BASHH British Association for Sexual Health and HIV

BASHH COVID-19 Sexual Health 'Clinical Thermometer' Survey

Round 2 Results Snapshot

Introduction

On Monday 27th April 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, now and in the future. The updated second round of the survey included additional questions on current service activity, changes to clinical assessments and the use of virtual consultations.

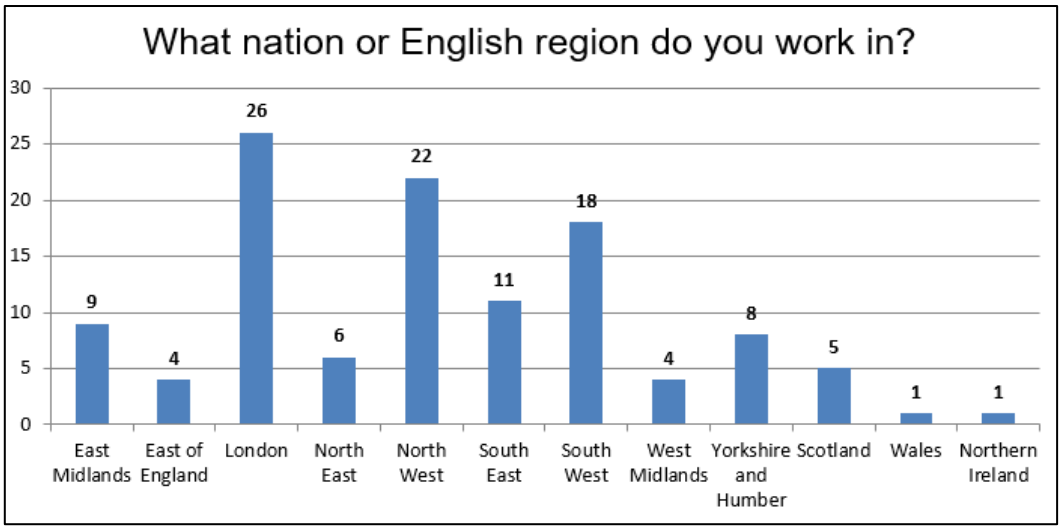
Respondents were encouraged to answer as many of the questions as possible, and to base their responses on 'best estimates' reflecting their immediate situation, in recognition of the need to acquire a national picture of services as quickly as possible.

The second round of the survey closed on Monday 18th May, with responses received from 115 members. Findings from the initial circulation 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

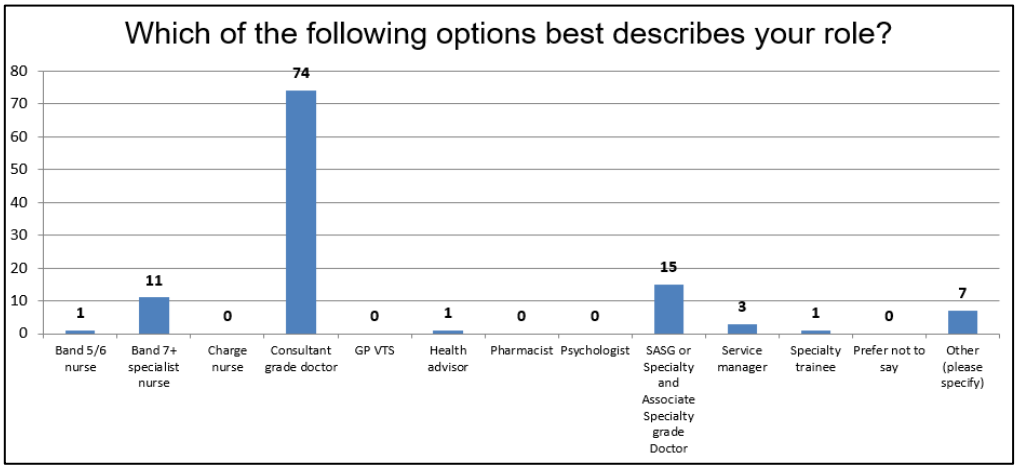
Survey responses have been received from every BASHH branch – the ambition of recent survey activity has been to establish the impact that COVID-19 is having on every service in the country.



Respondent role

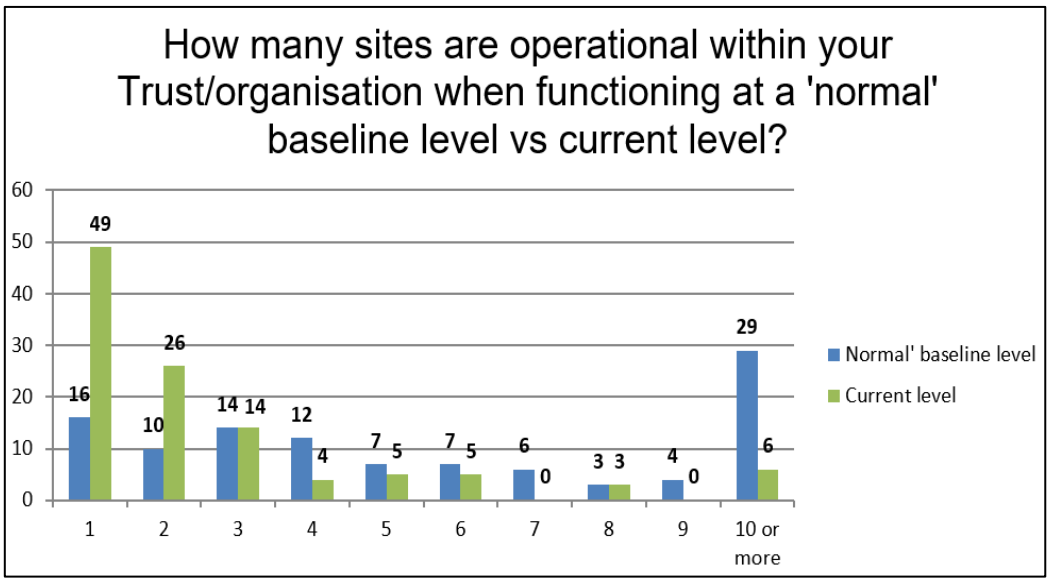
The majority of responses were from consultant grade doctors, with feedback also received from nurses, SASG or Specialuty and Associate Specialty grade doctors and service managers.

Graph overleaf



Operational sites

Findings from the survey revealed that the number of operational sites had significantly declined. Over 25% of respondents stated that normally there would be ten or more sites operating within their trust or oragnisation. However at current levels, only 5% stated there were ten or more sites operating in their trust. The majority, 67%, stated that there between 1-2 sites in operation in their trust.



Current Service Capacity

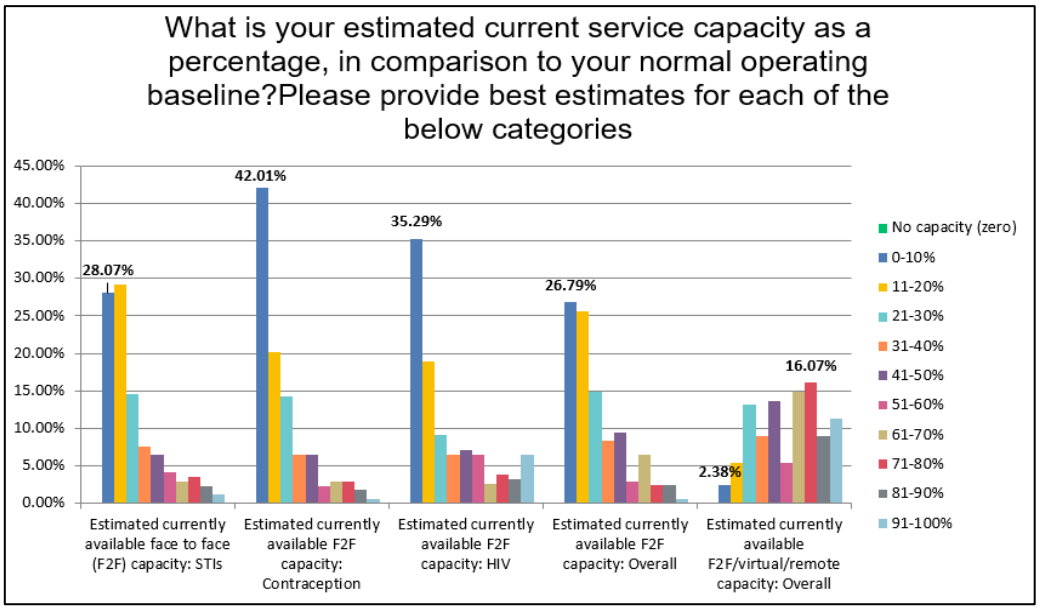
Feedback demonstrated severe face to face capacity restrictions across STIs, contraception and HIV service provision. Findings from the first Clinical Thermometer survey carried out in April showed that slightly over half of respondents reported having less than 20% available capacity in these three areas. In the most recent survey, over 80% of respondents reporting having less than 20% available capacity in these three areas.

