BASHH British Association for Sexual Health and HIV

BASHH COVID-19 Sexual Health 'Clinical Thermometer' Survey: Comments Section

Question: How many sites within your organisation are operational today?

Key findings:

- Overall approximately 60% of clinical sites open at baseline have been closed

Comments:

"we provide services across a 930 square mile area"

"10 local clinics, 64 drop-ins, outreach, joint services and 3rd sector partnerships discontinued. Central service and one local clinic only"

"9 peripheral sites and 2 hubs, currently only hubs are working with reduced capacity"

"These responses relate to sexual & repro health only, The HIV OP service operates out of a dedicated OP clinic which is maintained"

"All satellite services have been closed: 2 larger services remain and 1 outlet for medication collection"

"1 physical site and one telephone hub"

"All Outreach services are temporarily closed"

Question: What is your estimated current service capacity as a percentage of normal operating baseline?

Key findings:

- **STI provision:** 60% of respondents reported having <20% f2f capacity
- **Contraception provision:** 65% of respondents reported having <20% f2f capacity
- **HIV provision:** 55% of respondents reported having <20% f2f capacity
- Incorporating service changes including telemedicine 55% of respondents reported **overall capacity was 60%**

Comments:

- **PROBLEMS FOR SOME**

"14 members of staff off sick / self-isolating. We are following the BASHH and FSRH contingency plans re telephone consultations etc"

"No nurses except for 2 at the most, very few admin staff and almost no HCAs, still hanging on with doctor delivered service"

"Team of 70 gone to 7"

"No PPE so no F2F at all currently"

"We have had 2 consultants redeployed full time to HIV. SpRs, FY2s, HCAs and Band 5/6 and some CNSs redeployed to Covid frontline. Demand for services have fallen …open access triage telephone service … A minority will attend for treatments or clinical assessments. We have curtailed screening…to ease burden on the lab which has a big covid testing burden…and organising an online follow up test when the full STI screen would be done. PrEP meds to 6 month supplies. Online platform for receiving syndromic treatments (eg for Thrush or BV). We have had to close one of the sites due to staff shortages."

- **NOT SO PROBLEMATIC FOR OTHERS**

"we currently have reasonable staffing from those not able to be redeployed and sickness is currently low"

"demand for virtual STI/contraception consultations is dropping"

"The CAPACITY to 'consult' with patients is only slightly diminished we've simply switched from seeing them face-to-face to doing telephone consultations. Anyone who needs to be seen for urgent symptoms / testing or injectable contraception is seen using basic PPE. But total 'episode' NUMBERS (in person or by phone) are dramatically reduced (to about 10-15% of total)."

"We have made the decision to manage most cases remotely unless patients need examining or GC treatment etc. so our capacity is not that reduced but we have made the decision to change the way we are working"

"HIV service is almost entirely switched to virtual. GUM and contraception is maininting core services e.g. emergency contraception but LARC service very reduced and STI testing reduced to minimal /symptomatic"

"Reduction in HIV ATTENDANCE is not simply due to capacity, partly due to the need to reduce risk from F2F transmission"

- **OPPORTUNITY FOR OTHERS**

"Previously did not offer on line testing which we are now offering."

"Mostly telephone but also Attend Anywhere which uses remote F2F provided the patient has a camera on their computer/phone"

"Demand is being managed with stringent telephone triage. This capacity represents the people who are still coming through the door after triage. We would have capacity to see a little more FTF, if we relaxed the triage criteria, but that would involve relaxing the triage which would **'open the floodgates'** to overwhelming demand."

"In terms of the HIV FTF - we have a large number of people picking up repeat medication without assessment"

We don't do HIV services. All contraception is now oral and provided online if over 18. (My Trust in its wisdom' won't allow PCC IUD)

All face to face is now via an initial online triage, we're now able to post meds and directing online where we can. All stable HIV patients have been given 6/12 months via pharmacy collect or post and had their clinic appointment deferred.

Telephone triage has massively reduced FTF attendances, in accordance with high risk activity as specified by BASHH and FSRH. Routine LARC is suspended. All non-essential HIV attendances have been deferred. Expanded postal testing now launched with clinician ordering kits online

Reduction in HIV is not simply due to capacity, partly due to the need to reduce F2F transmission

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Question: Are you operating medication postal services in your local trust/organisation?

Comments:

"I think the notation is "FS" for STI care on FP10s (not FP)

Comment from Dr John McSorley, BASHH President: *Correct thank you spotting that error. Apologies!*

"Yes quite widely"

- **FP10s**

"We have established homecare delivery of HIV medications (does this count as postal??) and just recently for contraception have started posting FP10 in selected cases."

"FP10 provision not being used due to pressure on primary care pharmacies. Collection is in place currently and we are moving to postal provision in the coming days"

"Posting out FP10s where pts cannot collect with 'FS' endorsement- one pharmacy did not recognise the endorsement but clinic shared documents and issue was resolved. Have contacted pharmacist at CCG about educating local pharmacists in case this arises again **info to be sent out in news bulletin**."

Comment from Dr John McSorley, BASHH President: *Excellent!*

- **DRUGS**

"We have instigated local van delivery for medication including medical abortion rather than using the post"

"Majority of HIV prescriptions are done via home delivery. We signpost some of the EC and POP to local pharmacy. But Online Service Provider has just started providing online testing as well as postal prescriptions for chlamydia treatment, postal POP, CHC, and oral emergency contraception."

