

Q1 What nation or English region do you work in? Please select an answer below

Answered: 141 Skipped: 1

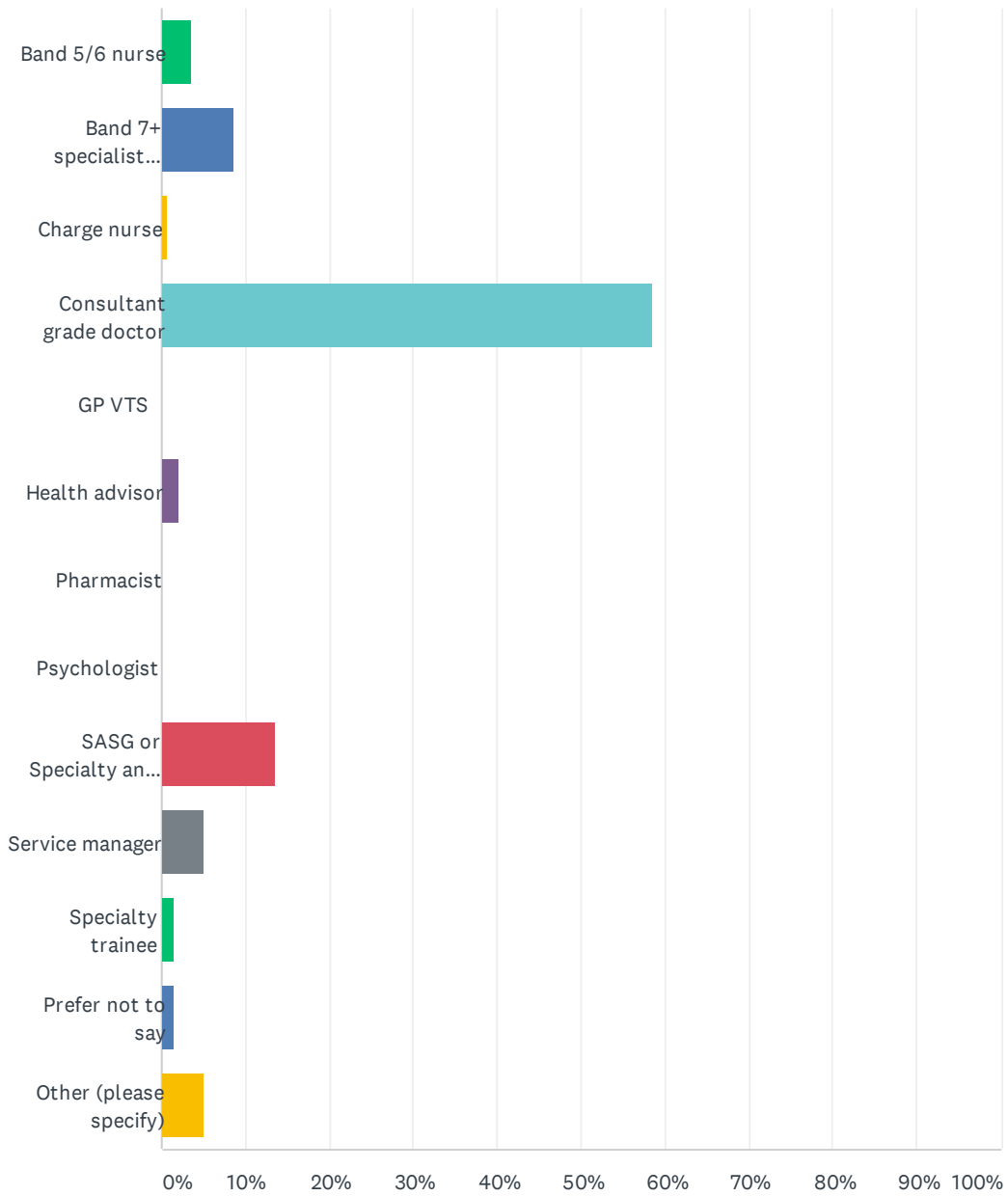


BASHH Sexual Health Service Recovery Plan Survey

ANSWER CHOICES	RESPONSES	
East Midlands	5.67%	8
East of England	2.84%	4
London	26.24%	37
North East	2.84%	4
North West	9.22%	13
South East	12.06%	17
South West	12.77%	18
West Midlands	9.22%	13
Yorkshire and Humber	9.22%	13
Scotland	4.96%	7
Wales	2.13%	3
Northern Ireland	2.84%	4
TOTAL		141

Q2 Which of the following options best describes your role? Please select an answer below

Answered: 140 Skipped: 2



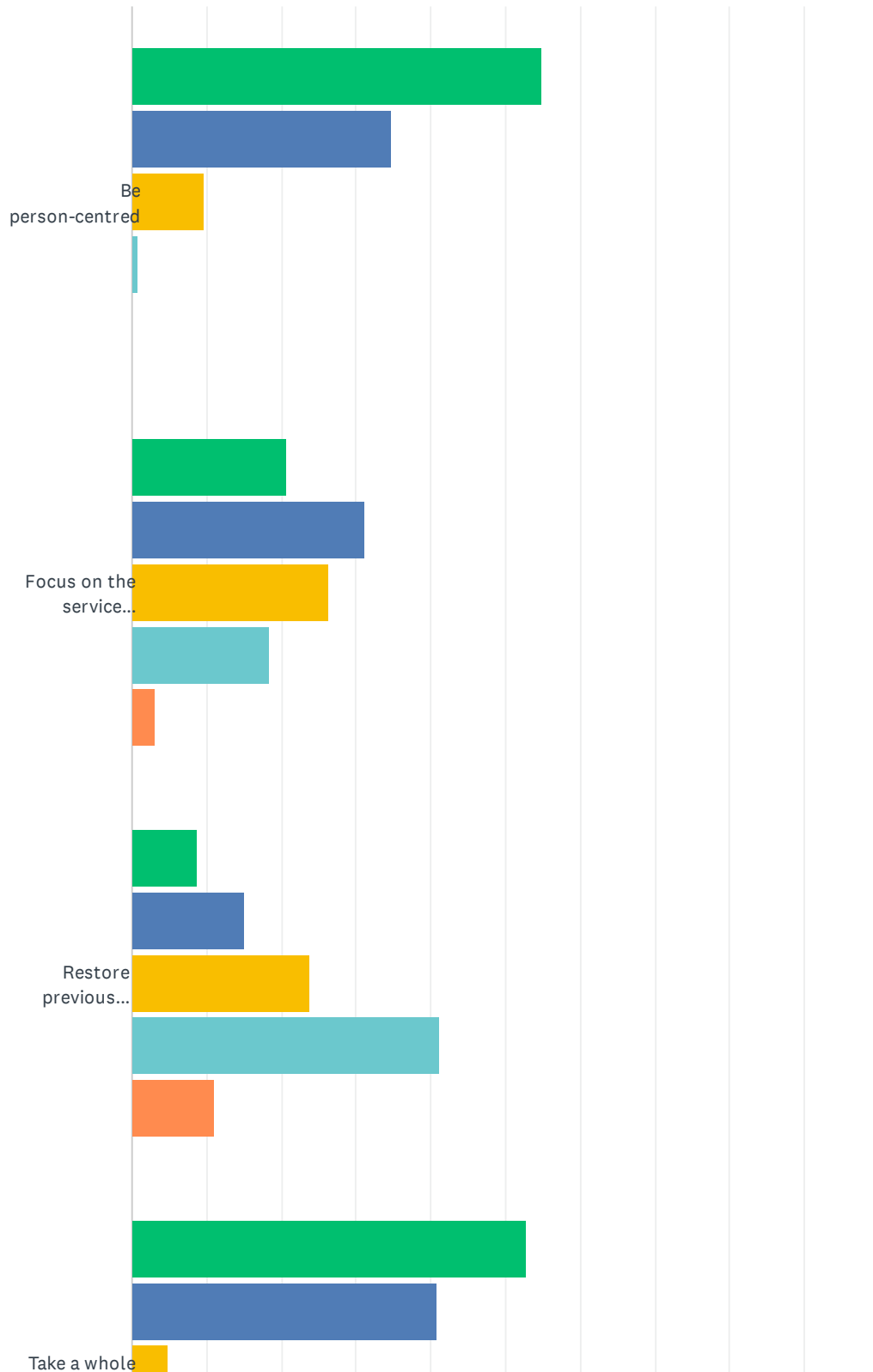
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ANSWER CHOICES	RESPONSES	
Band 5/6 nurse	3.57%	5
Band 7+ specialist nurse	8.57%	12
Charge nurse	0.71%	1
Consultant grade doctor	58.57%	82
GP VTS	0.00%	0
Health advisor	2.14%	3
Pharmacist	0.00%	0
Psychologist	0.00%	0
SASG or Specialty and Associate Specialty grade Doctor	13.57%	19
Service manager	5.00%	7
Specialty trainee	1.43%	2
Prefer not to say	1.43%	2
Other (please specify)	5.00%	7
TOTAL		140