In the previous survey, overall capacity appeared to be more resilient when virtual services were taken into account, with more than half of respondents suggesting that their overall capacity was 60% or higher. However, this latest survey suggested this was slipping, with just under half of respondents suggesting that their overall capacity was 50% or higher.

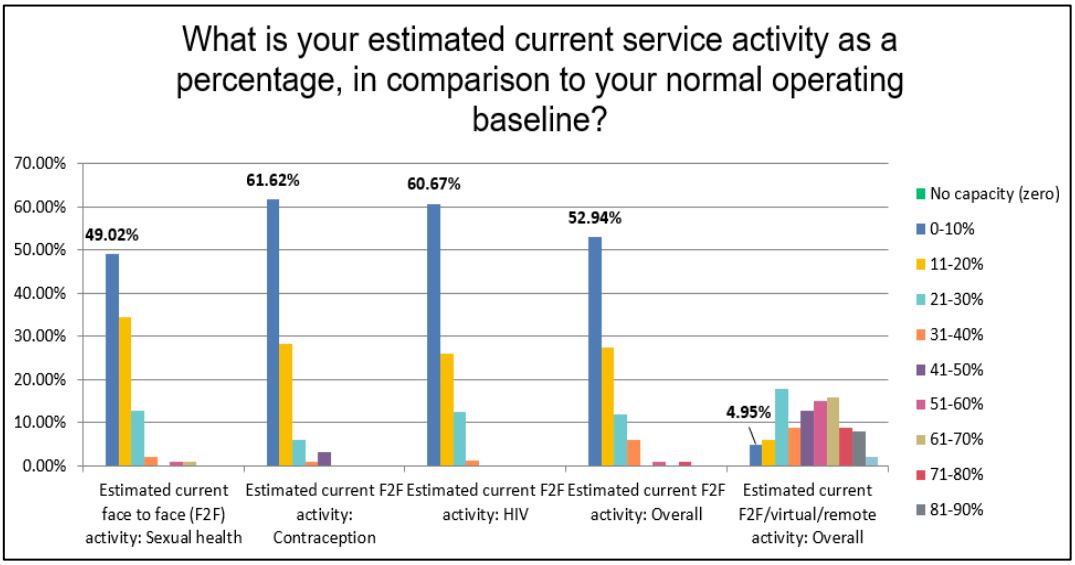
- **Limited operation:** 28% of sites are currently operational with many closing due to lockdown restriction. The overwhelming reason for site closure has been to help preserve delivery of services, at a single site where necessary.
- **STI provision:** 83% of respondents reported having <20% f2f capacity (vs 57% in April)
- **Contraception provision:** 90% of respondents reported having <20% f2f capacity (vs 62% in April)
- **HIV provision:** 87% of respondents reported having <20% f2f capacity (vs 54% in April)

- **Overall f2f capacity:** 80% of respondents reported having <20% overall f2f capacity (vs 53% in April)
- **Overall capacity (including virtual):** Over half of respondents (65%) reported overall capacity was >60% (vs 51% in April)

First round results



Second round results

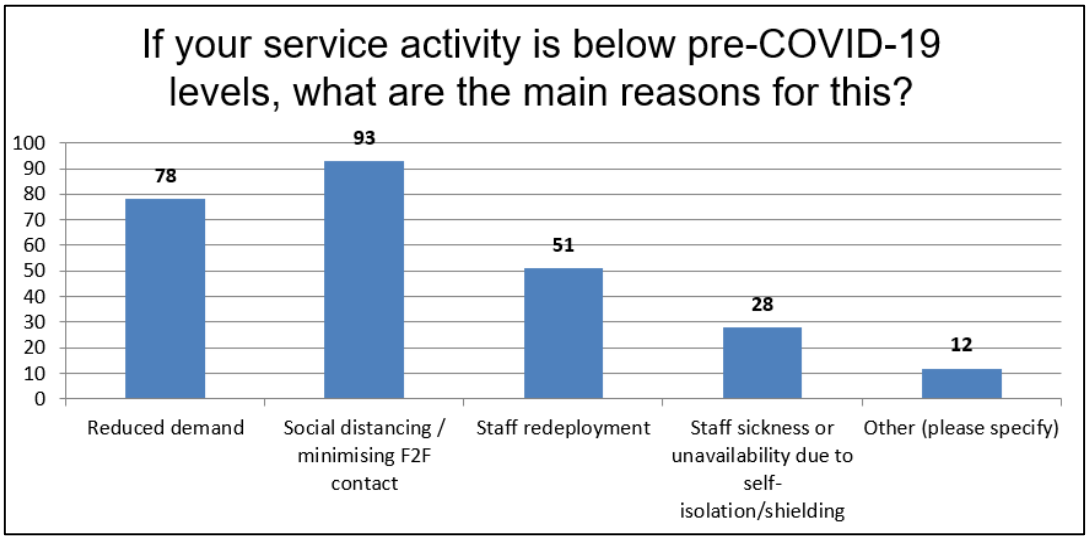


Key comments from respondents:

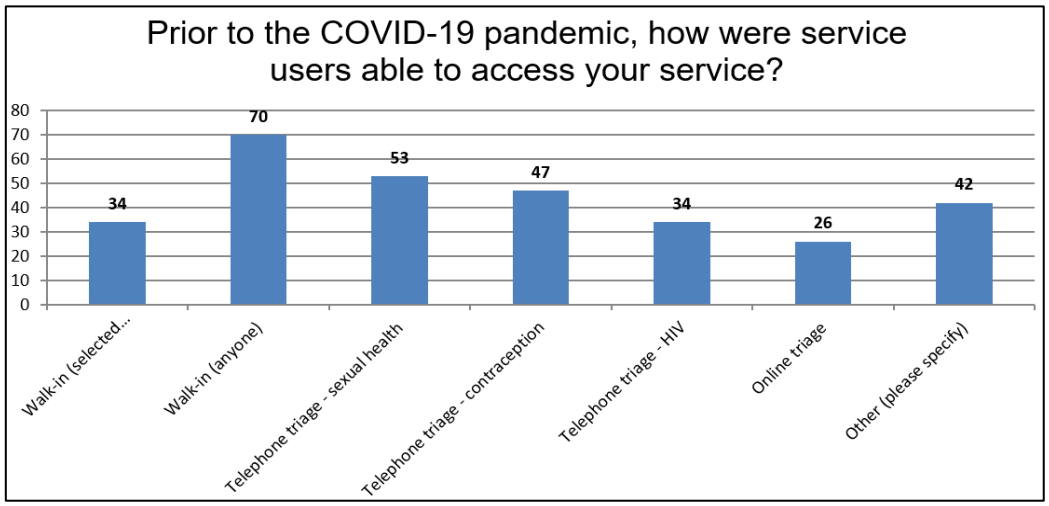
- "Subsidiary sites all closed during lockdown"
- "None operating normally; we've moved sexual health sites into our HIV clinic"
- "All satellite clinics remain closed
- "F2F appointments only at one site in centre of town, Telephone appointments only at acute Trust site, satellite clinics closed but due to re-open next week as nurse led clinic."
- "The sites we closed are weekly outreach clinics in youth settings"
- "All sites currently operational and providing essential services in accordance to national and specialty guidance"

Service Activity Levels & Access Methods

Feedback from the survey found that over 90% of respondents have reduced their activity due to social distancing measures to minimise face-to-face contact. 76% said their services were operating under normal levels because of reduced demand and 50% stated it was because of staff redeployment.

