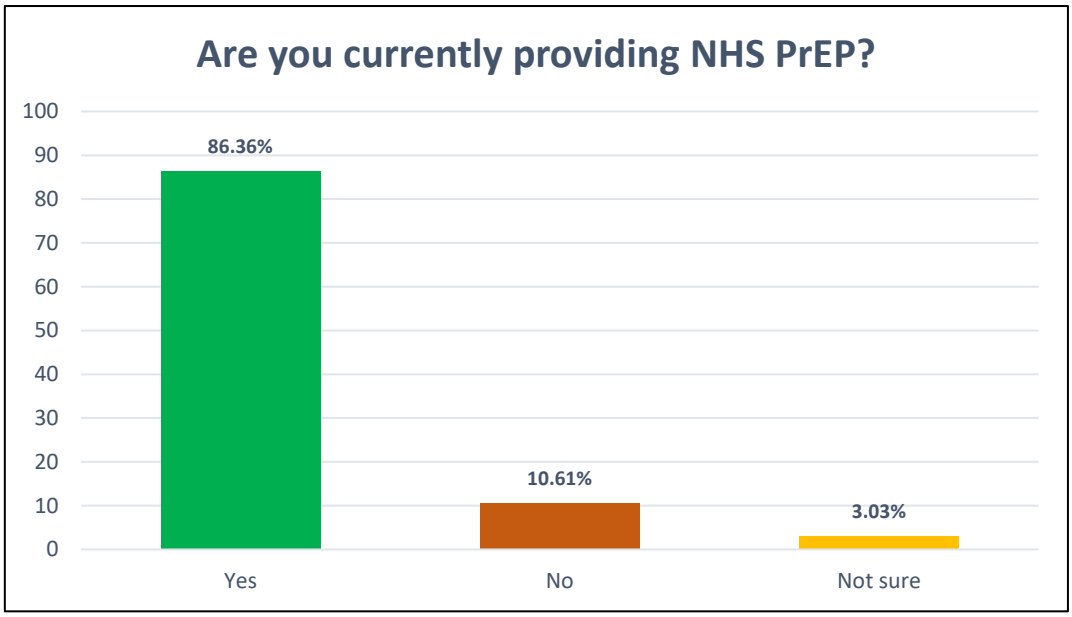
Respondents were also asked whether testing services (via clinic, remote or digital means) had been affected due to issues of lab capacity and/or reagent availability. 56% answered that their testing capacity had been affected, whereas 32% reported no issues.


What access do you have to online testing and treatment?
100
90
80
70
60
50
40
30
20
10
0
90.77
3.08
4.62
1.54
42.19
54.69
0
3.13
86.15
9.23
4.62
0
90.77
4.62
3.08
1.54
44.62
49.23
3.08
3.08
28.57
63.49
4.76
3.17
Do you have access to online gonorrhoea/chlamydia...
Do you have access to online chlamydia treatment?
Do you have access to online syphilis testing capacity?
Do you have access to online HIV testing capacity?
Do you have access to online Hepatitis B testing capacity?
Do you have access to online contraception provision...
Yes
No
Not yet, but planning to introduce shortly
Not sure


Have testing services (clinic, remote or digital) been affected, or are anticipating being affected, by issues of lab capacity and/or reagent availability?
60
50
40
30
20
10
0
56.06%
31.82%
12.12%
Yes
No
Not sure

Provision of NHS PrEP

The majority (86%) of respondents stated that their services were currently providing PrEP on the NHS. Only 11% were not providing it and 3% responded that they were unsure if they were providing PrEP.



