BASHH British Association for Sexual Health and HIV

BASHH COVID-19 Sexual Health 'Clinical Thermometer' Survey

Round 3 Results Snapshot (September 2020)

Introduction

On Tuesday 22nd July 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 third round of the survey reduced the number of questions related to pre COVID-19 capacity levels.

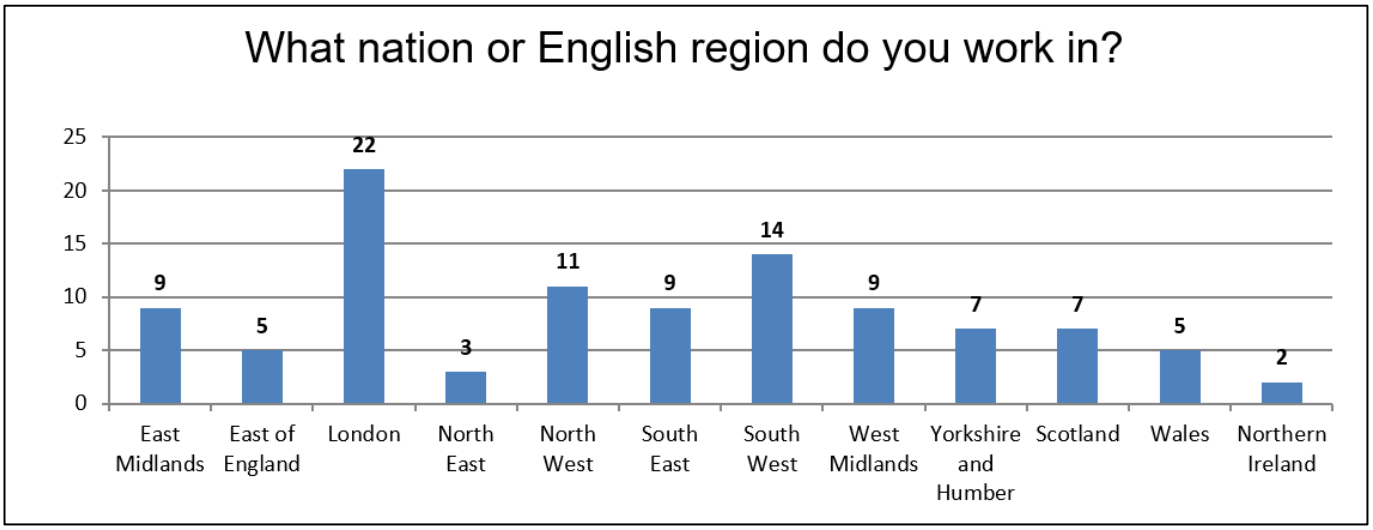
Respondents were encouraged to answer as many of the questions as possible, and to base their responses on 'best estimates' reflecting their immediate situation, in recognition of the need to acquire a national picture of services as quickly as possible.

The third round of the survey closed on Monday 7th September, with responses received from 103 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 every BASHH branch, with a good spread of responses from across the UK.



Operational sites

Findings from the survey revealed that the number of operational sites had significantly declined. Over a fifth (22%) of respondents stated that normally there would be ten or more sites operating within their trust or oragnisation. However at current levels, only 4% stated there were ten or more sites operating in their trust. The majority, 69%, stated that there between 1-3 sites in operation in their trust.

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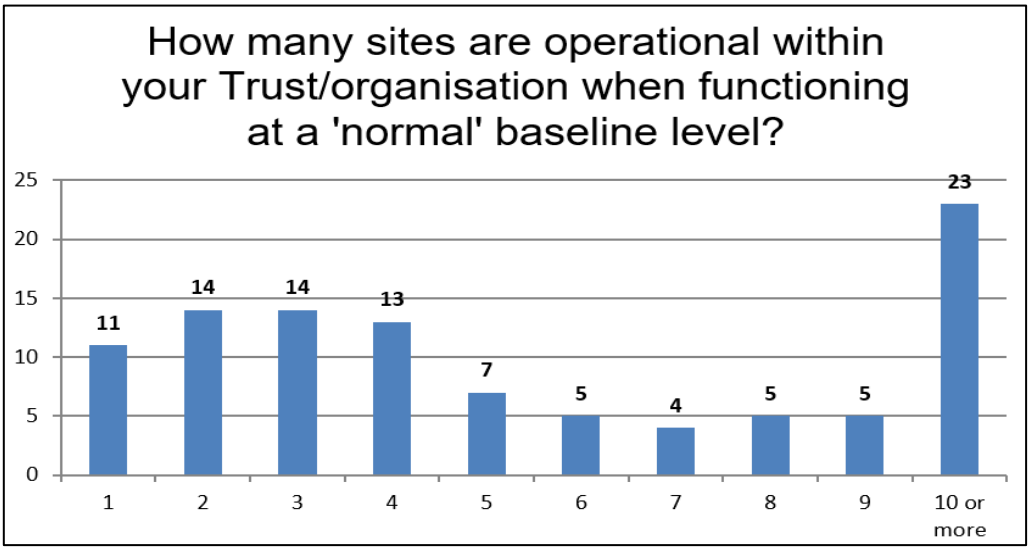
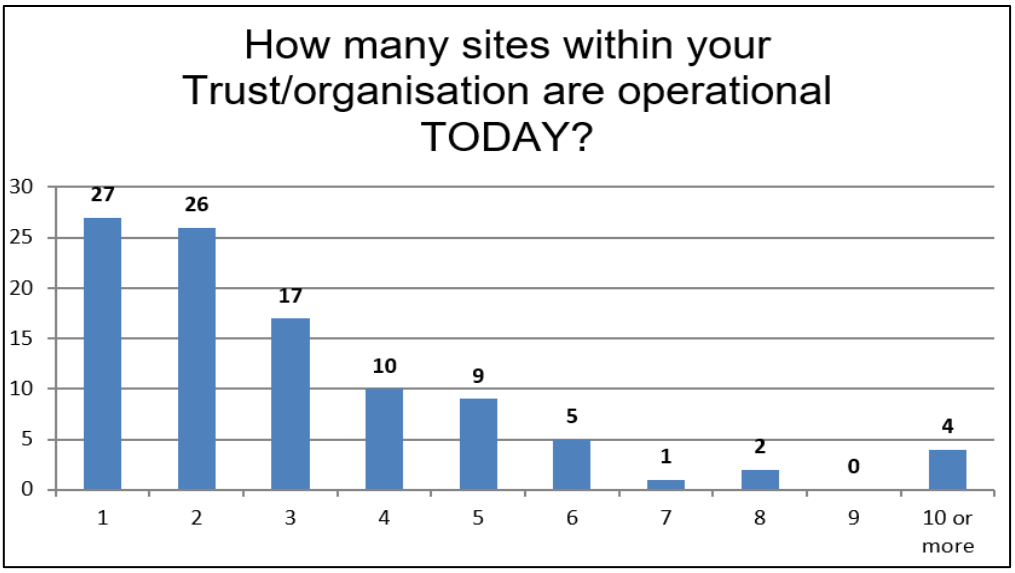




Current Service Capacity

Results from the third round of the survey found improvements in overall levels of face to face capacity, although restrictions remained in place across STI, 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 survey carried out in May, over 80% of respondents reporting having less than 20% available capacity in these three areas. In the most recent survey, slightly over a third of respondents reported having less than 20% in these three areas.

In the first round 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 over half of respondents indicating that their overall capacity was 50% or lower.