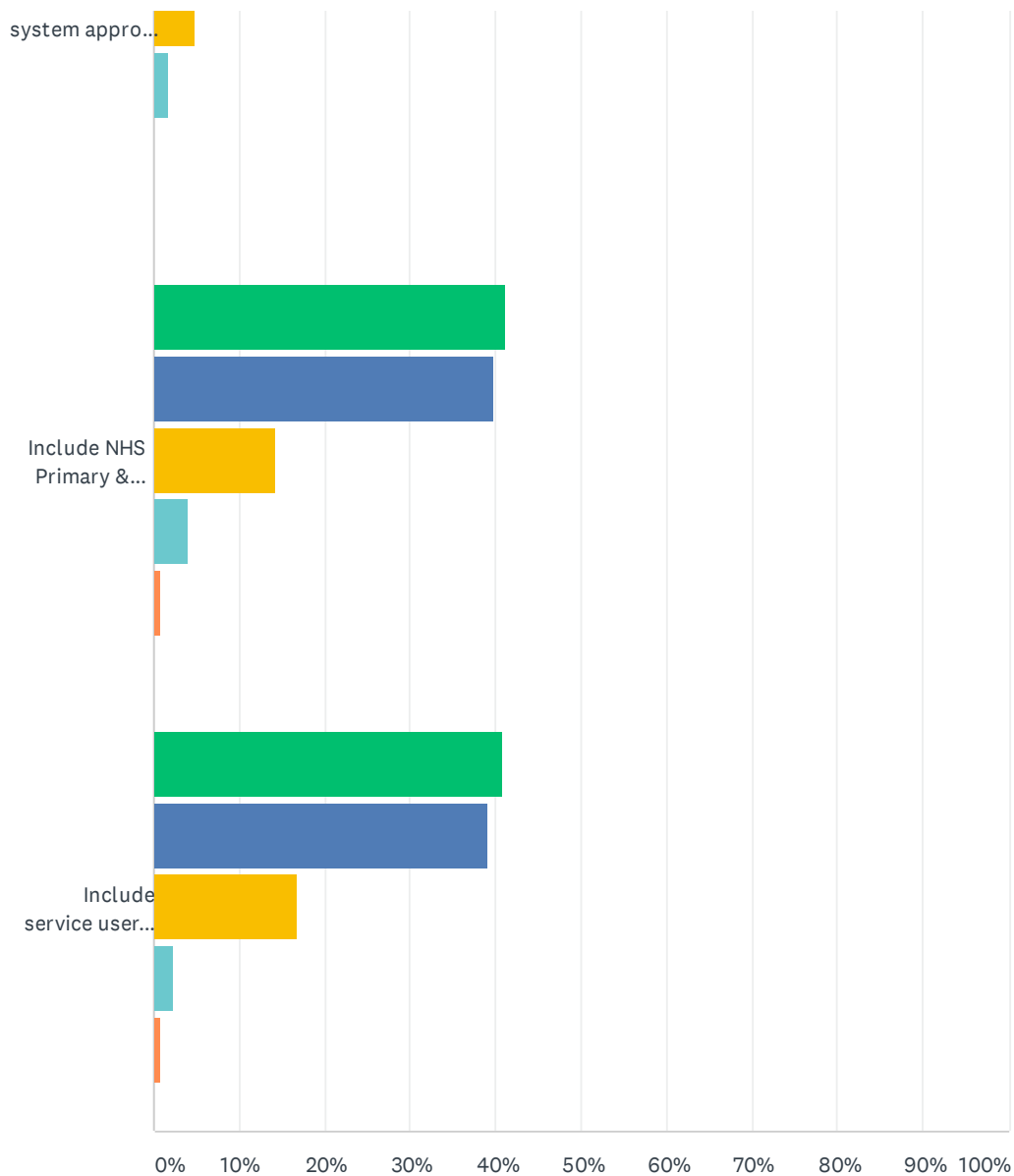
#	OTHER (PLEASE SPECIFY)	DATE
1	Postgrad student	6/2/2020 5:33 PM
2	Manager	6/2/2020 5:03 PM
3	Retired Consultant grade doctor	6/2/2020 4:07 PM
4	Psychosexual Psychotherapist	6/2/2020 3:51 PM
5	GP	6/2/2020 1:32 PM
6	Specialty Doctor for integrated sexual health service.	6/2/2020 1:26 PM
7	Clinical lead	6/2/2020 12:21 PM

