

BASHH Membership Video Conference

Discussion Summary (Wednesday 17th June 2020)

Introduction

This document provides a summary of the discussion that took place during the BASHH Membership video conference on Wednesday 17th 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 1st July. If you are keen to join the next discussion, please contact john.mcsorley@nhs.net and bashh@mandfhealth.com.

Discussion Summary

BASHH response to COVID-19

Throughout March there was an open consultation on what documents were needed at a national level to support sexual health service delivery. In response to this consultation BASHH developed its COVID-19 guidance and ran its first clinical thermometer survey to gauge clinical capacity across services.

Since the beginning of the pandemic BASHH representatives have attended a weekly call led by the Department of Health and Social Care and Public Health England to help manage the response to COVID-19. BASHH has also worked closely with devolved nations by organising regular calls to ensure policy is aligned and to share information.

The clinical thermometer surveys have been hugely important in understanding how services have been maintained across the country and how far services have been scaled back. The surveys have helped to reveal that services are struggling to reach vulnerable populations and BASHH has been working on how to prioritise these populations within the community.

BASHH also attends another stakeholder call on vulnerable populations including contributors such as the Met Police, to update attendees on wider societal developments.

Principles of recovery document

Dr John McSorley talked through the principles of recovery document found [here](#).

Attendees noted that in some cases sexual health services were being asked to take on more primary care responsibilities than normal.

Decisions around the return of services will likely be made a local level, with local directors of public health working with commissioners to decide how services will return. The principles recovery document has been produced to support decision making locally.

Many services are still operating at an essential level and services are generally being limited to 10% of their regular footfall to abide by social distancing.

Compared to other services, sexual health is broadly considered to be further ahead in terms of restoring access and normal functions.

Attendees commented that non-NHS services and those in the private sector were looking for national steer on service restoration.

Dr Elizabeth Carlin, as part of her work with the Royal College of Physicians, has recently helped to develop a 'scenarios template'. The template outlines a road map to achieving 90% of baseline operations by April 2021. Full baseline services are not expected to return this year.

Identifying vulnerable populations

Attendees noted that Table 1 within the 'principles for recovery' document '*Populations or Scenarios identified as priorities for access to Face to Face Care*' may need a clearer title.

Attendees added that the list of vulnerable populations was quite long and it may be difficult to offer face to face appointments to all of these groups.

There was a discussion if the over 65s should be classed as a priority for face to face appointments, as they are at higher risk of COVID-19 and they may be advised to avoid coming into services if possible. However, it was also acknowledged that this group may be harder to reach with telemedicine and online services.

Attendees suggested that those with health anxiety may also be worth adding to the list as some patients would not stop contacting services until they had a face to face appointments.

It was suggested that creating two tables on who should be prioritised for a face to face appointment and who should be prioritised for telemedicine could help divide up the vulnerable populations table.

An attendee noted that it would be helpful if GPs were incentivised to provide LARC as many of the urgent appointments they were seeing in their service were related to this.

Virtual and face to face consultations

It was discussed how not all services currently have the capacity to offer face to face appointments, and some services have been using virtual consultations and genital imaging to see patients.

Dr Olwen Williams has been working with NHS England, NHSX and NHS Improvement to develop guidance on using new methods for consultation. The consultation is being reviewed by the General Medical Council legal team before it is circulated.

The document will include guidance on how patients can email images to their service and how the images can be stored with the patient's consent. The guidance will be published this week.

Attendees discussed best practice on providing remote consultations, with one attendee noting that they kept a log of their calls to note down thoughts they had at the time so they could look back on the conversation they had with the patient.

An attendee noted that if they needed to organise an examination they would try to do most of the talking beforehand by explaining how the examination would take place and asking the patient if they had any questions in advance. Patients should be reminded they need to attend appointments with a face mask.

An attendee stated their service had been unwilling to implement face masks for patients as they were worried about their supply, guidance on how to discuss this with services would be helpful.

In March, PHE issued guidance that face masks should be worn in hospitals this should also be applied to community settings.

PrEP

All services are encouraged to take on PrEP patients and register them before the PrEP IMPACT trial comes to an end in July. 3,000 places need to be accommodated by services.

From the 12th July no more participants can be enrolled but NHSE supplies can be issued at subsequent follow-up.

The PrEP IMPACT trial data collection will continue for 3 months from July for those already enrolled on the trial.

AOB

BASHH will continue to run bimonthly Q&A sessions with members but may also look to set up calls on specific topics during working hours.

Details on any further calls will be circulated to members via email.

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