- **Limited operation:** 57% 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:** 25% of respondents reported having <20% f2f capacity (vs 83% in May)
- **Contraception provision:** 34% of respondents reported having <20% f2f capacity (vs 90% in May)
- **HIV provision:** 41% of respondents reported having <20% f2f capacity (vs 87% in May)

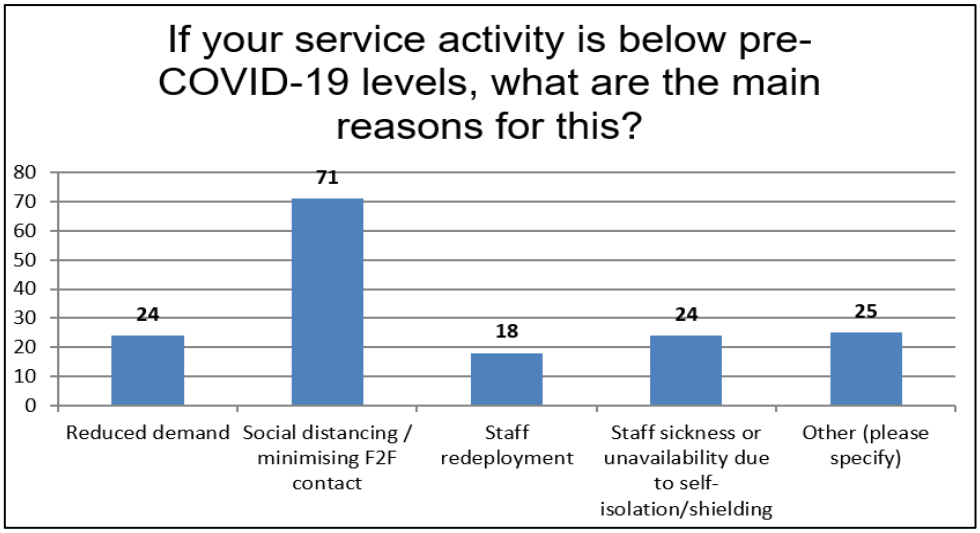
- **Overall f2f capacity:** A fifth of respondents reported having <20% overall f2f capacity (vs 41% in May)
- **Overall capacity (including virtual):** Almost three-quarters of respondents (70%) reported overall capacity was >60% (vs 65% in May)

Key comments from respondents:

- "Satellites still closed. Unable to staff in physical distancing era and with demand for face to face elsewhere with shrunken capacity it may be a long time before they re-open"
- "Most are open but not the hours that they were open before i.e. no weekends"
- "Closed down several spoke sites due to staffing restrictions and inability to socially distance effectively there"
- "using other site for telephone triage to enable distancing"
- "reduced due to lots of staff being on holiday as well as some shielding"
- "Rented clinical space from other organisations have asked us to vacate due to Covid"

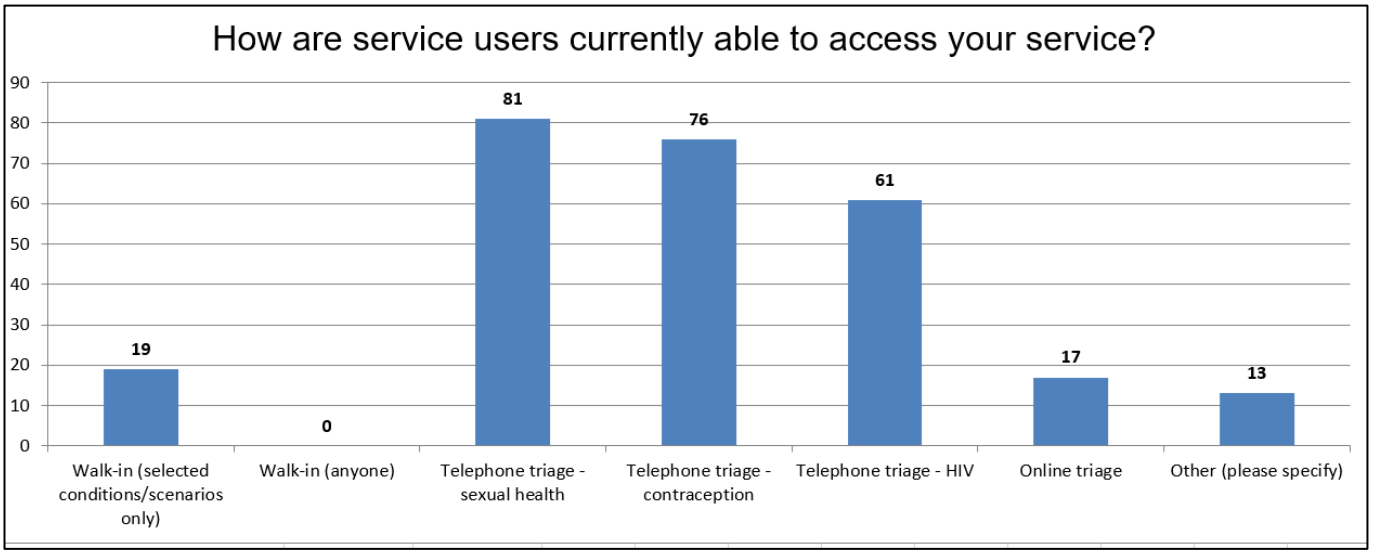
Service Activity Levels & Access Methods

Feedback from the survey found that over 86% of respondents have reduced their activity due to social distancing measures to minimise face-to-face contact. 29% said their services were operating under normal levels because of reduced demand and 21% 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.

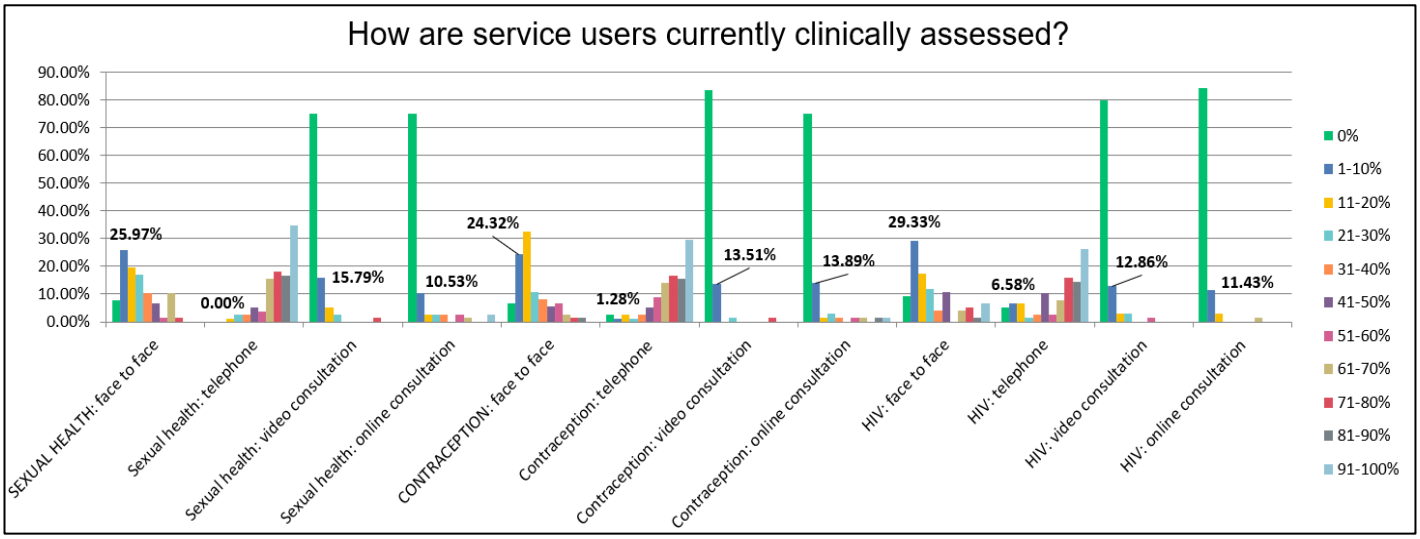
Now services heavily rely on telephone triages for patients to access services. 100% of respondents said that service users for sexual health accessed care via telephone triage, with 93% for contraception and 75% for HIV respectively. Respondents indicated that 23% of patients accessed services through walk-ins for selected conditions.