Q3 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 126 Skipped: 16



BASHH Sexual Health Service Recovery Plan Survey



Strongly agree Agree Neither agree or disagree Disagree
Strongly disagree

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	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Be person-centred	54.78% 63	34.78% 40	9.57% 11	0.87% 1	0.00% 0	115
Focus on the service delivering something to as many people as possible	20.80% 26	31.20% 39	26.40% 33	18.40% 23	3.20% 4	125
Restore previous services as quickly as possible	8.73% 11	15.08% 19	23.81% 30	41.27% 52	11.11% 14	126
Take a whole system approach and re-organise rather than restore	52.80% 66	40.80% 51	4.80% 6	1.60% 2	0.00% 0	125
Include NHS Primary & Secondary Care, Local Authorities, Voluntary Sector, Independent Sector, Commissioners of Care etc., as no entity has the resources, skills or expertise to maximise response on their own	41.27% 52	39.68% 50	14.29% 18	3.97% 5	0.79% 1	126
Include service users in design of solutions	40.80% 51	39.20% 49	16.80% 21	2.40% 3	0.80% 1	125

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#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	I have no interest in increasing the role of the private sector in health care. National non profit-making organisations such as SH24 remove resources from local NHS organisations and have no knowledge of local need.	6/4/2020 4:51 PM
2	I understand we need to open up our services as much as possible as patients are already distressed about not having access to NHS services as they should, especially primary care, at the same time should be safe for staff and patients attending.	6/4/2020 3:31 PM
3	I think patients need to be encouraged to self manage more than they do now. We have, perhaps. been too available. Resources are short; we need to prioritise	6/4/2020 3:12 PM
4	restoration of services 'as quickly as possible' might mean that opportunity to work in new ways (eventually maximizing resources/ time) are not explored. this should be a balance of getting it right for the foreseeable future and taking steady progress to restoring services. we do not currently have normal staffing and the tech we need to maximise the potential of virtual working.	6/4/2020 1:07 PM
5	Telemedicine and online testing crucial when restarting services	6/3/2020 7:10 PM
6	We have to do what is safe, practical and possible as quickly as possible. I am keen to be able to open our doors to patients as soon as we can however the increased use of online testing which we have seen and the use of teleconsultations I think should be incorporated as a routine part of the service	6/3/2020 4:57 PM
7	Whole system approach to re-organise dependent on existing working relationships between organisations and the ability to use opportunities for shared resources during challenging this COVID period, where there is so much uncertainty.	6/3/2020 4:26 PM
8	This is an excellent opportunity to reset our service delivery and utilise new ways of working to address access.	6/3/2020 3:46 PM
9	Use this as an opportunity to redesign rather than rush to restore	6/3/2020 11:12 AM
10	This is a great opportunity to take the best of what we did before, discard what did not work well and create a new style of service. Patients have loved the online ability to get tests, order contraception and book teleconsultations without having to be present in the clinic and wait. We have been sending meds but plan to send FP10s electronically to pharmacies for patient convenience. Patients have the ability to email photos of lesions from their phone after returning electronic consent to a secure clinic email for diagnosis. Staff will then be able to see those who really need to come to clinic and reduce the LARC backlog!	6/3/2020 10:04 AM
11	current pandemic expertise group there should have been sexual health and hiv expert . They could have given best advice on test trace policies which we do everyday practice .	6/3/2020 7:47 AM
12	A core level service should remain to as many people as possible, easily accessible, which not always, and not for everybody means fully electronic.	6/2/2020 9:50 PM
13	We need to re-set our services in various stages which we can move through as we respond to opening up & locking down again if needed. It is essential that we continue to keep our approaches people-centred and that we remain truly open access with 'many doors'.	6/2/2020 8:38 PM
14	You obviously have to deliver a service but with enormous problems of distancing and confines. Willy nilly you will have to utilise electronic means with patient consultation as already happening to a much greater extent but still keeping confidentiality and making sure verbal and photographic messages ie i	6/2/2020 4:25 PM
15	Maximise available resources to those who need it most	6/2/2020 4:09 PM
16	Psychological health (service users & service providers) needs to be taken into account	6/2/2020 3:57 PM
17	We actually need 2 recovery plans - One for the short to medium term and one for the long term. We need to look now at what we want our service to be in the long term as unfortunately/fortunately depending on how you look at it we will never be the same as we were before covid even when a vaccination emerges. We need to be absolutely clear about what we will not compromise on as a service - I would suggest in person examination when relevant should be one of those principles because there will be enormous pressure post-covid to take that all online with images and telemedicine. Likewise Telemedicine presents great	6/2/2020 3:56 PM

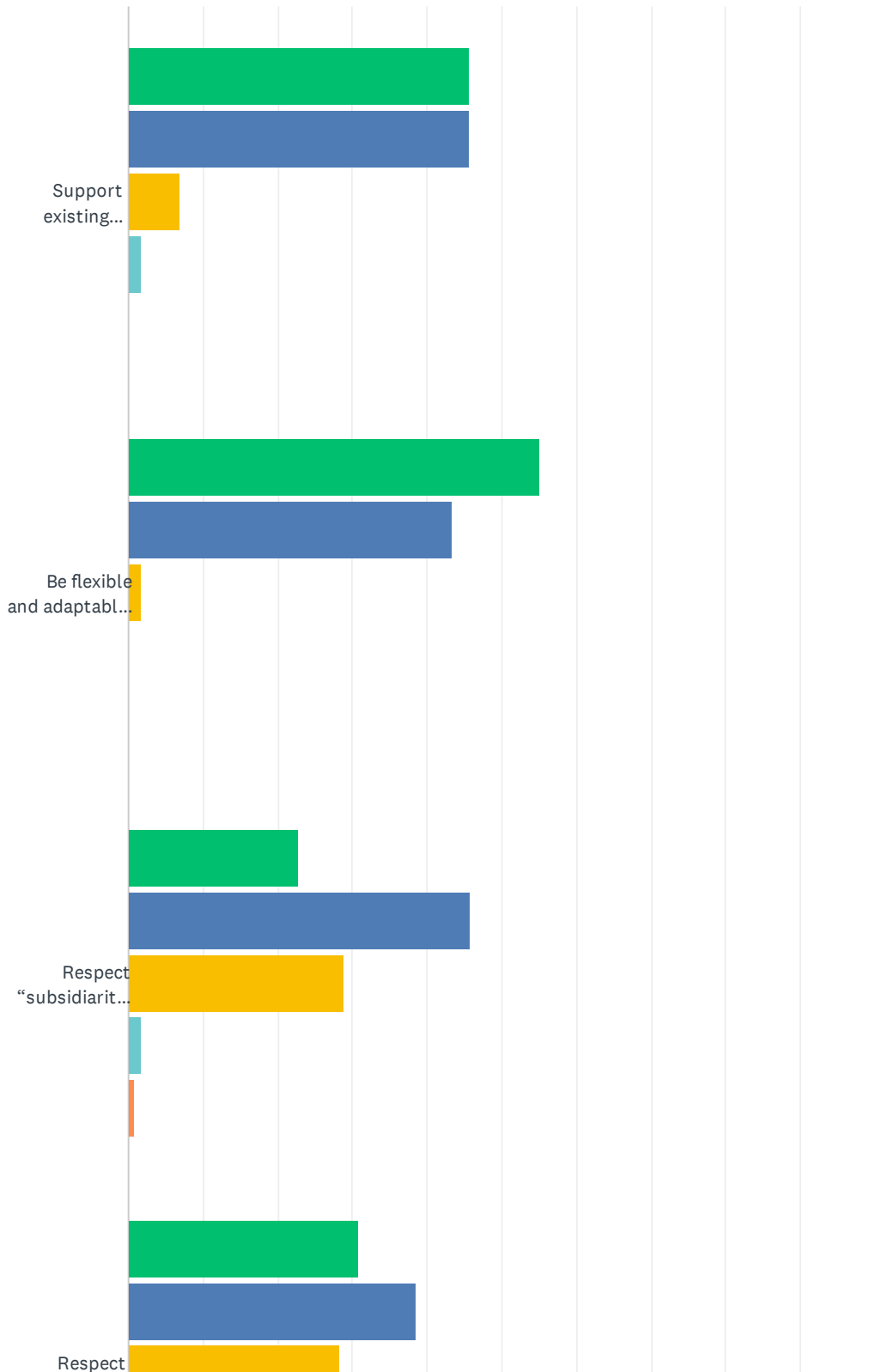
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opportunities for other core principles we want to maintain in our specialty. But we need to try and get on the front foot and inform/tell commissioners what the service will look like in the long term -Not be told by them and have to respond to that.