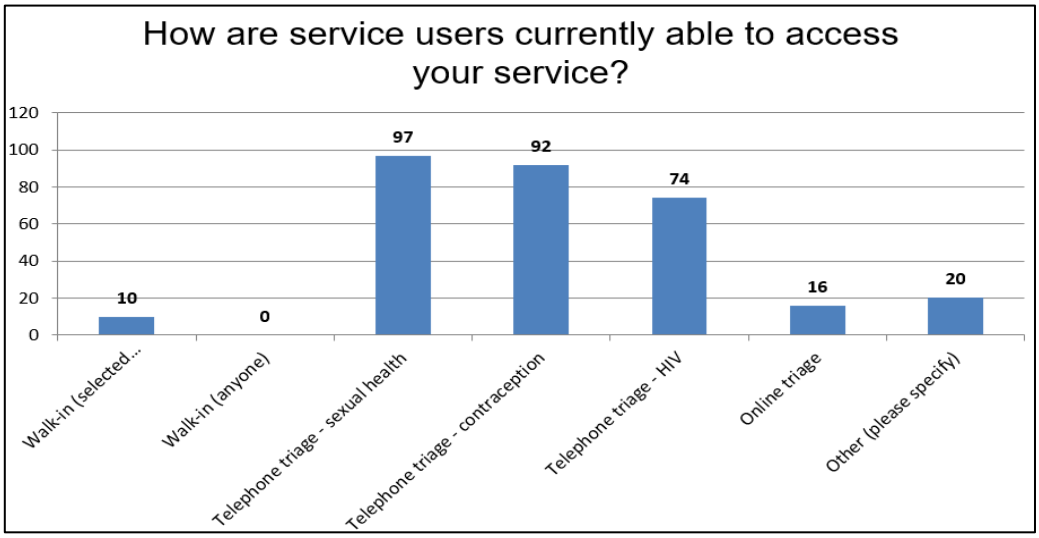


Prior to the COVID-19 pandemic the majority (70%) accessed services by walk-ins open to anyone. Telephone triage services were widely used, 53% accessed services for sexual health through telephone triage, 47% for contraception and 34% for HIV.



Now services heavily rely on telephone triages for patients to access services. 96% accessed services for sexual health through telephone triage, 91% for contraception and 73% for HIV. Respondents indicated that only 10% of patients accessed services through walk-ins for selected conditions.

Graph overleaf



Resources needed for services

Over 30% stated that services would need to reassess how they function post COVID-19. Over 20% of respondents stated they would like to see greater use of online services, whilst a similar proportion cited staffing as a key resource need for services. Making it easier for patients to access services was also included in the comments.

Key comments from respondents:

- "More funding to meet ever increasing demands for the services. More widespread use of telemedicine. Availability of affordable (or free) online STI/BBV testing services (without age limitations). Availability and feasibility of online prescription and postal delivery services for prescribed medicines. More resilient and multi-skilled workforce"
- "Increase access to video/online assessment. Online testing Continue postal / delivery medicines. Identifying a pharmacy provider to digitally send px for patient delivery"
- "Recovery steps framework with example timescales to bridge from essential to intermediate to desirable service levels according to national & local risk assessment - COVID incidence threshold/ service capacity/ patient factors"
- "Training with telemedicine - how to use effectively and identify / risk assess virtually. Commissioners to fund appropriately for complex work and ensure income stable Workforce stability - return of redeployed staff to service"

Vulnerable Populations

The majority of respondents (62%) stated young people were a local population of particular concern. 21% stated homeless people were a concern and 18% indicated MSM were also a population of concern. 17% of respondents stated victims of domestic violence were of concern and those using LARC.

Q22 Who are your local populations of concern or areas of priority? (Examples from others include: Young people (under 18), LARC+/-complications, People with no access to mobile phone or internet, Care Leavers, Anyone known to Domestic violence or sexual violence services or history of same, Homeless, Complex contraception need, People living with any physical disability or mental health problems, or living with Drug, Alcohol or other substance use issues, Migrants and asylum seekers, Non-English speakers, Commercial Sex workers, People with Active Chemsex usage, Gender or Sexual Minority populations, Anyone on a priority list agreed with your local Commissioner/Public Health Team)Can you indicate your Top 5 priorities, and if possible, detail any local issues specific to your populations?Please provide information in the comment box below

Key comments from respondents:

- "Vulnerable people; newly diagnosed/transfer-in/re-engaged HIV patients; patients with acute and/or distressing symptoms; Sexual assault victims; Pregnant patients; Patients with complex care needs"
- "the first on your list - we have less migrants and asylum/non English speakers, limited chem sex we are aware of (there will be some), few gender/sexual minority populations - however all are a concern as they don't seem to be contacting us/accessing our services."
- "1. widening online offer to allow MSM screening as much MSM activity delivered via outreach with 3rd sector & currently phone access only 2. SH commissioner progress on online blood testing offer (national provider preferred given learning from NCSP/local very significant overspend on under25 Ct/Gc testing online) 3. Under 18 access (offering text/ online chat instead but numbers much less than when drop-in in place; 3 university city so students going home always makes v significant difference to demand) 3. those for whom phone access difficult/dangerous eg DV/language problems 4. ensuring SW access when outreach suspended (staff redeployed in Homeless team can at least access most vulnerable) 5. risk-assessed recovery steps for patients & staff"

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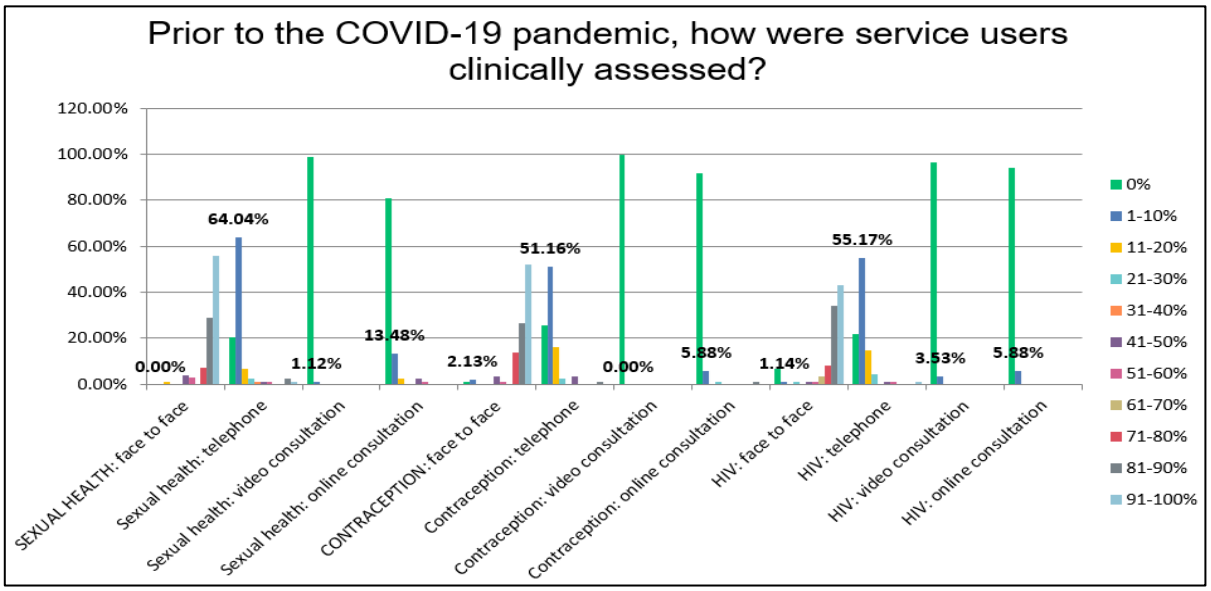
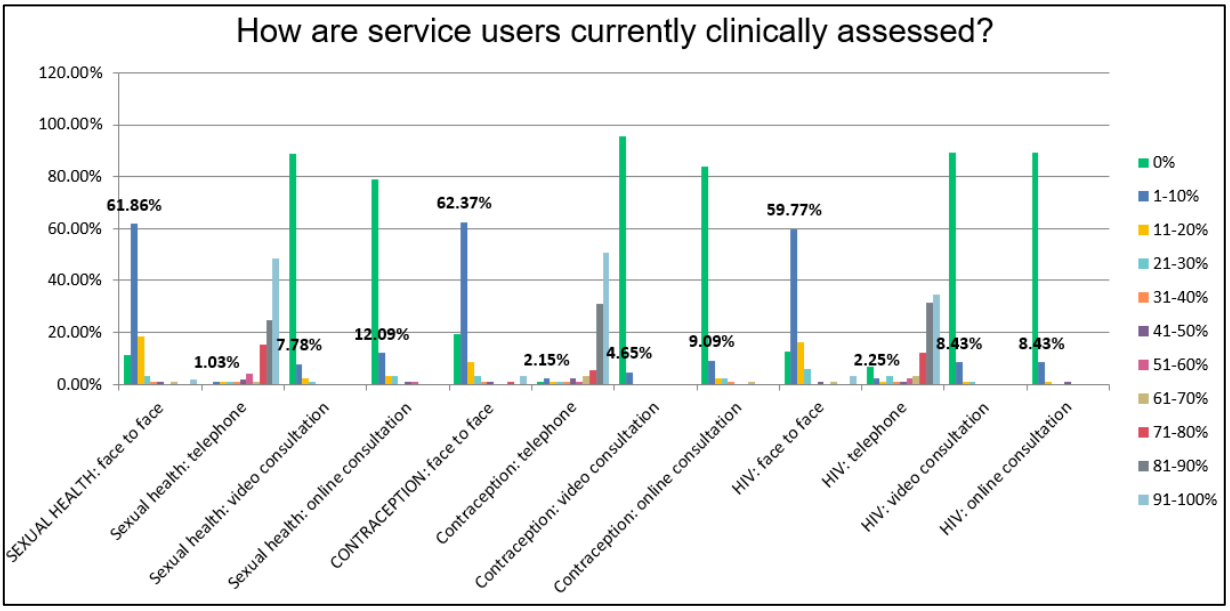
Clinical Assessments in Sexual Health and HIV