Clinical Assessments in Sexual Health and HIV

Based on the latest survey findings, over 60% of respondents indicated that almost two-thirds (64%) 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. Over 75% of respondents indicated that no service users were being assessed for sexual health, contraception and HIV by video or online consultation.



Provision of Medication Postal Service

In line with the results in April and May, 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 decreased in comparison to the May results, with use of medication postal services for contraception falling from 58% to 54%, based on survey responses.

Less than 5% of respondents (compared to 7% in May) said they were planning on introducing medication postal services for STI and contraception care shortly. Compared to the results in May more respondents stated they were utilising FP10 prescription capacity (67% in September vs 55% in May).

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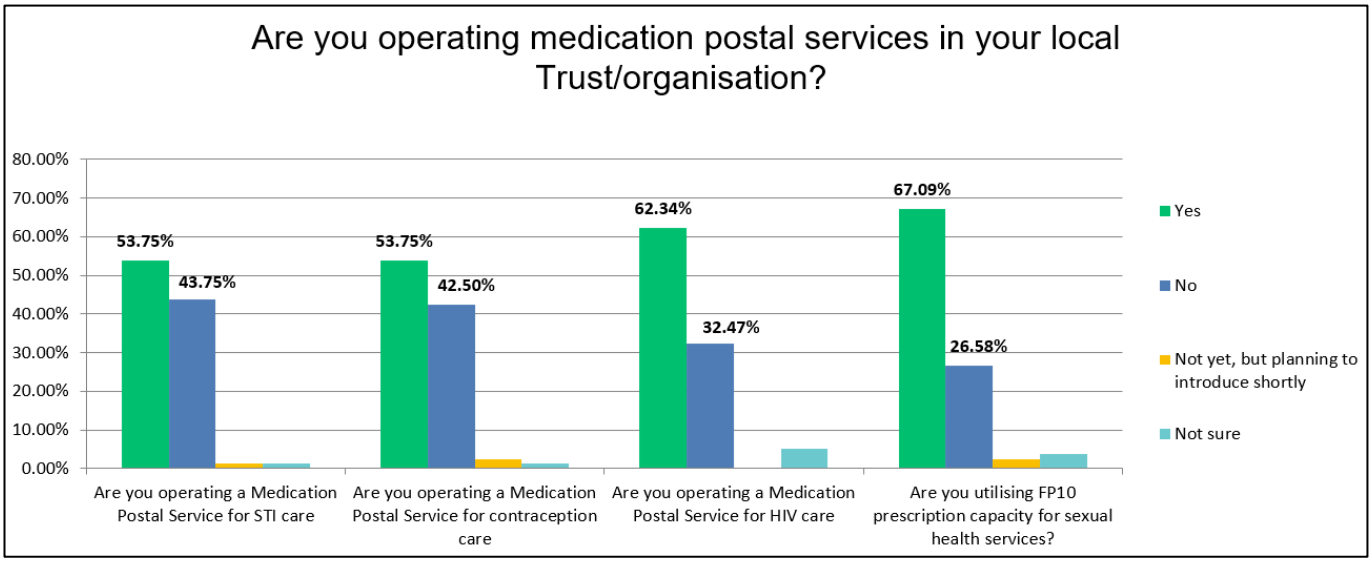

Key comments from respondents:

- "HIV homecare service available. Postal services for contraception and Sexual Health as first line, however collection also available if not suitable for patient to receive via post."
- "Our On-line Service provider provides postal service. We have a collection arrangement which is working well though beginning to create pressure on physical distancing arrangements as people beginning to ignore their appointment times and pitching up in a less organised fashion"
- "Using NHS volunteers to deliver medication if needed. Using Home delivery for HIV medication."
- "We are now only sending medication if the patient is unable to collect from their local clinic."
- "Operating click and collect strategy across all clinics"

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 third 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 61% (compared to 72% in May) reporting medication collection was in place here. Half (50%) said medication collection was available in HIV service settings. Slightly more respondents (21%) in September and May vs 15% in April said medication collection was available across ALL local sites, with 6 % in September vs 3% in May saying medication collection wasn't available at all.

- **Courier delivery:** Courier delivery services were much less commonly reported, with 41% of respondents saying that no local sites had a courier function in place. This is a slight increase from May where 39% 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 (46%), with 17% saying their base site provided a courier function. Compared to 5% in April, the latest results showed that 10% of respondents had courier services in place across all local sites.

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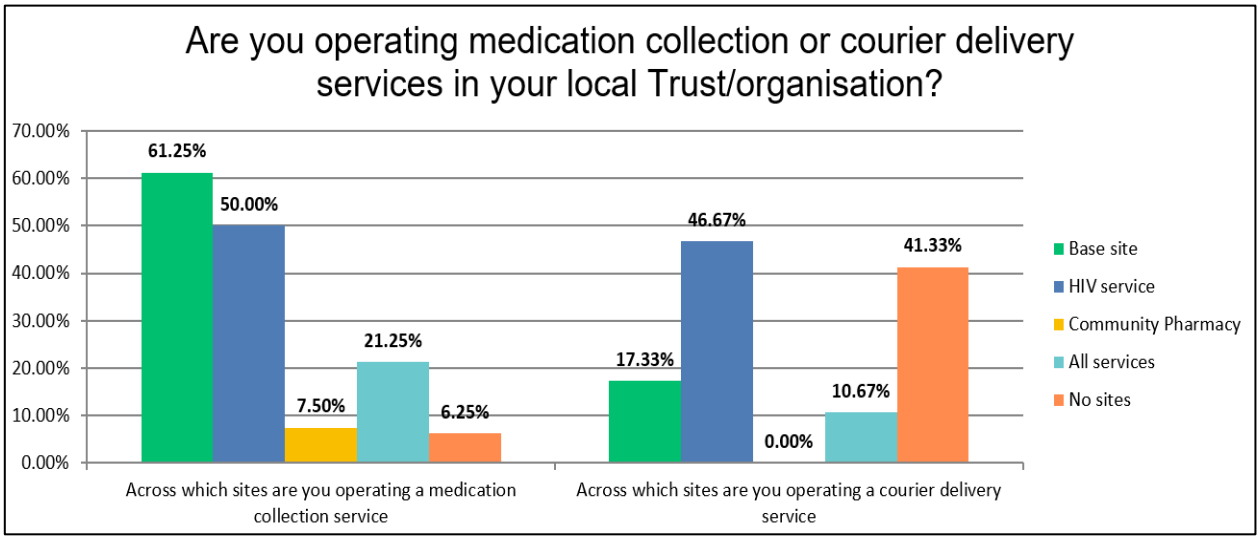
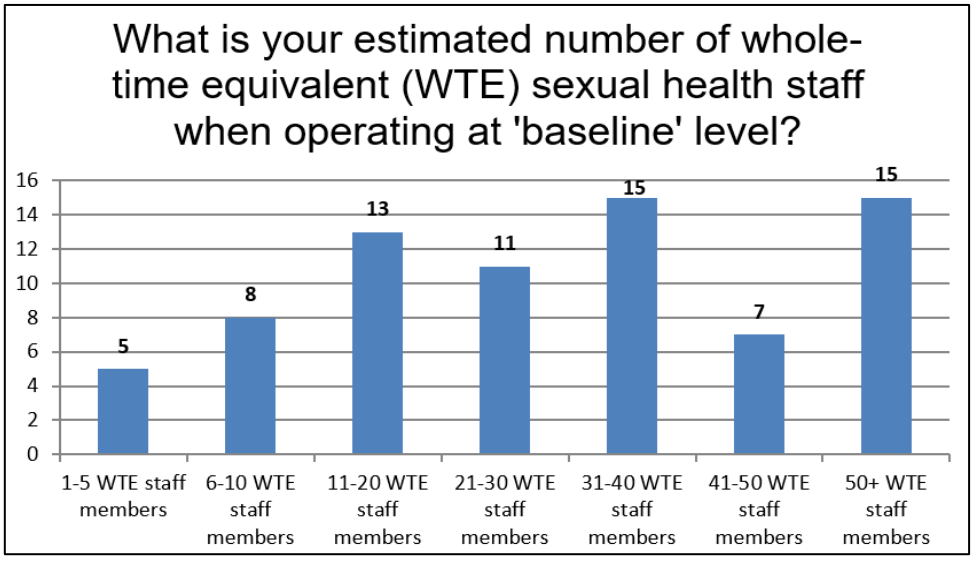