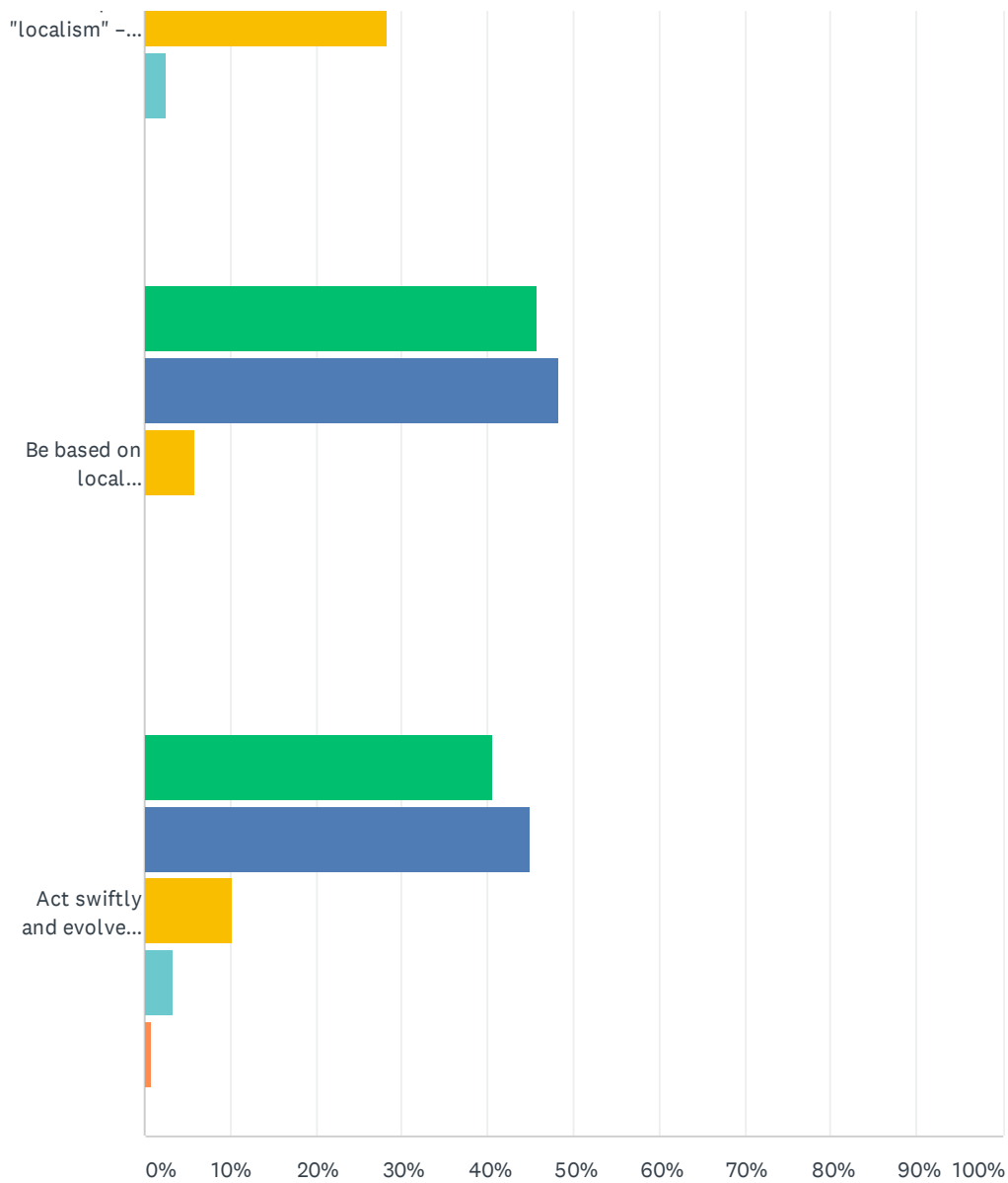
18	I agree with the second point that we should be providing equal access to a minimum level of service to all who may need it i.e on line testing BUT our focus as within services should be focused on those who need us most and who have more complex care needs	6/2/2020 3:52 PM
19	We must work with CCG's and GP to offer smears to women. The backlog will be substantial and we are in a position to support women with this service. Additionally this is appropriate due to the govt reports in sexual and womens health last year.	6/2/2020 3:41 PM
20	I definitely agree with your second to last statement. It is important that the skills and service provision of different parts of local health systems (eg: specialist services, General practice, community pharmacies) and economies are used in a complementary way rather than competitively which I guess means it is important for commissioners to think about how the money flows	6/2/2020 1:50 PM
21	Service reorganisation, will be a complex problem. First safety of the staffs are paramount with quality of service to Patient.	6/2/2020 1:29 PM
22	Re: Q3 - we need to restore the most important bits of the service ASAP, but there are other practices we can loose - eg modifying test of cure to be done by people taking away a kit to drop in or post back at the relevant time	6/2/2020 1:25 PM
23	I think that redesigning the entirety of services might mean sacrificing access for people in the short term. It is getting more and more difficult to manage patients over the phone who want to be seen. I dread to think what it will be like when shops are open creating more sense of normality and people don't understand why they can't get their usual sexual health care	6/2/2020 1:05 PM
24	We must accept that we cannot go back to how the service operates before we need to adapt and use technology available to keep both patients and staff safe	6/2/2020 1:03 PM
25	? leading questions, to which I am giving the correct answers!	6/2/2020 12:54 PM
26	It is really clear that no area of the NHS can just go back to 'business as pre-Covid'; sexual health is the same.	6/2/2020 12:21 PM
27	Need to provide open access service for vulnerable and high risk patients, do not need to provide the same for routine oral contraception and asymptomatic screens	6/2/2020 12:03 PM
28	Balance here- we need to re-design but there are basics we need asap such as accomodation, lab access/capacity, staffing. Only then can we fully engage in re-design	6/2/2020 11:43 AM
29	It is useful to know what users think, but we are getting daily feedback from speaking to them on the phone, and I am not sure that now is the time to collect more formal feedback	6/2/2020 11:43 AM
30	Whilst I agree that that we should take a whole system approach and reorganise, it is also necessary to restore at least some of our previous services asap. I am thinking mostly of provision of contraception and our young persons' drop in services -where we see our most vulnerable patients. It would be a tragic shame if the reorganisation prolonged getting back some functioning services. And whilst it would be terrific to involve other NHS and non NHS partners my fear would be that this also would result in long drawn out negotiations and paralyse any forward momentum.	6/2/2020 11:36 AM
31	Clear and once in a lifetime opportunity to modernise where the refusniks will not be able to dominate and delay discussions. If you involve everyone as you suggest nothing will happen - we (GUM/CSRH) do have the resources and expertise to modernise and deliver an efficient cost effective patient focussed service	6/2/2020 11:34 AM
32	Recovery plans should be step-wise in line with government guidelines. We need to prioritise patients according to need, and use remote consultation and triage.	6/2/2020 11:33 AM
33	Service users will need to be 'consulted' but we need to lead here, we have a better idea of what is possible than service users most of which have zero idea of what really needs to go on behind the scenes to keep the ship afloat never mind sailing.	6/2/2020 11:29 AM