"Getting set up with Postal Service ; Currently clients who need to be seen are collecting therapies"

"We do not run an HIV service ordinarily but are posting out PreP as needed"

"We are posting all medication from our site based at the acute hospital to reduce footfall into the acute trust. The other two hubs are in the community and so we are operating a collection system

unless patients are self-isolating and can not send a representative, then we are posting. Our community HIV nursing team who would usually be able to support with ART have been redeployed and are not available."

"Only providing HIV drug home delivery to those patients previously signed up to service (approx 75% of cohort). Delivery service not accepting new clients at this time"

- **PROBLEMS**

"We have had issues with some abx (e.g. moxifloxacin) not being available in some local pharmacies and patients have had to collect from hospital"

"(Our Trust says) it is illegal for us to directly post medication to patients…"

"We have not had posting medicines approved by our Medical management committee and therefore are giving out at the clinic door rather than posting or sending FP10s where people cannot travel"

Comment from Dr John McSorley, BASHH President: *See BASHH COVID19 Pages for helpful documents or email BASHH Pharmacy Leads Alison.Grant@gstt.nhs.uk or Hasan.Mohammed@chelwest.nhs.uk for advice or your Regional Clinical Governance Committee Representative or National Chair shaliniandrews@nhs.net*

Question: are you operating courier delivery services in your local trust/organisation?

Comments:

"We only have a base site. Patients can attend (outside) to pick up essential medication / contraception supplies. The consultant (myself) has acted as the courier - on my drive home - dropping in meds to patients who are self-isolating"

Comment from Dr John McSorley, BASHH President: *Admire you! But the Trust should be providing this under COVID19 Contingencies!*

"A local HIV charity is delivering meds to HIV patients for us if they cannot collect themselves."

"Trust Pharmacy also has a COVID19 Courier Service for vulnerable/shielded patients"

"Using Royal Mail special delivery"

"Service in rural area & patients prefer postal to courier"

Question: what access do you have to online testing and treatment?

Key findings:

Do you have access to online gonorrhoea/chlamydia testing capacity?	81.37%
Do you have access to online STI treatment capacity?	39.22%

Do you have access to online contraception provision capacity?	20.59%
Do you have access to online HIV testing capacity?	72.00%

Comments:

- **PROBLEMS**

"No gonorrhoea testing on line, chlamydia only available to under 25 yo"

"We have to send our patients through (Main HUB) to get access to them"

"Prior to this we did not have access to online testing (no funding). New Contract doesn't start until October 2020!" *So NO!*

"We are directing patients to https://onlinedoctor.lloydspharmacy.com/uk/sti-tests" or other paid providers (Trust not paying for it. Patient have to!)"

"We can post out STI test kits from our department, but no access to online or BBV testing"

"have GC/CT testing capacity online but not enough funds to support this so doing in house postal kits"

"we have access to online chlamydia/gono in under 25s only. Our plan had been to procure a universal online service by the end of this year but process on hold due to staff all being redeployed"

"Online tests only available to patients with a xxx postcode"

- **SOLUTIONS**

"Online Service set up within 1 week! Online treatment of CT only,and POP only for contraception."

Comment from Dr John McSorley, BASHH President: *Speak to your Commissioner and Leads about enabling ONLINE SERVICES for COVID19 Contingency*

Question: what is your estimated staff capacity as a percentage based on today's situation, in comparison to your normal operating baseline?

Key findings:

Estimated % of staff who are currently available to work in the service (in-person or virtual capacity)	54%
Estimated % of all staff who are currently redeployed	29%
Estimated % of all staff who are currently unavailable (e.g. because they are isolating, ill or shielded)	17%

Comments:

"Currently identifying staff for redeployment"

"The GUM nurses have been redeployed to provide COVID-19 testing".
"Some of the CASH staff have been redeployed to elderly care"

"75% of our staff are currently in the redeployment pool so this will change dramatically in the next 2 weeks"

"87.5% of the staff have been made available for redeployment. 30-40% are still awaiting redeployment and working from home."

"Consultants and Drs all deployed except where there are medical reasons to shield"

"Only one member of staff was redeployed by personal arrangement. The acute hospital …is desperate for staff and we want to help. However they are a different trust. … It is infuriating when local colleagues in the hospital are struggling."

"better this week- more were self-isolating in first weeks of pandemic"

"Well we dont need them all now! I am not going to guess the answers here - redeployment has helped but ultimately we have too many staff now"

Question: What is your current clinical capacity to deliver the following areas of care?

Key findings:

Do you currently have capacity to administer i.m. benzathine injections?	84.54%
Do you have capacity to administer i.m. Ceftriaxone injections?	88.66%
Do you have capacity to manage all PEP?	89.69%
Do you have capacity to provide microscopy?	56.70%
Do you have capacity to provide LARC as emergency contraception?	68.04%
Do you have capacity to provide LARC as preferred contraception?	9.28%
Do you have capacity to provide depot provera?	32.29%
Do you have capacity to cope with calls regarding short acting contraception methods?	90.72%
Do you have capacity to provide routine vaccinations?	9.28%
Do you have capacity to provide emergency vaccinations? (e.g. for Hep B contacts, sexual assaults etc)	85.57%
Do you have capacity to maintain provision of PrEP?	65.98%
Do you have capacity to risk assess and see vulnerable populations?	82.47%

Comment from Dr John McSorley, BASHH President: *Essential services aim is 100%*

Clinical indicators in RED are sample ESSENTIAL FUNCTIONS that must be preserved at 100%. Of major concern is the capacity to provide care to vulnerable populations.

TO BE CLEAR: Restoration of ability to provide access to, assess, and meet the needs of our most vulnerable during this period of community wide distress is now YOUR TOP PRIORITY