Prior to the COVID-19 pandemic service users were predominantly assessed by face-to-face consultations for sexual health, with 85% of respondents indicated that service users were assessed in face-to-face appointment over 80% of the time. A similar proportion of respondents also indicated that service users for contraception and HIV services were assessed through face-to-face consultations over 80% of the time.



Based on the latest survey findings, over 60% of respondents indicated that over 80% of service users were assessed for sexual health, contraception and HIV using telephone services.

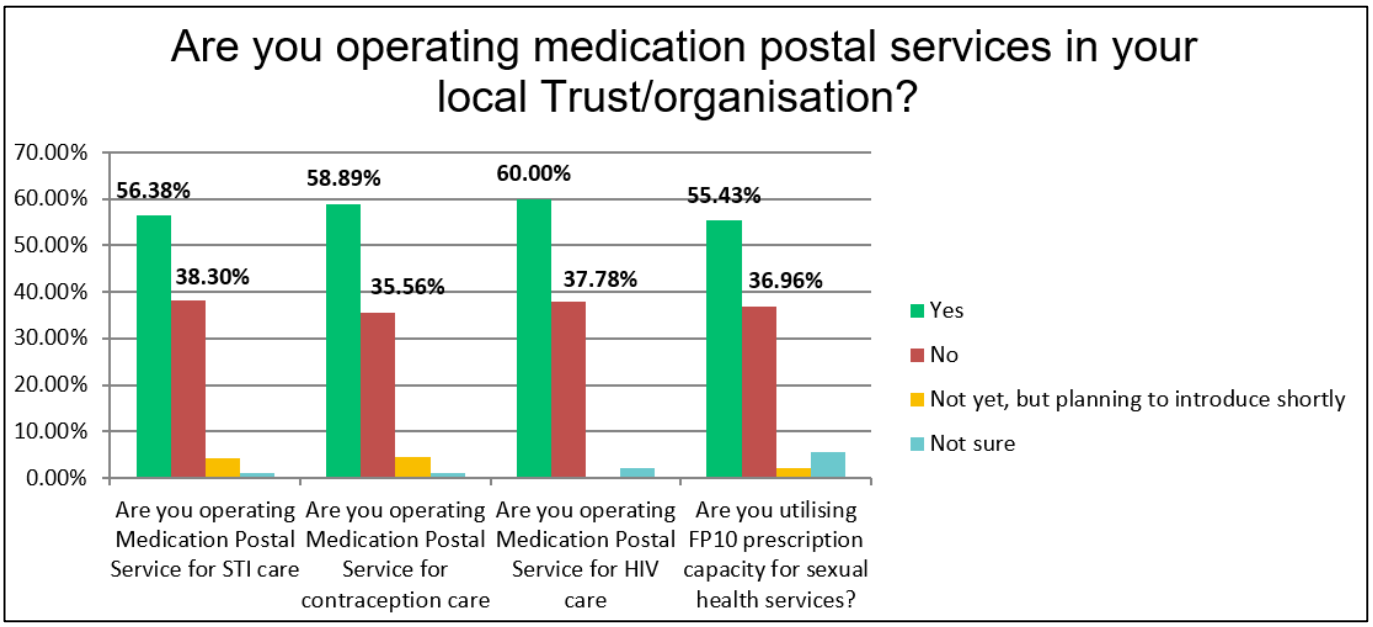
The uptake of online services for clinical assessment has been low. Nearly 90% of respondents indicated that no services users were being assessed for sexual health, contraception and HIV by video consultation. Over 79% of respondents indicated that no services users were being assessed for sexual health, contraception and HIV by online consultation.



Provision of Medication Postal Service

In line with the results in April, respondents indicated a mixed picture in terms of current provision of medication postal service provision. Over half of respondents indicated they were providing medication postal services in STI, HIV and contraception care, (highest in HIV care, at 60%). These figures have risen in comparison to the April results, with use of medication postal services for contraception rising from 50% to 58%, based on survey responses.

Almost a tenth (<8%, compared to <7% in April) of respondents said they were planning on introducing medication postal services for STI and contraception care shortly. Compared to the results in April more respondents stated they were utilising FP10 prescription capacity (55% in May vs 50% in April).



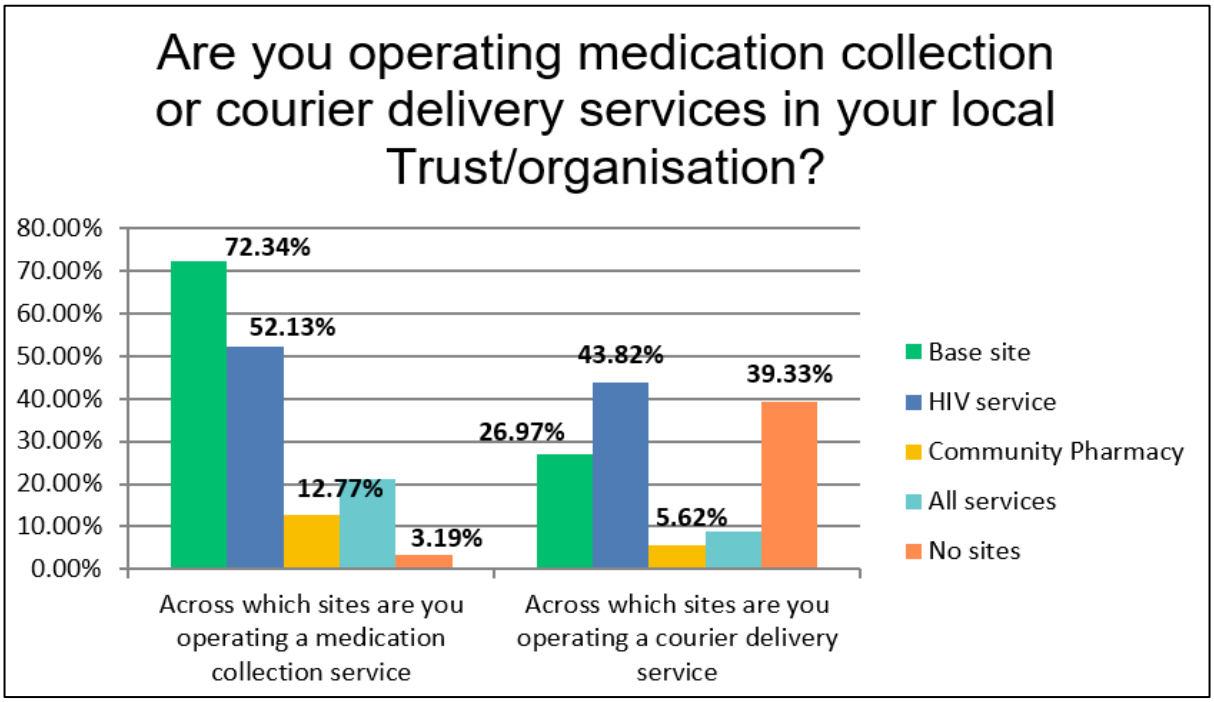
Supporting comments from respondents:

- “We have postal treatment for CT only. We are still waiting for FP10's to be available.”
- “We have online contraception and postal delivery via a 3rd party.”
- “We have FP10s but don't post them to patients.”
- “We use courier service instead of posting as it's quicker. We have collections points at 4 sites”
- “Posting FP10s is much quicker Local Postal Services now delayed for parcel delivery and also beset internal post room staffing limitations; may expand postage of medication BUT may not be timely For locals "collections" appears to be client preference We have also set up a satellite "dispensing" arrangement in some of the "closed" satellite sites to make it easier for those populations to access”
- “Post is too slow and our Pharmacy managers were not keen on posting drugs or FP10's.”