Q4 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 118 Skipped: 24



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Strongly agree Agree Neither agree or disagree Disagree
Strongly disagree

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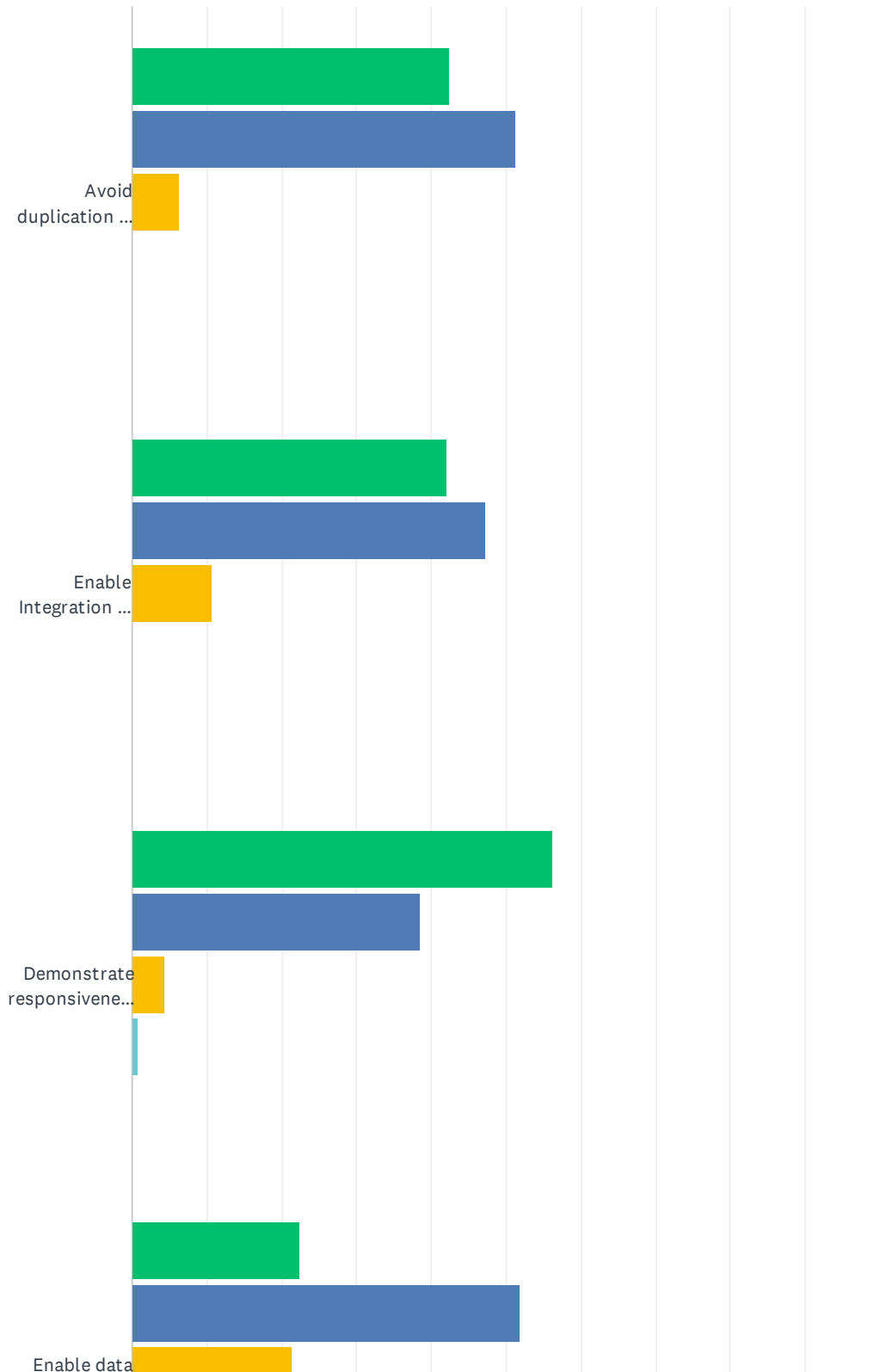
	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Support existing capacity and implement adaptation to build long term resilience	45.69% 53	45.69% 53	6.90% 8	1.72% 2	0.00% 0	116
Be flexible and adaptable for unpredictable circumstances	55.08% 65	43.22% 51	1.69% 2	0.00% 0	0.00% 0	118
Respect "subsidiarity" – components of the system must be placed at the level that is best suited to the capabilities, skills and expertise of each agency	22.88% 27	45.76% 54	28.81% 34	1.69% 2	0.85% 1	118
Respect "localism" – the flexibility to determine the footprint for effective governance, whether that be: local authorities, Local Resilience Forums (LRFs), Integrated Care Systems (ICSs), or other bodies.	30.77% 36	38.46% 45	28.21% 33	2.56% 3	0.00% 0	117
Be based on local circumstances taking into account variance in estate, workforce capacity and capability, and resident population priorities	45.76% 54	48.31% 57	5.93% 7	0.00% 0	0.00% 0	118
Act swiftly and evolve interventions as we go	40.68% 48	44.92% 53	10.17% 12	3.39% 4	0.85% 1	118

