

BASHH Membership Video Conference

Discussion Summary (Wednesday 3rd June 2020)

Introduction

This document provides a summary of the discussion that took place during the BASHH Membership video conference on Wednesday 3rd June (5.00-6.00pm). The video conference was organised to provide a forum for members to put questions to BASHH President Dr John McSorley and other available BASHH Officers regarding latest COVID-19 developments and a range of related issues.

It is hoped that these video conferences will take place on a regular basis, every two weeks. The next video conference is currently scheduled for Wednesday 17th June. If you are keen to join the next discussion, please contact john.mcsorley@nhs.net and bashh@mandfhealth.com.

Discussion Summary

Clinical thermometer survey

Attendees discussed the recently circulated BASHH clinical thermometer survey results, which have helped to detail the impact that COVID-19 is having on sexual health services and capture how quickly many services had closed or had been scaled back.

Two rounds of clinical thermometer survey results have now been collected, available on the 'survey findings' tab of the BASHH COVID-19 member page (available online [here](#)). The first round of results highlighted a broad range of member feedback, including how services were struggling to provide essential elements of care. The second round of the survey found that services were starting to recover more capacity and were slightly more robust in their provision of essential functions.

Both survey results showed that reaching vulnerable populations has continued to prove difficult during lockdown, and community service commissioners have recognised this as a major challenge.

The surveys also revealed that services have been operating at around 45% capacity in recent weeks, with a mix of face to face appointments and telemedicine. Capacity is expected to rise to 75% next month.

BASHH will soon be expected to issue an updated statement on service capacity in the coming weeks.

Community services and vulnerable populations

Some BASHH members explained that they had actually found community outreach easier during lockdown, as their clinical work was reduced. In Newcastle for example, three new community hubs led by nurses had been set up for vulnerable populations and were continuing to operate during lockdown.

Community service provision in Bradford was also discussed as an example, where it was noted that community outreach workers had been given guidance on travelling in the same car to reach vulnerable populations such as sex workers.

Young people under 20 were consistently identified by attendees as a particularly vulnerable and hard to reach population, particularly because many in this group were not engaging with telemedicine services.

PPE use in services

The provision of PPE remains tightly controlled and contingent on PHE and NHS recommendations. BASHH is unable to recommend patients attending services wear masks at present to avoid straining PPE supplies. Instead services have been advocating Face Coverings. Staff should wear masks.

Some clinics have been able to provide masks to patients, but community services are unable to access PPE supplies.

It was explained that Public Health England are currently looking into ways to provide increased PPE to public health services.

Since the meeting Matt Hancock subsequently issued guidance to come into force on June 15th.

Staff training

Attendees discussed staff training resources and needs in the coming weeks. It was explained that BASHH STIF courses are being developed to be assessed using remote consultation videos, and this includes content around assessing vulnerable patients. Training for new starters has also restarted in some areas, with lectures being recorded and shared where possible.

It was suggested that some of the online medical student training is outdated and that the development of new online materials would be helpful. Currently, most online training takes place over Microsoft 'Teams', although courses could be moved to other platforms such as 'Blackboard' or 'Future Learn', although it was acknowledged that these can be expensive.

BASHH would be keen to hear from members about any gaps in online resources or new materials that should represent priorities for developing.

Contact tracing

Attendees discussed latest contact tracing developments, with those working in the area saying that they hadn't seen huge amounts of demand in recent weeks.

There have currently been relatively low levels of staff redeployment to support contact tracing, largely because many services do not have the staff to spare. Staff at band 6/7 level wishing to apply for contact tracing roles meanwhile have been asked to reacquire approval from their Trust.

It was felt that as there was a considerable pent-up demand for sexual health services, balancing this with COVID-19 priorities is something that will need to be considered carefully moving forward.

Recovery planning

BASHH has recently circulated a survey of recovery plan statements put together by professional bodies to gauge which areas members feel represent the greatest priorities.

Attendees discussed how sexual health services support the public health system more widely and that there is a growing sentiment that more staff need to begin returning to their core roles.

It was described how services are beginning to get busier and that there are more cases of delays in diagnosis, particularly as some patients may have been waiting to access services since the start of lockdown.

Another challenge is that some Trusts are placing restrictions on the amount of footfall in clinics to abide by social distancing measures, meaning that many sexual health services are still operating at a comparatively basic level.

As we move to the next phase of the pandemic, system leaders could consider the potential for designating ‘hot and cold’ COVID-19 areas of the country, with the aim of enabling essential services to be maintained as best as possible.

BASHH will in the meantime publish updated recovery priorities and continue to strongly advise to senior stakeholders that sexual health services must remain an essential function. The Principles for Recovery summary document can be found [here](#).

PrEP

Earlier this year NHS England announced it would fund the HIV drug PrEP, with local authorities funding the provision of wrap-around services. It is expected that local authority commissioners will provide a latest statement at the end of June on how PrEP services will be rolled out.

It is anticipated there will be a three-month lag time between NHS England PrEP supply and local provision. Those on the PrEP IMPACT trial will be supplied with three months of PrEP from the NHS England supply to ensure they have enough until local services are set up.

More services than ever before will be supplying PrEP. BASHH are considering a PrEP service buddying system to support those new to delivery. Latest information will be made available on the BASHH and BHIVA websites as soon as it is available.

Further Information

For any further information on this discussion, or to register your interest for the next BASHH member Zoom teleconference, please contact bashh@mandfhealth.com