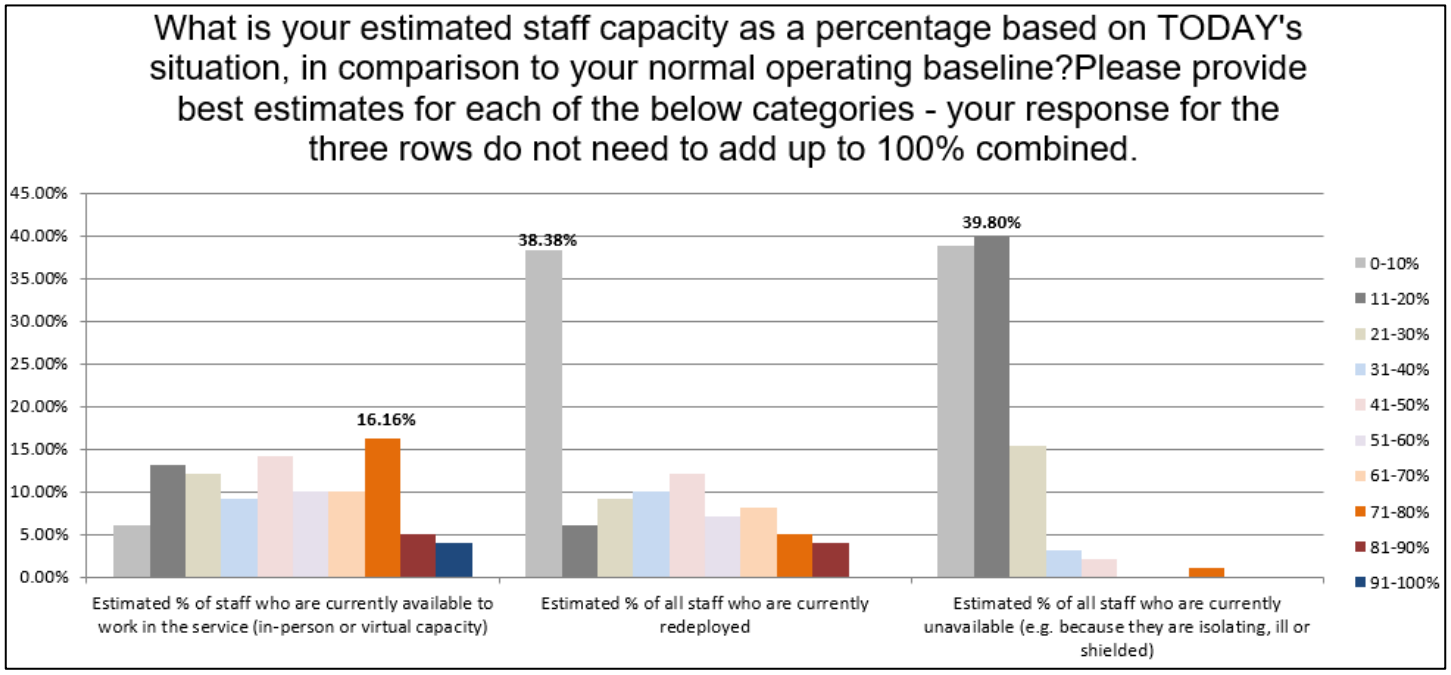
Whole Time Equivalent Sexual Health Staff

A fifth of respondents (20%) compared to 24.73% in May said they had said they had 50+ whole time equivalent sexual health staff when operating at baseline level. 15% said they had 21-30 whole time equivalent sexual health staff compared to 20% in May. 17% of respondents said they has less than 10 whole time equivalent sexual health staff.

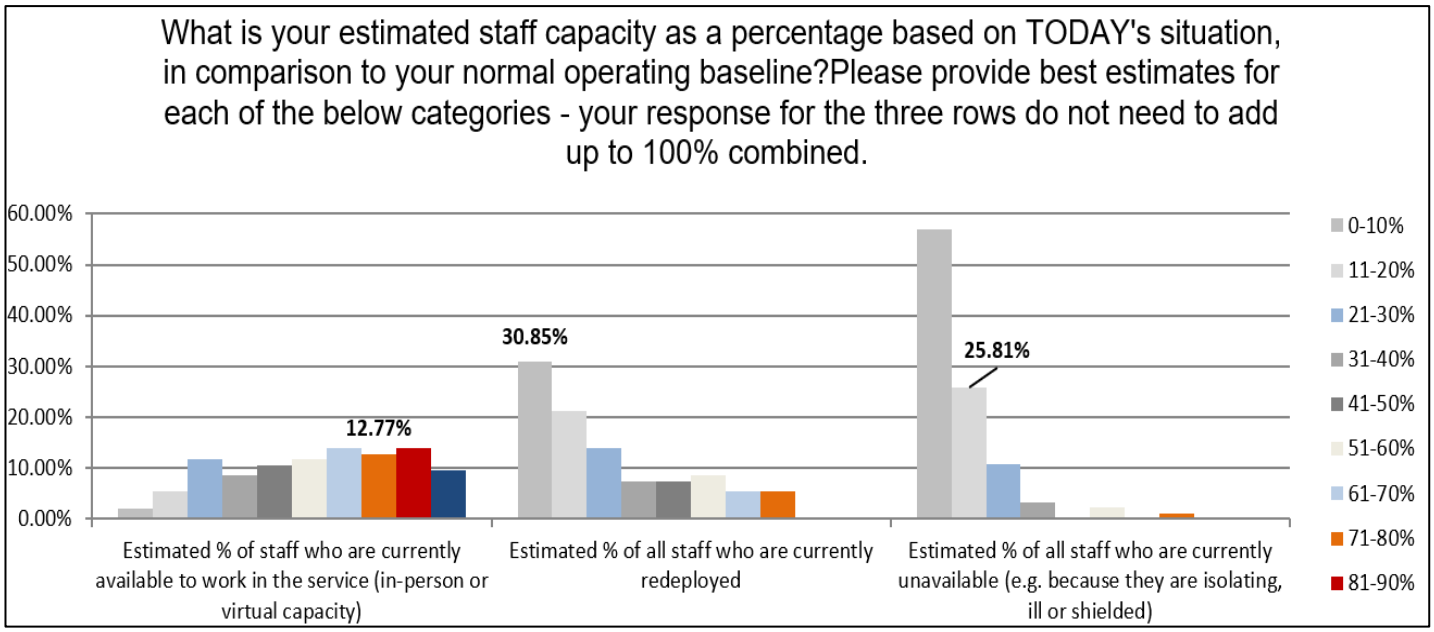


Responses demonstrated that COVID-19 continues to have a significant impact on the availability of sexual health staff. 78% of staff remain in service (vs 58% in May), compared to the baseline figures. 7% of staff have been redeployed (vs 16% in May) and 10% of staff are shielding, isolating or are ill (vs 12% in May).