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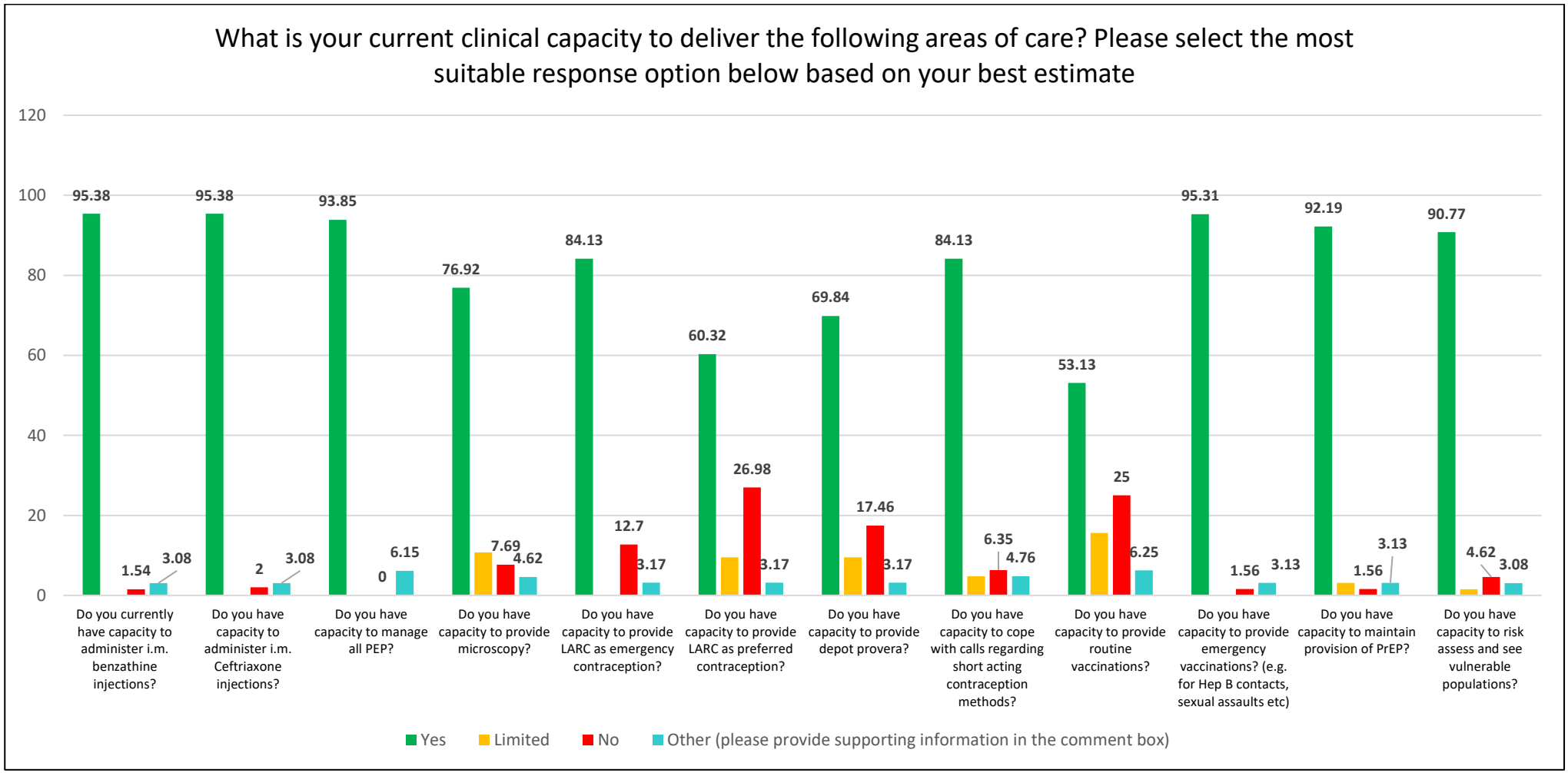
Clinical Capacity to deliver care

The majority of respondents reported continued delivery of a wide range of care aspects, although there were notable reductions in provision in various core areas. Key service challenges appear to be delivery of routine vaccinations (25% unable to provide, this is similar to September) and provision of LARC as preferred contraception (27% unable to provide vs 9% in September, however 10% stated provision was limited). Additionally, 8% said they were unable to provide microscopy and 17% did not have capacity to provide depot provera. 3% said they were unable to maintain PrEP provision. There was a 5% drop in capacity to administer i.m. Ceftriaxone injections, and a 6% drop in capacity to manage all PEP.