Provision of Medication Collection & Courier Delivery

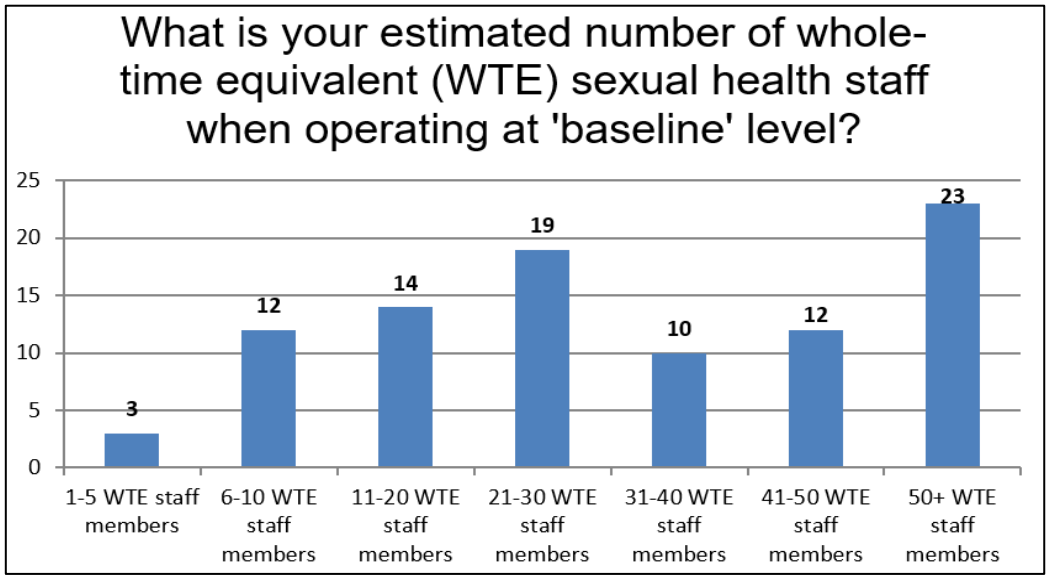
Respondents presented a mixed picture in terms of currently available medication collection or courier delivery services, with the latter significantly less likely to be in place. Results from the second round of the survey were similar to the first round of results.

- **Medication collection:** Services were most commonly available within a local base site, with 72% reporting medication collection was in place here. Over half (52%) said medication collection was available in HIV service settings. Slightly more respondents 21% in May vs 15% in April said medication collection was available across ALL local sites, with 3% in May vs 6.7% in April saying medication collection wasn't available at all.
- **Courier delivery:** Courier delivery services were much less commonly reported, with 39% of respondents saying that no local sites had a courier function in place. This is a slight improvement from April where 45% said 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 (43%), with 26% saying their base site provided a courier function. Compared to 5% in April, the latest results showed that 9% of respondents had courier services in place across all local sites.



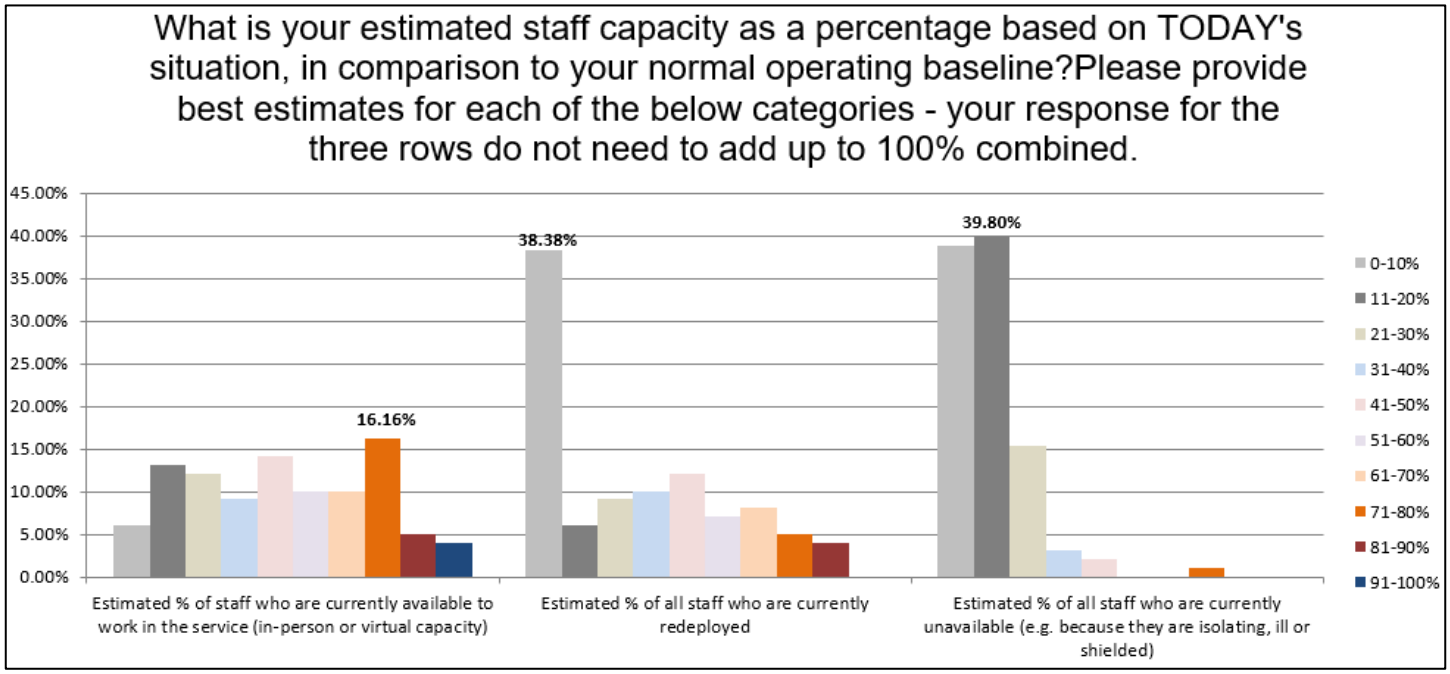
Whole Time Equivalent Sexual Health Staff

Nearly a quarter (24.73%) said they had 50+ whole time equivalent sexual health staff when operating at baseline level. Just over a fifth of respondents (20%) said they had 21-30 whole time equivalent sexual health staff. 16% of respondents said they has less than 10 whole time equivalent sexual health staff.