First round results



Second round results



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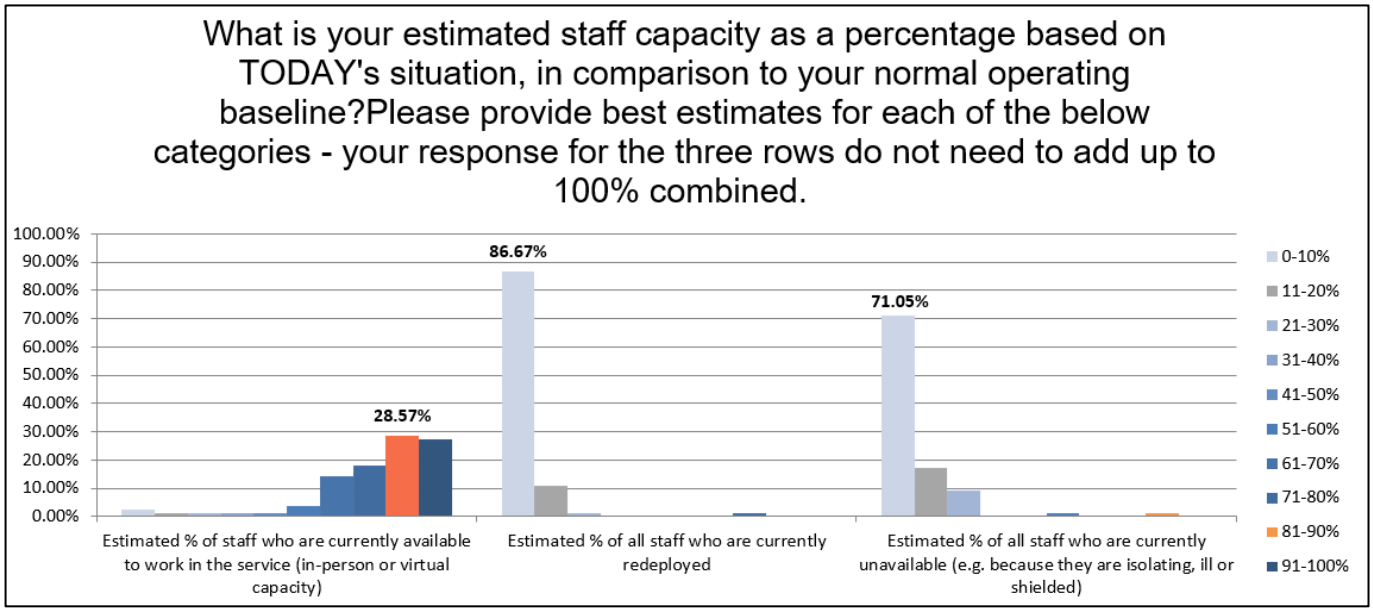
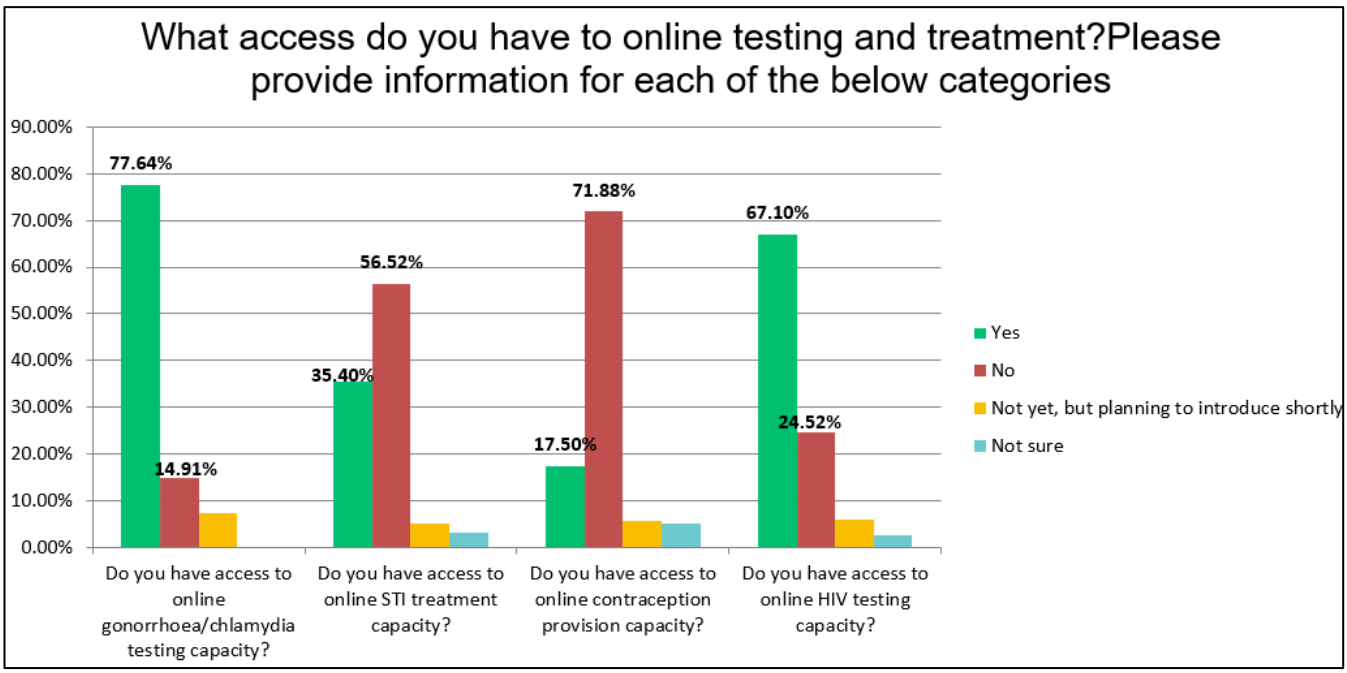


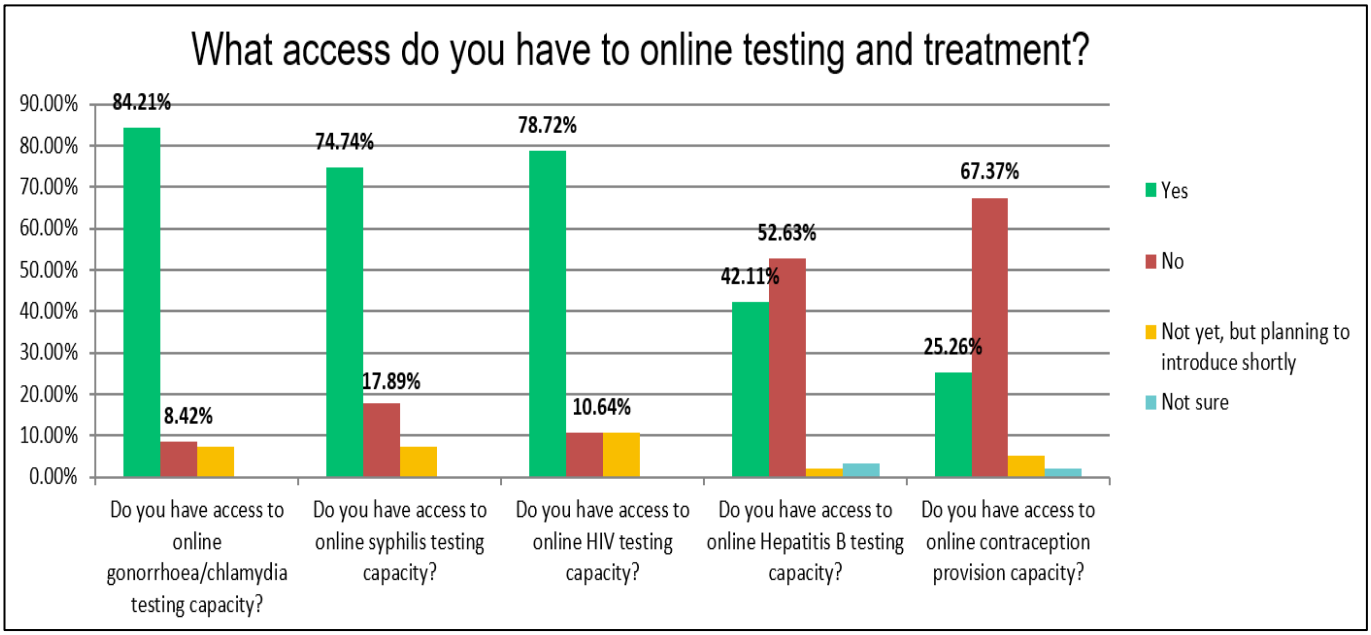
Access to Online Testing & Treatment

The majority of respondents reported having some kind of online access to gonorrhoea/chlamydia and HIV testing in place (88% across all), with these figures increasing from the May results. However, these figures were much lower for broader online contraception provision (23% said they had access vs 25% in April). A small proportion of respondents indicated that they were planning on introducing online testing shortly (<4% in all categories).