Fourth round results



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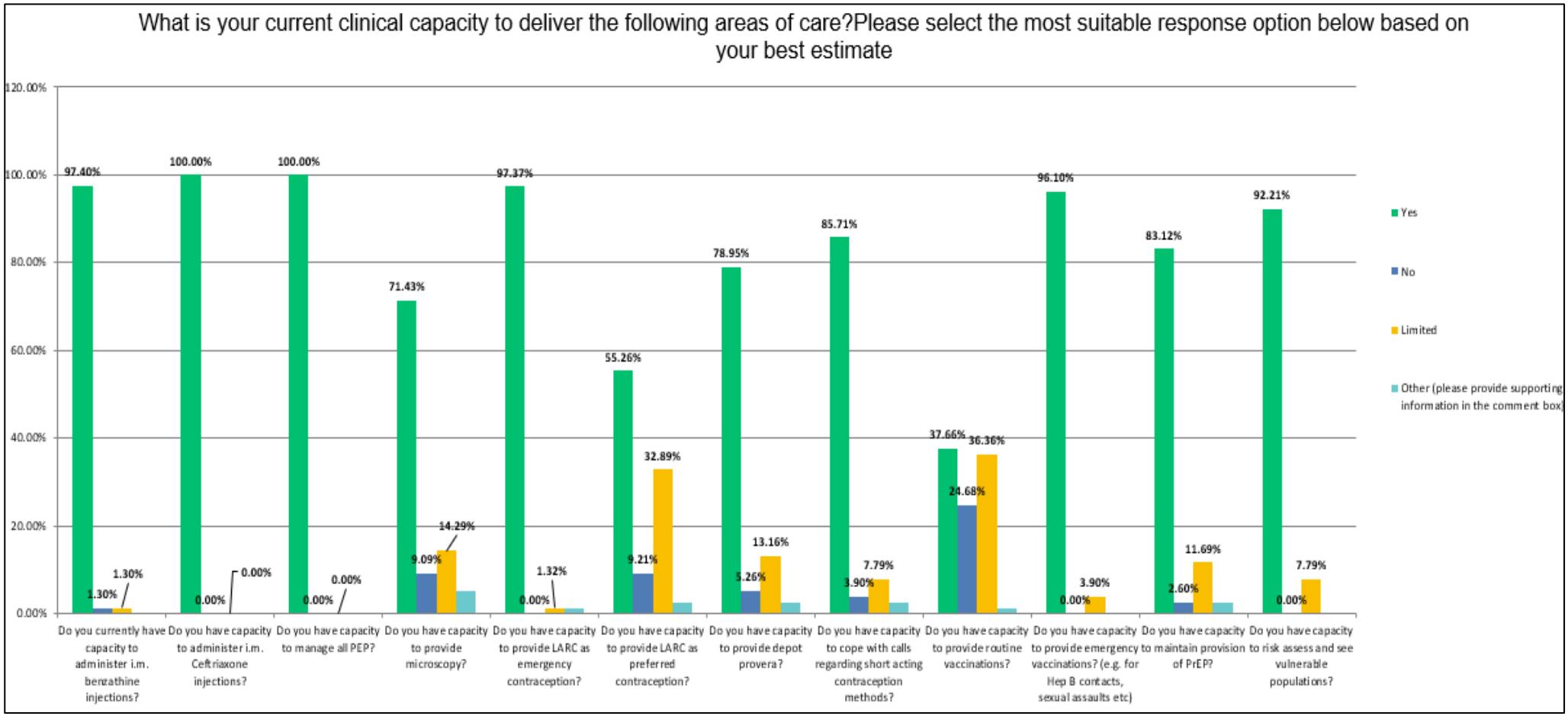
Third round results