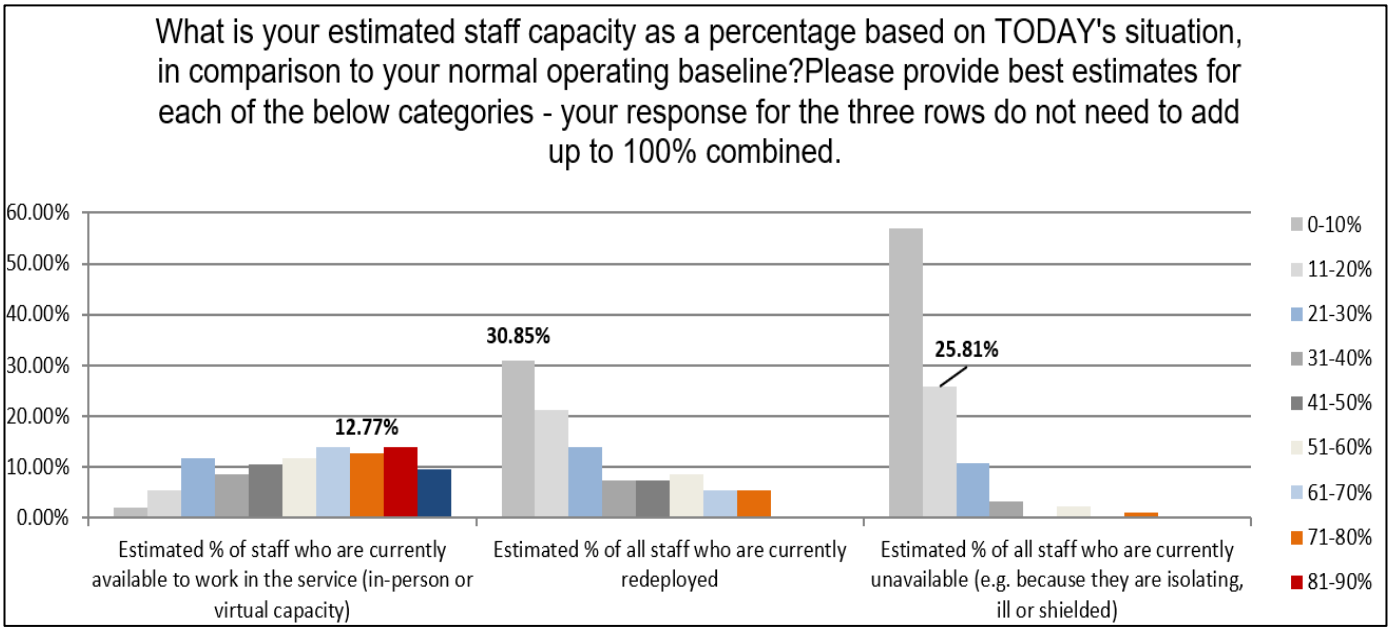


Respondents demonstrated that COVID-19 is having a significant impact on the availability of sexual health staff. 58% of staff remain in service (vs 54% in April), compared to the baseline figures. 16% of staff have been redeployed (vs 29% in April) and 12% of staff are shielding, isolating or are ill (vs 17% in April).

First round results



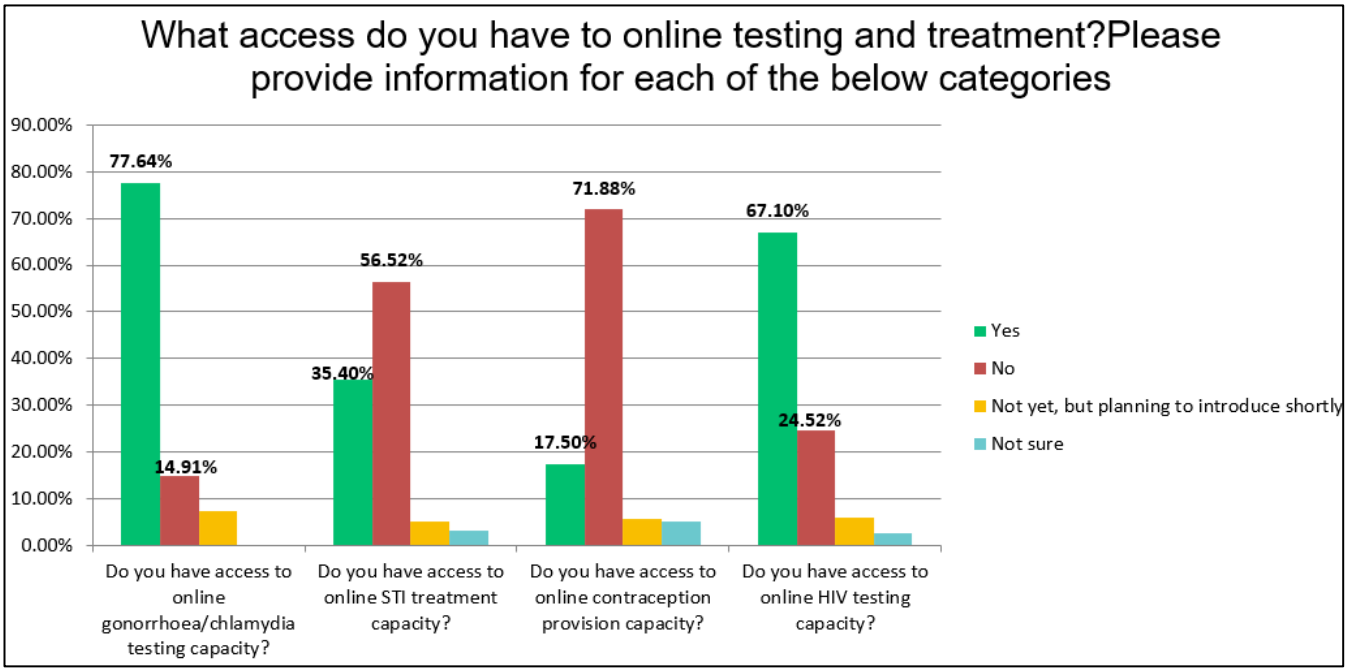
Second round results



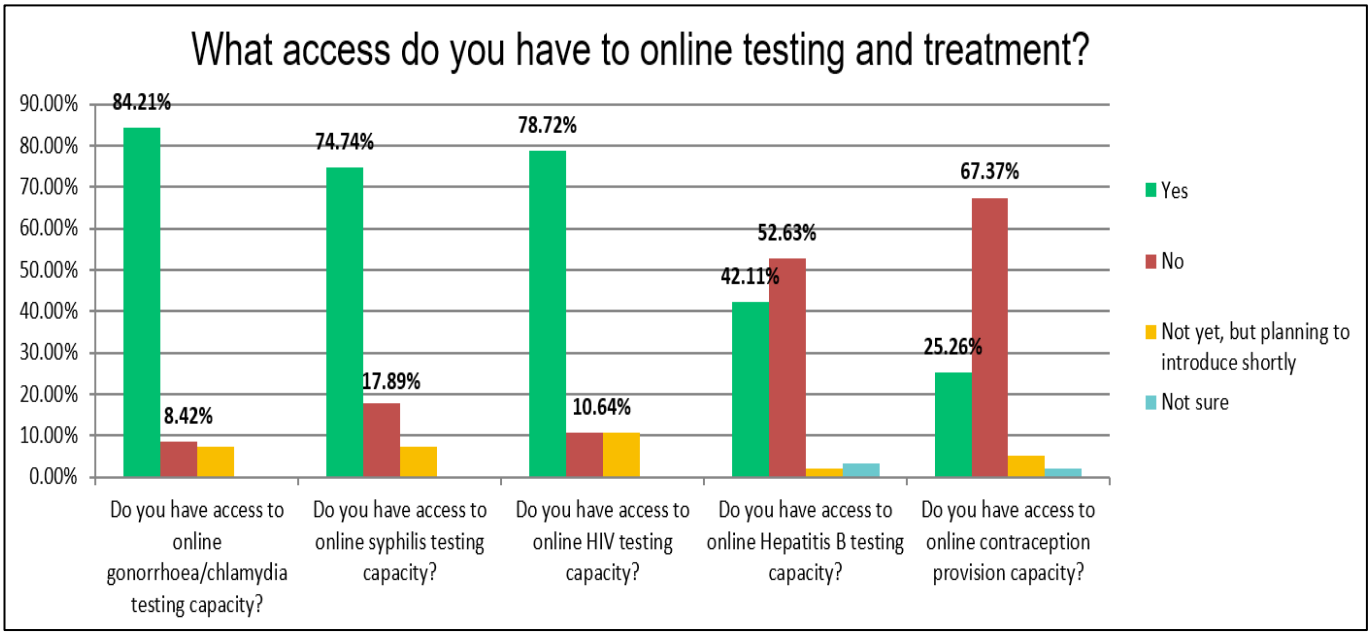
Access to Online Testing & Treatment

The majority of respondents reported having some kind of online access to gonorrhoea/chlamydia and HIV testing in place (84% and 78% respectively), with these figures increasing from the April results. However, these figures were much lower for broader online contraception provision (25% said they had access vs 35% in April). A small proportion of respondents indicated that they were planning on introducing online testing shortly (<11% in all categories).