First round results



Second round results



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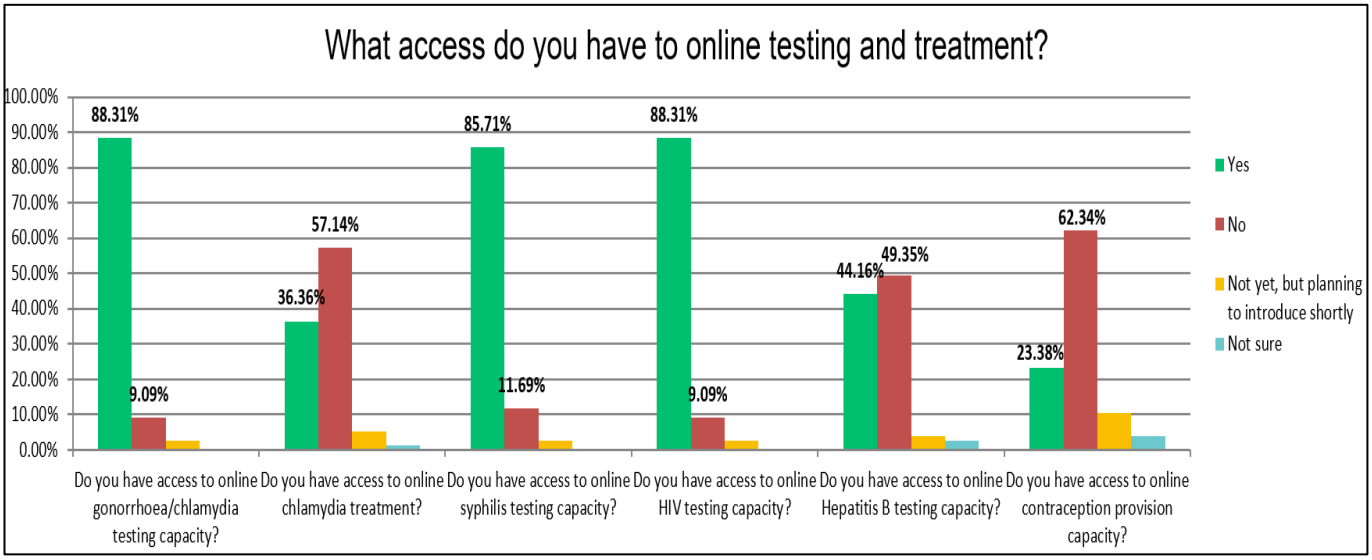

Use of video consultations

The majority (58%) of respondents stated they did not use video consultations. 29% stated that they currently used them, marking an increase from the 16% in May.

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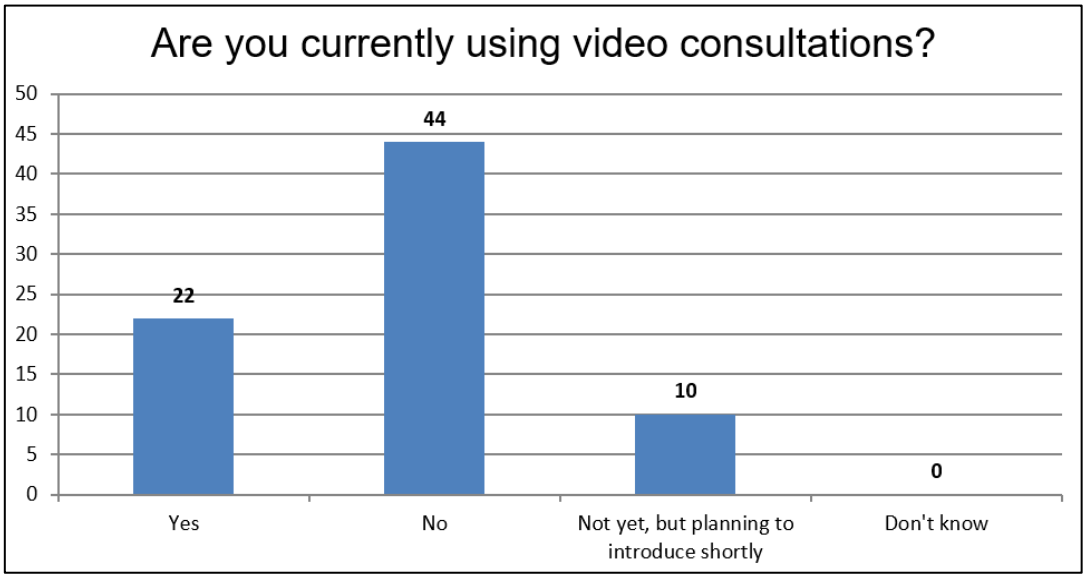
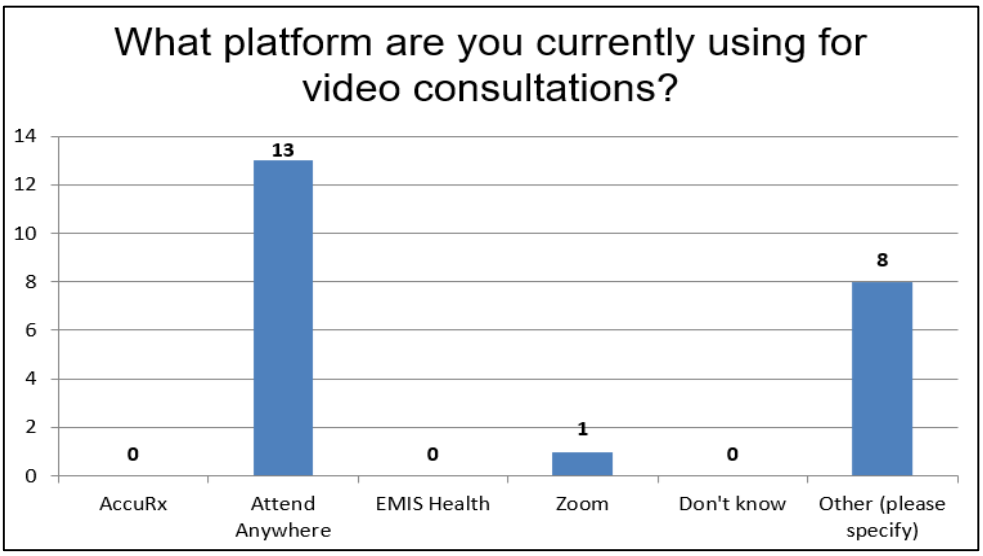
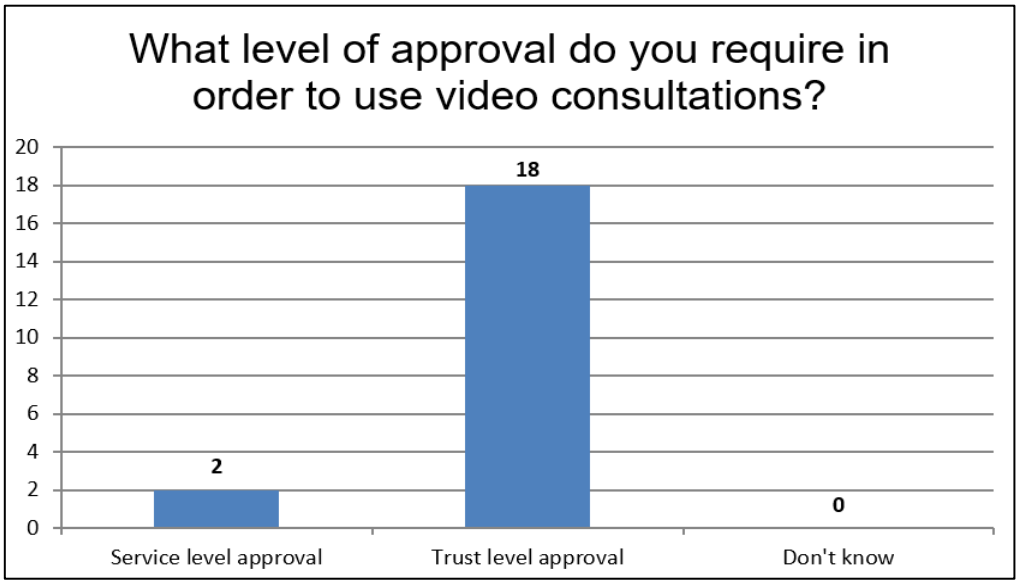