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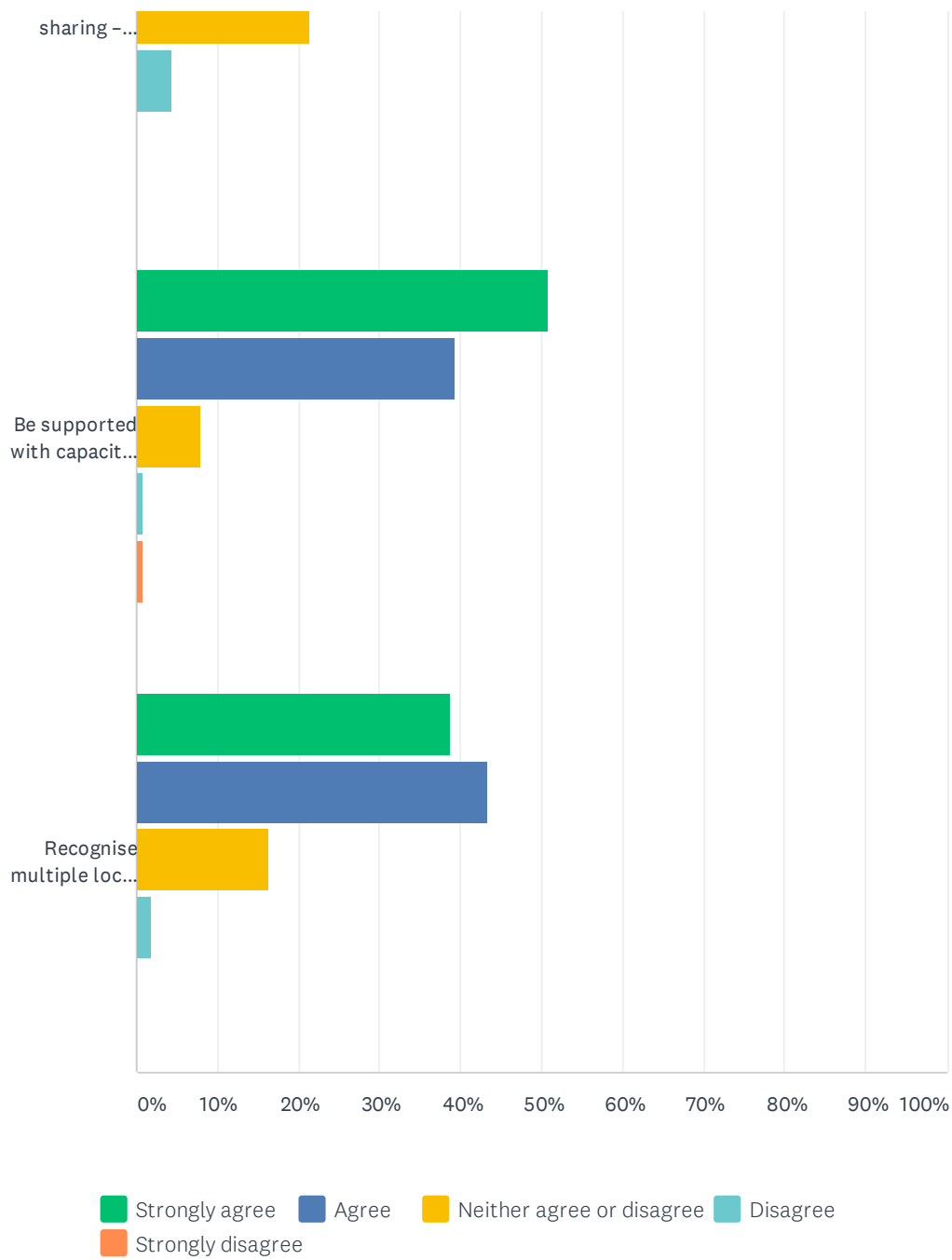
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	As we mentioned service delivery should be safe based on staff capacity and the nature of the service... rooms etc.	6/4/2020 3:34 PM
2	Need some forward planning	6/4/2020 3:13 PM
3	I am not sure that I fully understand the difference between some of these points. We have already learnt how to be flexible, adapt quickly and integrate new working practices and technologies over the past 11 weeks. Local population needs and existing services need to be closely linked while still maintaining national standards. These national standards may need updating in the light of innovation during the pandemic so far.	6/3/2020 5:09 PM
4	Skills and capacity can be built and expanded, one must not spend too long, or rely too much on local data, specially during this difficult times.	6/2/2020 9:55 PM
5	I would exercise some caution in making sweeping and rapid changes to how we work in the long-term at this point in time. I think there is great opportunity and necessity for introduction of positive changes right now but I am concerned about any rapid move to tele-medicine and expansion of on-line testing without establishing an evidence base. I would also be cautious of interpreting any evidence collected at this time as the current context is so extraordinary. I think services need to be locally responsive and significant weight given to rural services in future national planning.	6/2/2020 3:59 PM
6	Prefer centralised evidence based directives to localism.	6/2/2020 3:55 PM
7	If we don't act swiftly & take the lead in self-determination, others with less commitment to our service & less appreciation of what we do (eg PHE / CCGs / our own Trust managers etc) will impose it on us	6/2/2020 1:29 PM
8	... definitely could not disagree with any of these.	6/2/2020 12:56 PM
9	Although some approaches/service delivery need to be localised, a national recovery plan would be useful re standardisation of the basics of service devliery that need to be in place (accomodation/staffing/lab access) to help services recover.	6/2/2020 11:45 AM
10	I don't understand question 3 . I'm a Dr not a manager and that sounds like manager-speak	6/2/2020 11:39 AM
11	Dont understand what you mean by subsidiarity components etc cant answer that Q	6/2/2020 11:36 AM
12	Subsidiarity encourages silo working - and we have to move beyond that. Now is the opportunity.	6/2/2020 11:30 AM