First round results

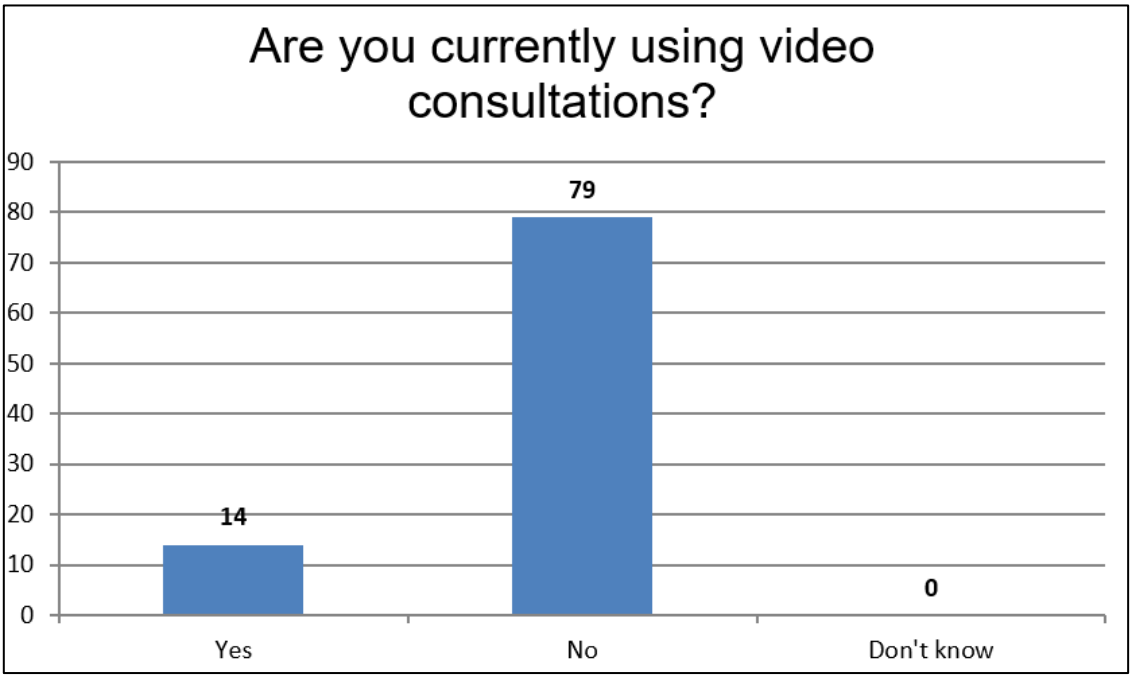


Second round results

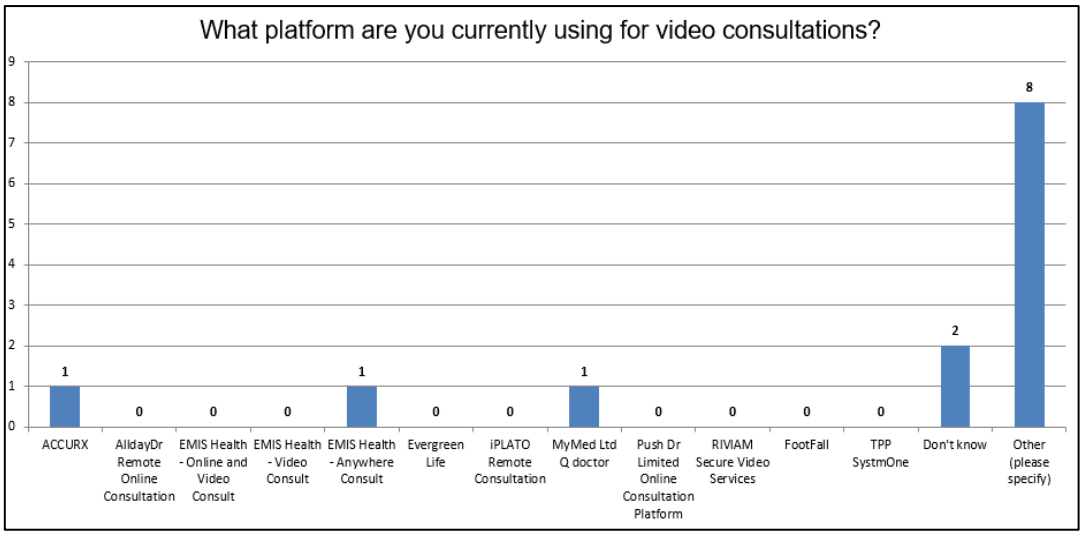


Use of video consultations

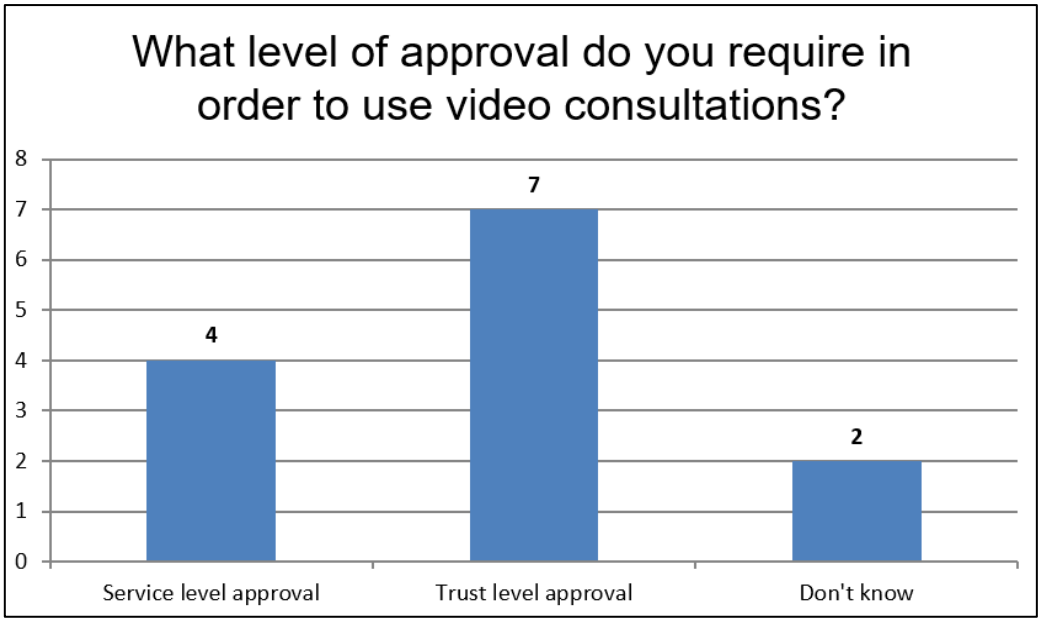
The majority (84%) of respondents stated they did not use video consultations, with only 16% stating that they currently used them.



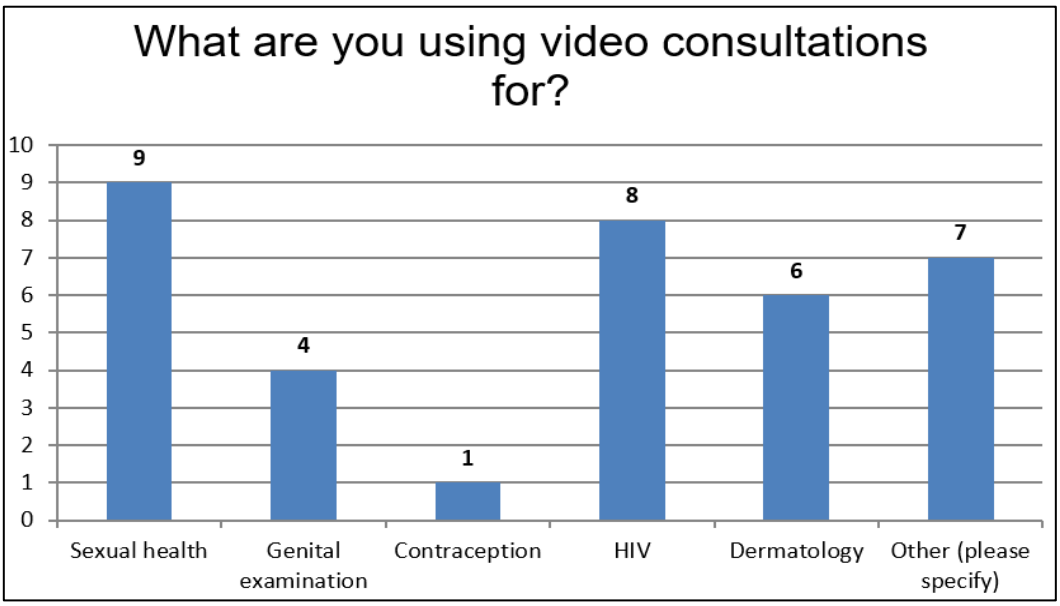
Of those that did use video consultations, the majority (61%) used other video consultations with a few also using ACCURX, EMIS Health - Anywhere Consult, MyMed Ltd Q doctor.



Over half of respondents (53%) stated they required Trust level approval to use video consultations and 30% stated they needed service level approval.