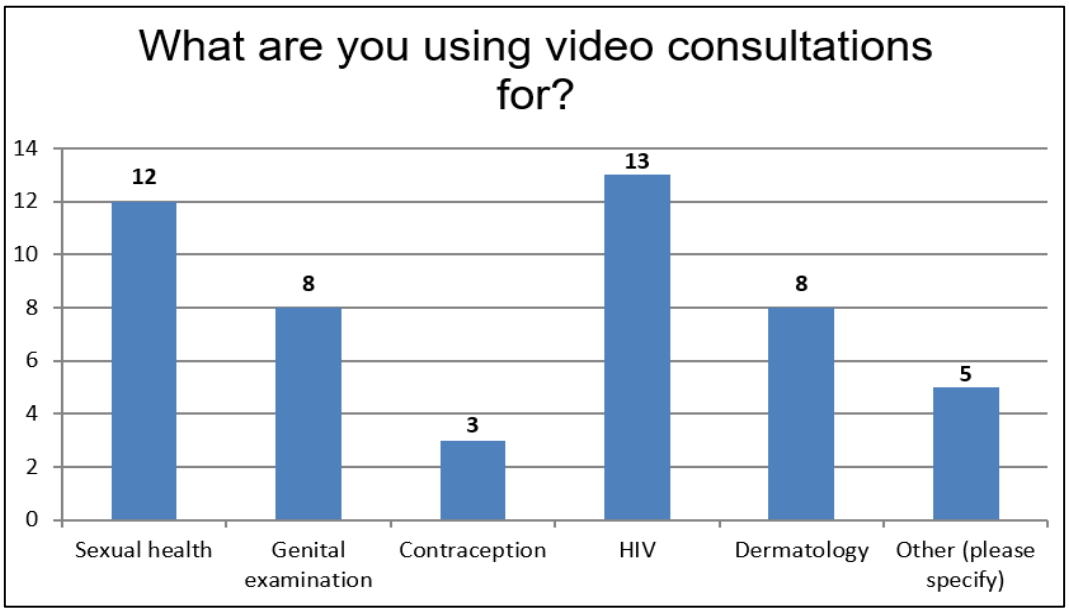
Of those that did use video consultations, the majority (59%) used Attend Anywhere with a few also using Zoom and other video platforms.



90% stated they required Trust level approval to use video consultations and 10% stated they needed service level approval.

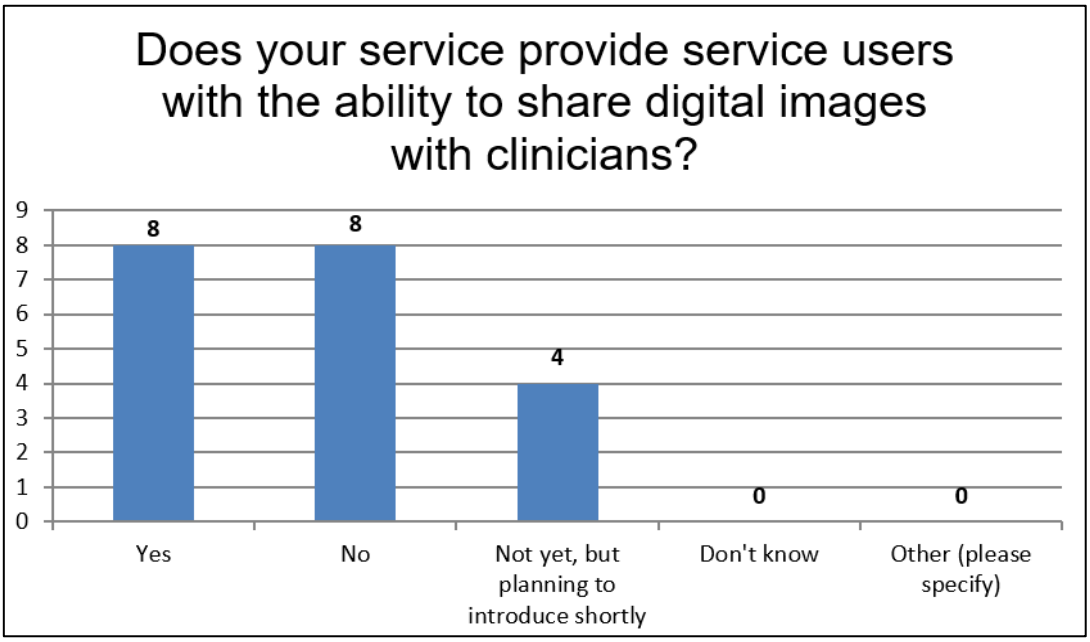


Over half of respondents stated they used video consultations for sexual health and HIV (60% and 65% respectively). 40% said they used video consultations for dermatology and 40% stated they used it for genital examination. 15% states they used it for contraception.

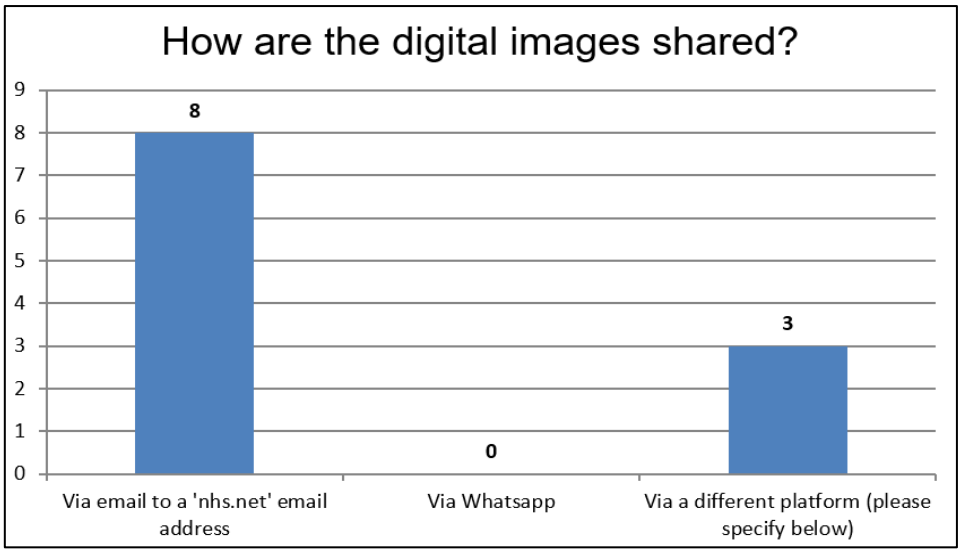


Service users digitally sharing images

There were mixed results in terms of service users being able to share images with clinicians. 40% of respondents stated their service allowed service users to share images and 40% said they did not.



73% of respondents stated that digital images could be shared via their NHS email. 27% stated they used another platform no one indicated they used Whatsapp.



