

BASHH Membership Video Conference

Discussion Summary (Wednesday 20th May 2020)

Introduction

This document provides a summary of the discussion that took place during the BASHH Membership video conference on Wednesday 20th May (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 scheduled for Wednesday 3rd June. If you are keen to join the next discussion, please contact john.mcsorley@nhs.net and bashh@mandfhealth.com.

Discussion Summary

Contact tracing

Attendees discussed the wider public health approach to contact tracing in the context of COVID-19 and how sexual health services are being encouraged by Public Health England (PHE) to recommend staff to apply to contact tracing positions, where capacity can be spared.

Concerns were raised that despite the clear need for contact tracing capacity, applying for the roles is difficult and staff with the right skill sets are not being identified.

The current recruitment system relies on individuals having to apply through NHS Professionals, rather than services being able to identify members of staff for the programme.

It was discussed how the application process is particularly difficult for Health Advisers (HAs), as applicants are asked to state which professional body they are a member of. Many HAs may not be registered with a professional body.

It was felt that the redeployment of sexual health staff to PHE contact tracing initiatives has been limited so far, and that staff who have not already been redeployed are likely to remain in their current service for at least the next 1-2 months.

It was also raised that sourcing of tier 1 contact tracers has predominately come from the private sector, with around 15,000-18,000 staff believed to have been sourced. Concerns were raised that sourcing mainly from the private sector is not using or building on the skills of the current public health system and those working within it.

Sexual health trainees

It was raised that some sexual health trainees had been redeployed to other areas in recent months, and it was not yet clear when trainees will be returned to their core service. When trainees are returned there will need to be considerations as to whether service staff will feel safe providing face-to-face training.

It was felt that it would be helpful to hear from other BASHH members and the BASHH education committee on best practice examples for how services are keeping staff training going.

For questions on specialty trainees it was suggested that questions are directed to Professor Margaret Kingston: Margaret.Kingston@mft.nhs.uk or Dr Katia Prime: katia.prime@nhs.net.

Telemedicine

It was highlighted that bespoke resources to support services with using telemedicine are currently being developed. Within the next week it is anticipated that PHE will provide 'top tips' for telemedicine training and sexual health triage. In association with the National Sexual Health Helpline PHE is also expected to shortly disseminate guides on using telemedicine in sexual health.

Training for those using telemedicine will also become available in the near future. STIF courses are going to be run as a virtual course, and will include STIF competencies for telemedicine.

Dr Olwen Williams is currently leading BASHH's work with NHS Digital around the development of telemedicine services, with further details expected to be available shortly.

Returning to 'business as usual'

Attendees discussed key issues that needed to be considered as services started to move beyond the immediate COVID-19 'crisis period' and into a phase more resembling 'business as usual'.

It was agreed that as services started to emerge from lockdown, telemedicine would remain a key feature of service delivery. Services should work with their local commissioners to maximise on-line and other digital capacity as well as distancing strategies e.g., postal, collection and delivery arrangements.

Services should prioritise Vulnerable population groups and or those with Complex Clinical Issues, adapting their local arrangements to Capacity within their estate (physical distancing) and Capability (variations in skillmix available) in collaboration with local partners especially Commissioners

The Second BASHH Clinical Thermometer Survey has completed this week and contains excellent insight into how services have adapted, progress still to be made, and challenges services are facing. BASHH will issue further guidance in the next 1-2 weeks.

Discussions around services returning to 'normal' have so far been clinician-led and taking place at a local level. It was felt that it would be helpful to see how other services, such as those for mental health services, were planning to resume in the coming months, to see if there were lessons that could be learned.

Whilst it was agreed that services do need to plan their return for the months ahead, this should also factor in the need to be cautious around the possibility of a second wave of COVID-19 later in the year.

It was mentioned that there was a growing interest from local authorities in how services were planning for a 'post-lockdown' phase. To support the process, the Association of Directors of Public Health (ADPH) has produced a guide on what local authority commissioners are looking for in service recovery plans.

The Royal College of Physicians is also currently examining workforce capacity and the return of services.

Finally, it was highlighted that the lockdown had seen a general relaxation on asymptomatic testing, but it was important to keep pushing for more testing of this nature as services resumed.

The initial concerns were to maintain laboratory capacity and to support services in focussing on the highest priorities. Support is returning to restoring testing especially to the groups at highest risk of having or acquiring STIs as lockdown relaxes.

Digital health care

The discussion highlighted how commissioners are keen to ensure there is access to online testing for HIV, chlamydia and gonorrhoea across the country. As the Government is not currently supportive of a single point of access or national model, provision will instead be met through regional approaches.

It was noted that standards of access to online testing currently varies significantly across the country. Not all regions have the same 'buying power' when it comes to procuring access, and this has impacted upon how joined-up different areas are.

Data is currently being collected on the price difference between face-to-face and telemedicine and BASHH is also working to develop new GUM coding that can capture activity shift to telemedicine and how it is used to manage complex cases.

It was highlighted that services would need to demonstrate that staff were still handling complex cases that needed significant expertise, despite an increased shift to use of telemedicine. There was also a need to recognise that managing complex cases by telephone, in distanced circumstances including from home e.g. sexual assault cases, is challenging for staff.

HIV services

Attendees discussed whether guidance will be issued on returning some HIV patients to services, which was felt to be particularly pressing in the context of delivering blood testing management.

Services will be encouraged to identify the most vulnerable patients that can be bought back into the service.

Using genital imaging to support consultations has broadly been deemed as in the patient's best interest according to the police for now. Policy around this is likely to be developed soon.

Dr Olwen Williams is leading on representing BASHH in a UK Task and finish group convened by the England GP lead for Digital Health. Dr Jo Gibbs UCL is co-ordinating BASHH clinicians interested in collaboration on evaluating Telemedicine.

For further details and expressions of interest, please contact Olwen: Olwen.Williams@bashh.net or Jo: jo.gibbs@ucl.ac.uk.