Q5 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 113 Skipped: 29



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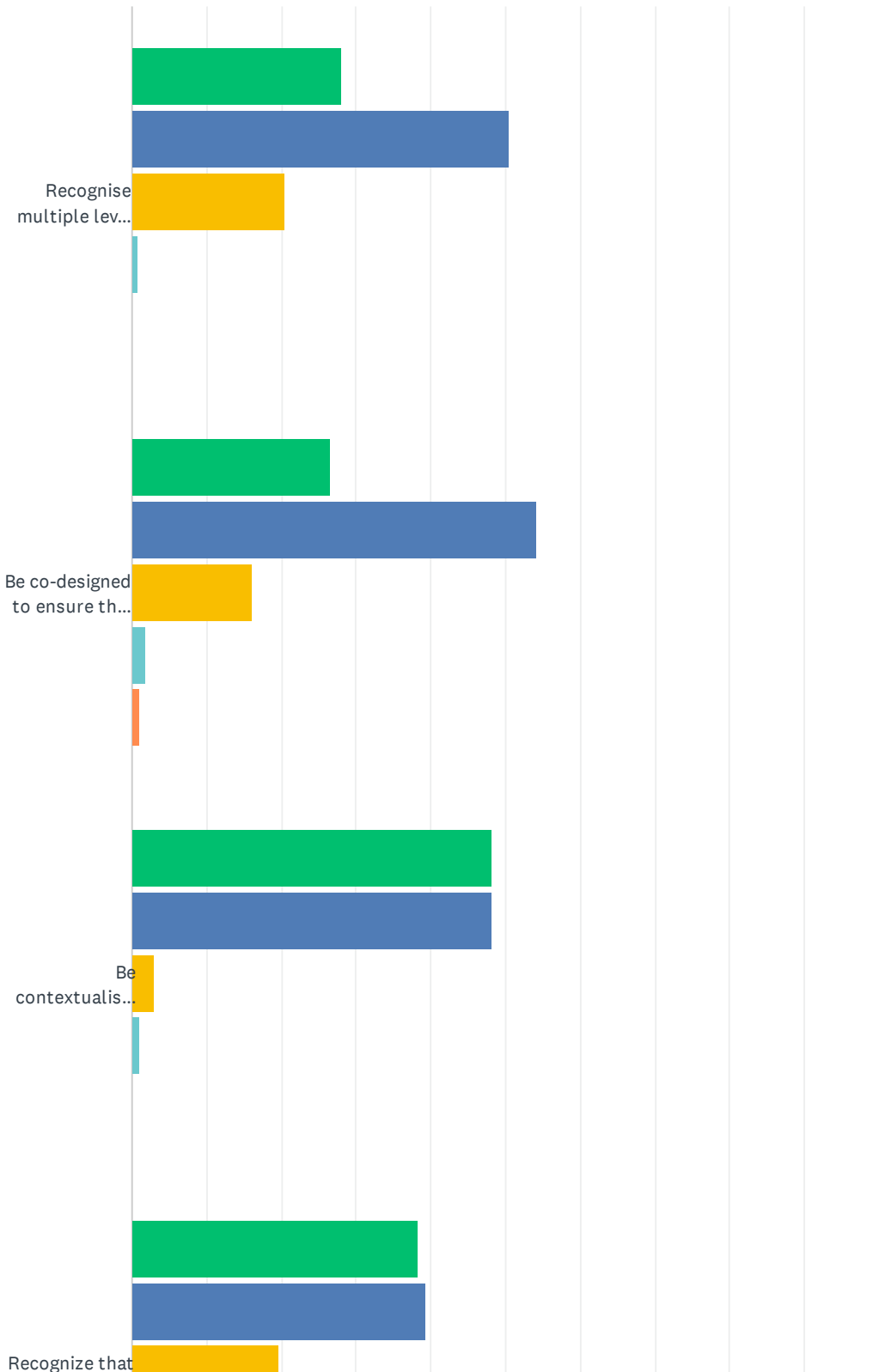
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	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Avoid duplication – we must use and build on what is already happening	42.48% 48	51.33% 58	6.19% 7	0.00% 0	0.00% 0	113
Enable Integration – for care pathways, systems and data sharing proactively (whilst ensuring appropriate levels of confidentiality)	41.96% 47	47.32% 53	10.71% 12	0.00% 0	0.00% 0	112
Demonstrate responsiveness to the differences and diversity in local communities, including issues around language, so that whatever is designed puts people at its heart.	56.25% 63	38.39% 43	4.46% 5	0.89% 1	0.00% 0	112
Enable data sharing – proactive data sharing must be prioritised from the outset	22.32% 25	51.79% 58	21.43% 24	4.46% 5	0.00% 0	112
Be supported with capacity and resources across all levels to ensure the response is run effectively and sustainably. This cannot be done with existing resources in view of the scale and complexity of what is needed	50.89% 57	39.29% 44	8.04% 9	0.89% 1	0.89% 1	112
Recognise multiple local roles	38.74% 43	43.24% 48	16.22% 18	1.80% 2	0.00% 0	111

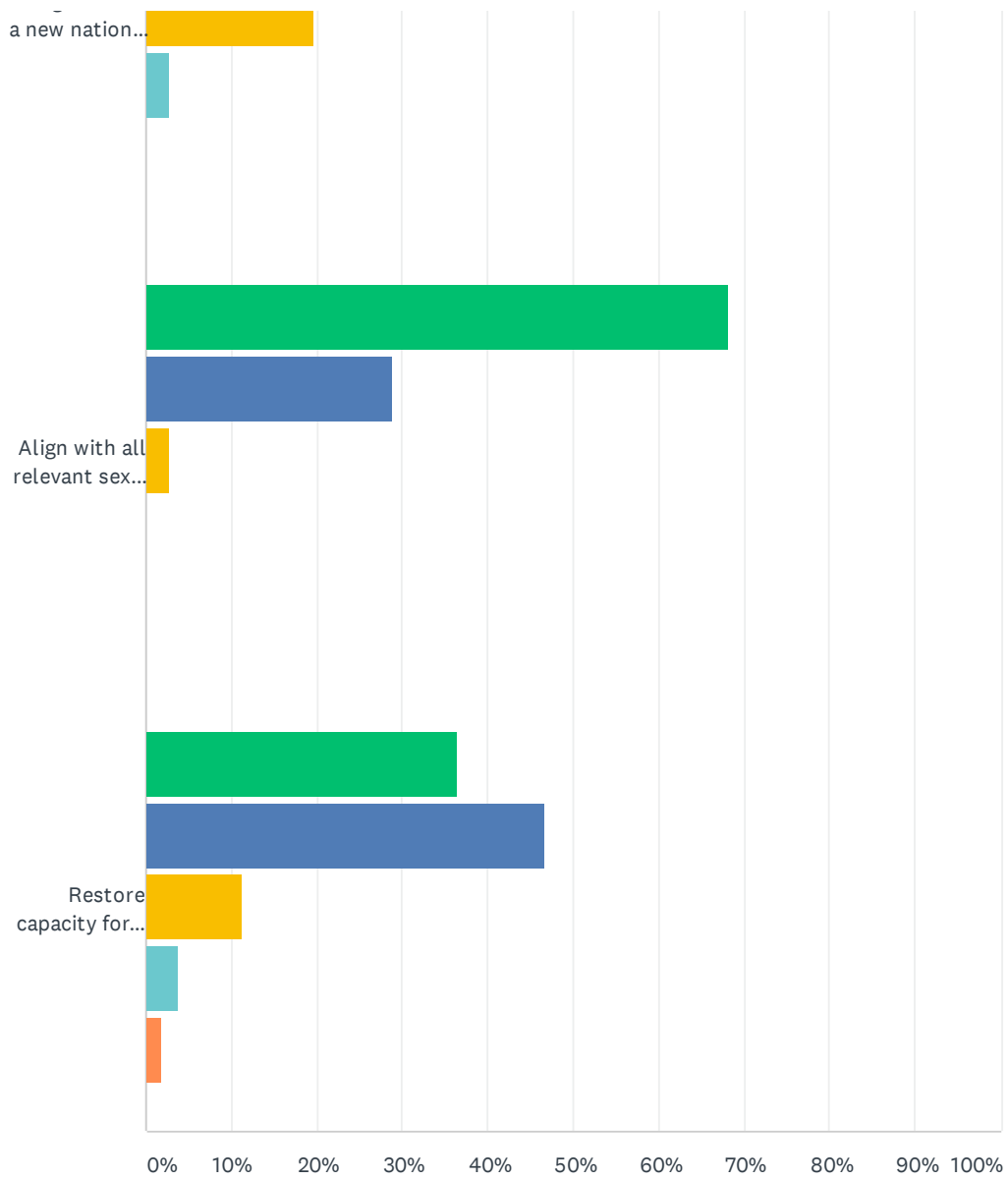
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	We need to start by getting the IT up to date, functioning and integrated	6/4/2020 3:14 PM
2	Given that the current services were fragmented and underfunded prior to the Covid 19 pandemic and many services may be facing re tendering in the near future unity within the specialty and its partners and a clear vision if possible is crucial to providing an appropriate service in the future	6/3/2020 5:24 PM
3	Shared metrics / reporting helpful as bench marking	6/3/2020 4:31 PM
4	The not duplication seems essential!	6/2/2020 9:56 PM
5	There's a lot of 'mother hood and apple pie' here - all of these are 'desirable', not all are pragmatic	6/2/2020 12:44 PM
6	We are adequately resourced - modernising allows better use of existing resources - nobody ever admits they have enough	6/2/2020 11:37 AM
7	Funding, funding, funding, funding is key	6/2/2020 11:31 AM