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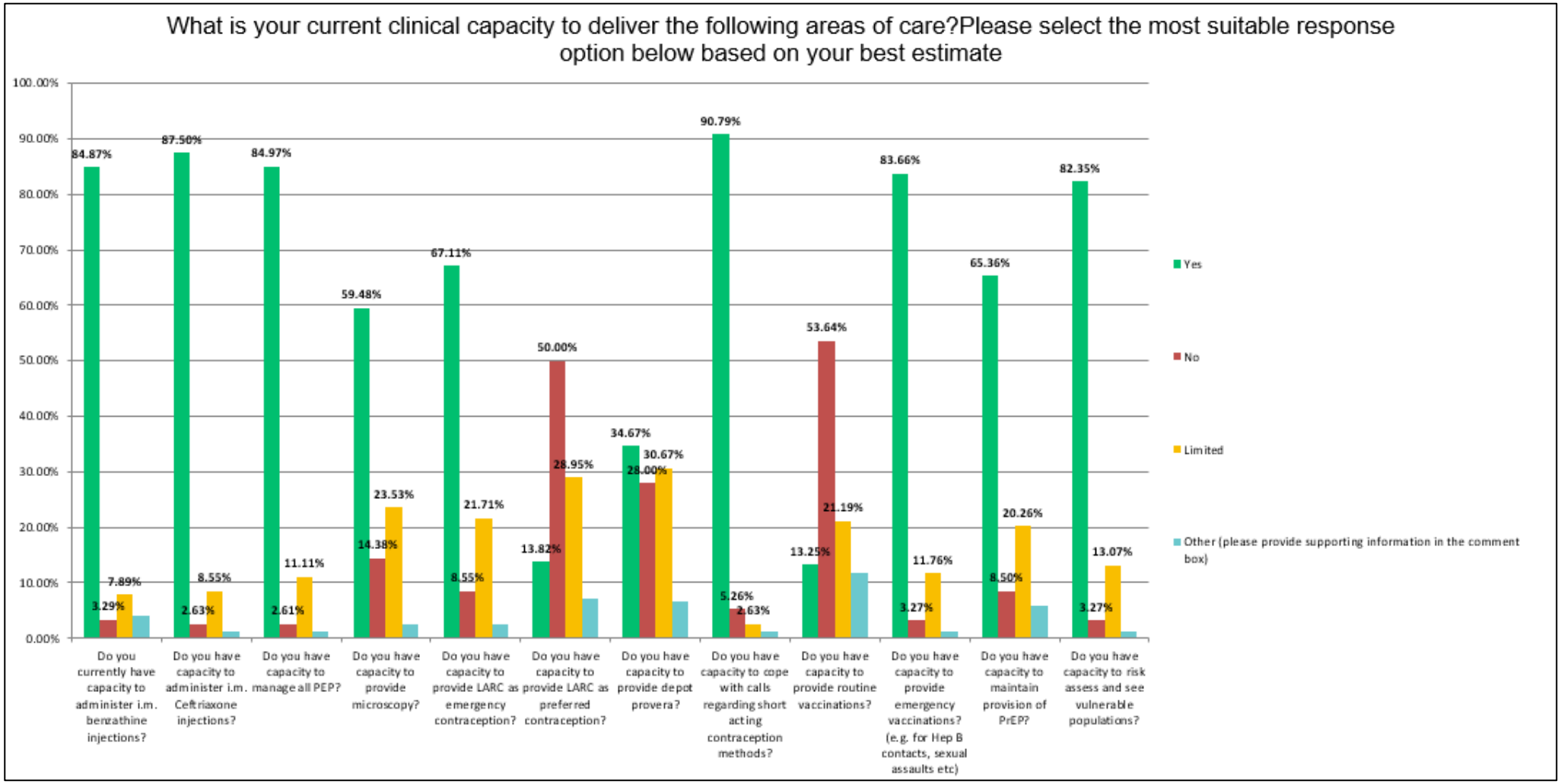
Clinical Capacity to deliver care

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 8% respondents saying they were only able to offer limited or no care at all to this group, however this percentage had decreased from 13% in May. Other challenging areas appear to remain delivery of routine vaccinations (25% unable to provide vs 46% in May) and provision of LARC as preferred contraception (9% unable to provide vs 40% in May, however 34% stated provision was limited). 3% said they were unable to maintain PrEP provision.

First round results



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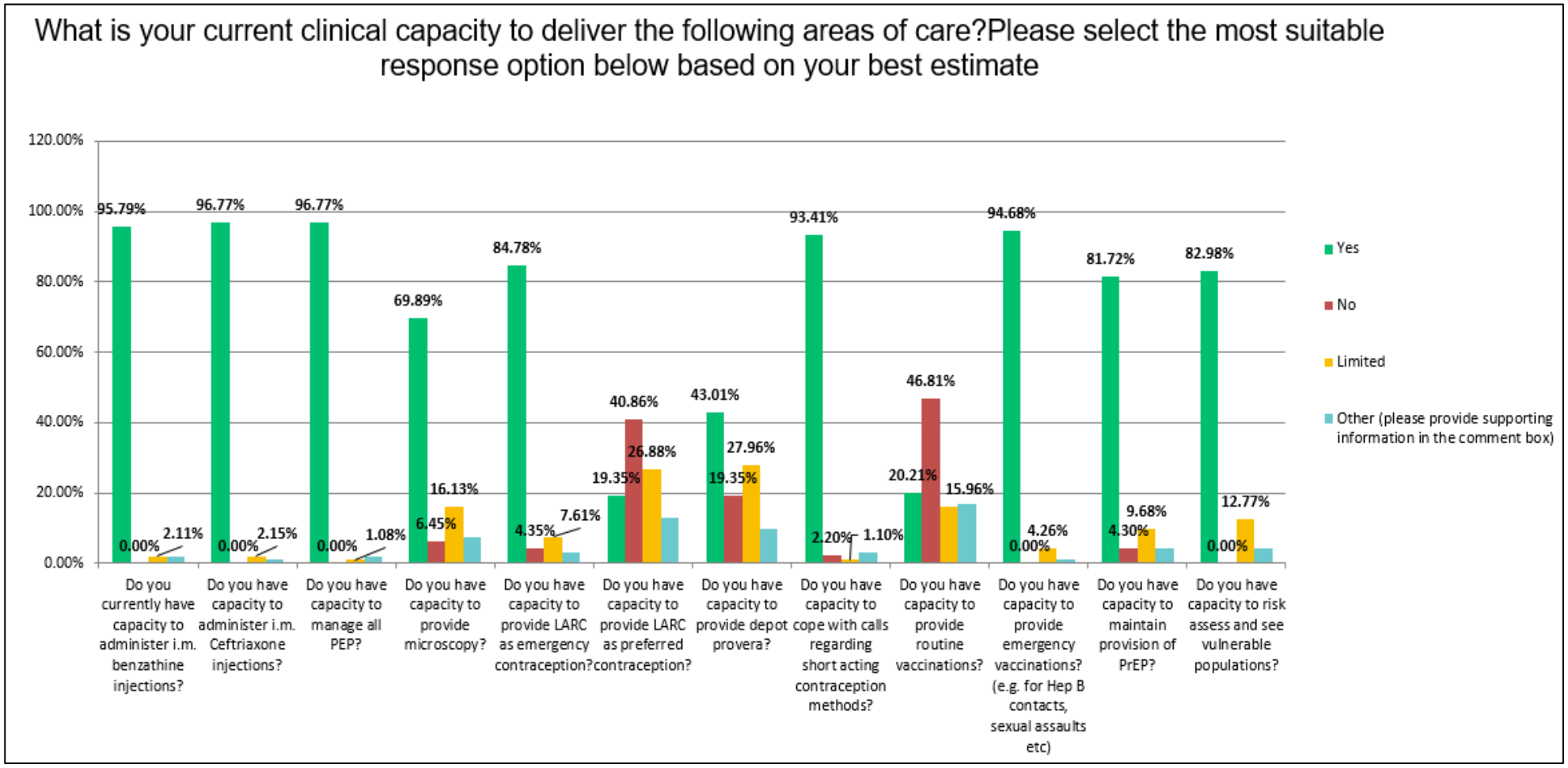
Second round results



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Third round results