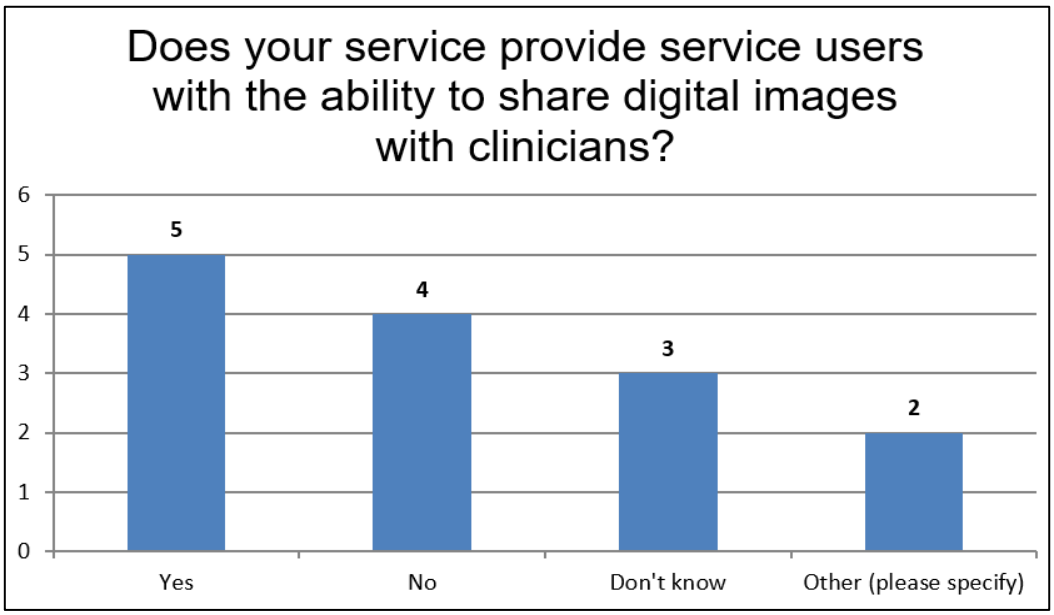


Over half of respondents stated they used video consultations for sexual health and HIV (64% and 57% respectively). 42% said they used video consultations for dermatology and 28% stated they used it for genital examination. 7% states they used it for contraception.

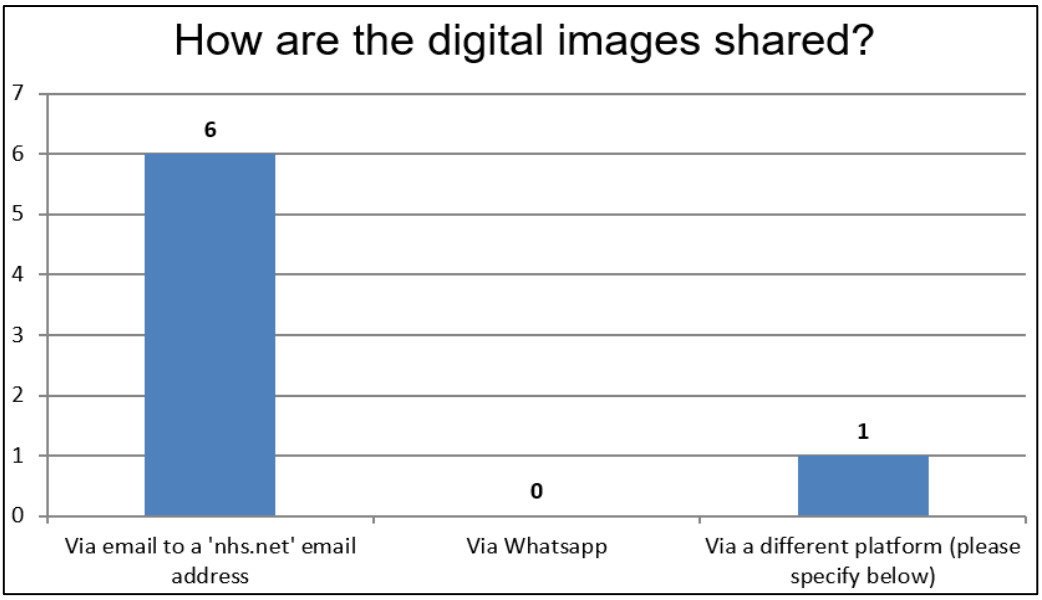


Service users digitally sharing images

There were mixed results for service users being able to share images with clinicians. 35% of respondents stated their service allowed service users to share images, 28% said they did not.



85% of respondents stated that digital images could be shared via their NHS email. 14% stated they used another platform no one indicated they used Whatsapp.



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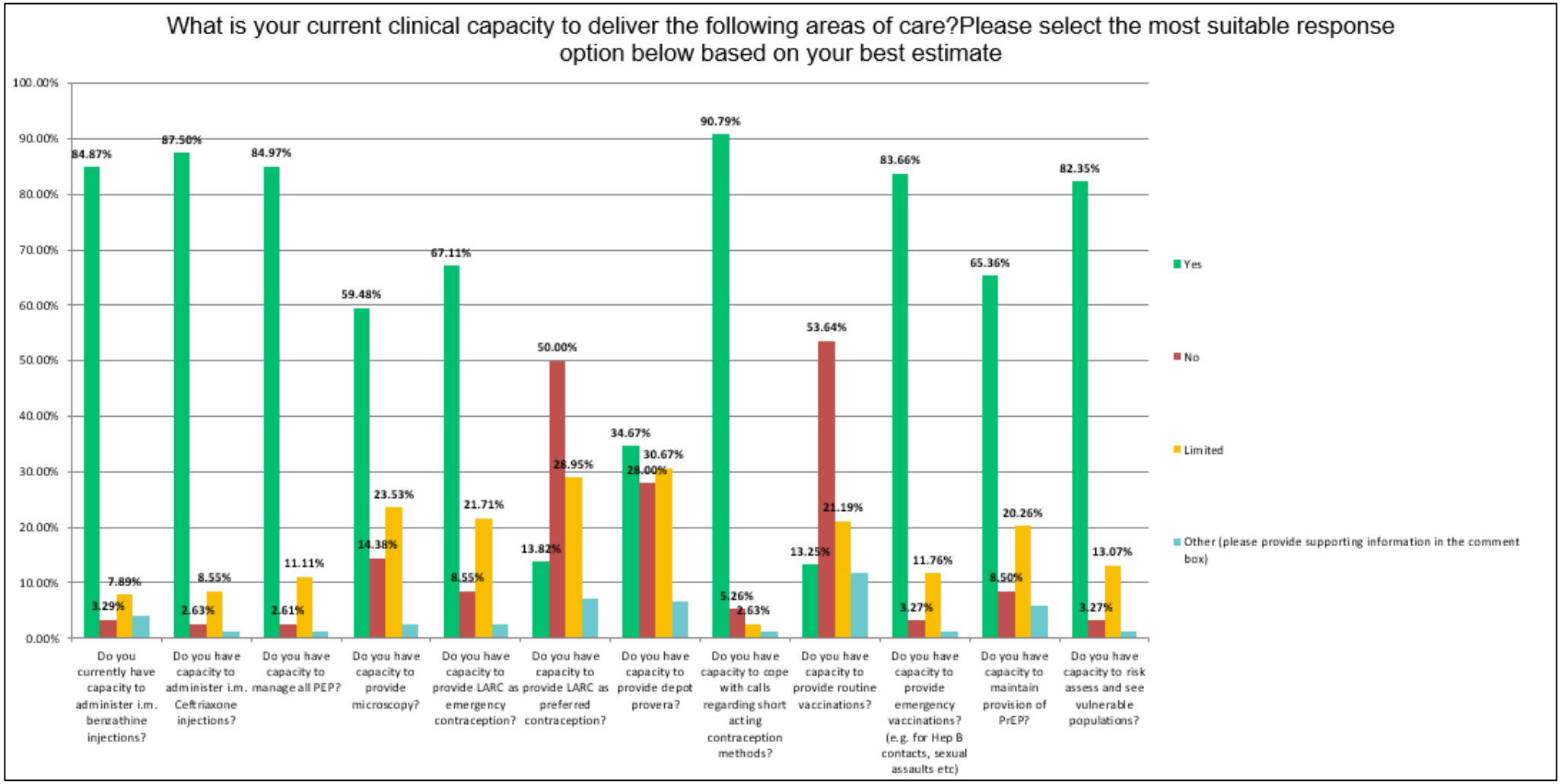
Clinical Capacity to deliver care

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 13% respondents saying they were only able to offer limited or no care at all to this group, however this percentage had decreased from nearly 20% in April. Other challenging areas appear to remain delivery of routine vaccinations (46% unable to provide vs 54% in April) and provision of LARC as preferred contraception (40% unable to provide vs 54% in April). 4% said they were unable to maintain PrEP provision.

First round results



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Second round results