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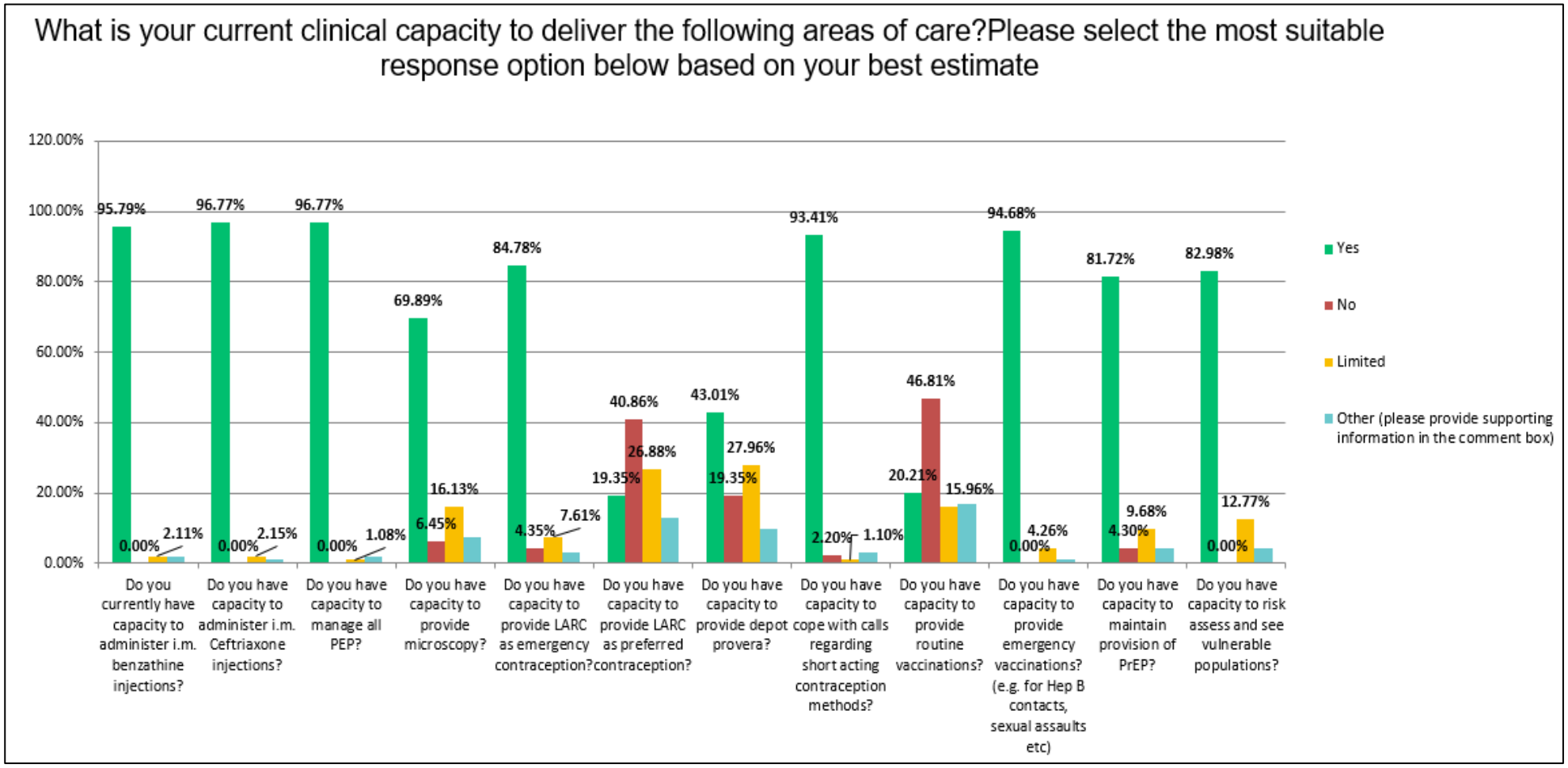
Second round results



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First round results