Q6 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 107 Skipped: 35



BASHH Sexual Health Service Recovery Plan Survey



Strongly agree Agree Neither agree or disagree Disagree
Strongly disagree

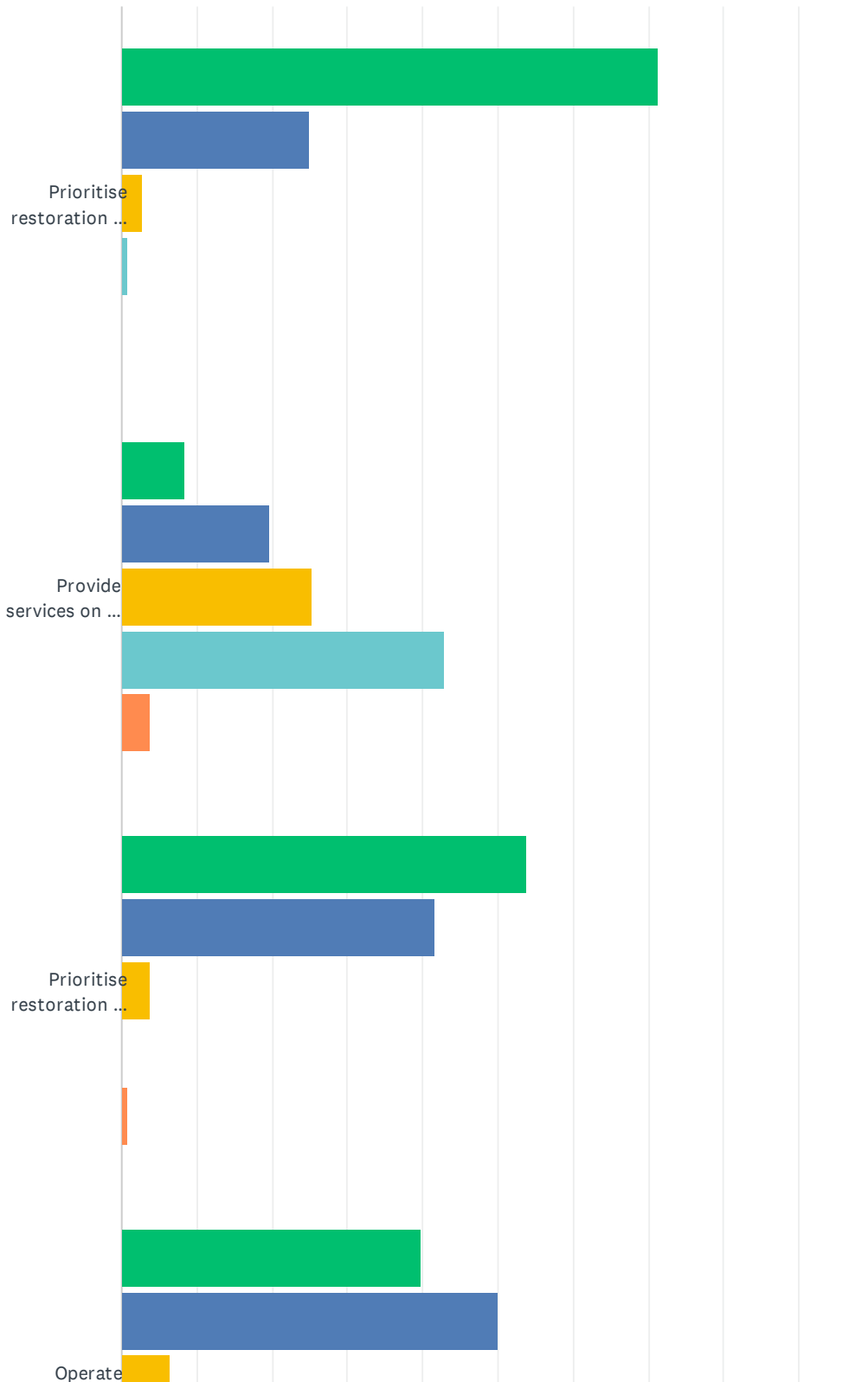
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	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Recognise multiple levels of geography including: UK-wide and nations, regional and subregional organisations e.g. LRF or ICS and local places	28.04% 30	50.47% 54	20.56% 22	0.93% 1	0.00% 0	107
Be co-designed to ensure that partners are consulted on the whole programme	26.67% 28	54.29% 57	16.19% 17	1.90% 2	0.95% 1	105
Be contextualised to ensure that the system is designed to reflect the diversity of our communities and the range of needs that exist, from language barriers to inequalities.	48.11% 51	48.11% 51	2.83% 3	0.94% 1	0.00% 0	106
Recognize that a new national strategy for sexual health and HIV is likely to be progressed within the timeframe	38.32% 41	39.25% 42	19.63% 21	2.80% 3	0.00% 0	107
Align with all relevant sexual health goals including eradication of new transmissions of HIV, control of all STIs and high quality SRH care across the life course	68.22% 73	28.97% 31	2.80% 3	0.00% 0	0.00% 0	107
Restore capacity for clinics to see patients before the services collapse financially	36.45% 39	46.73% 50	11.21% 12	3.74% 4	1.87% 2	107

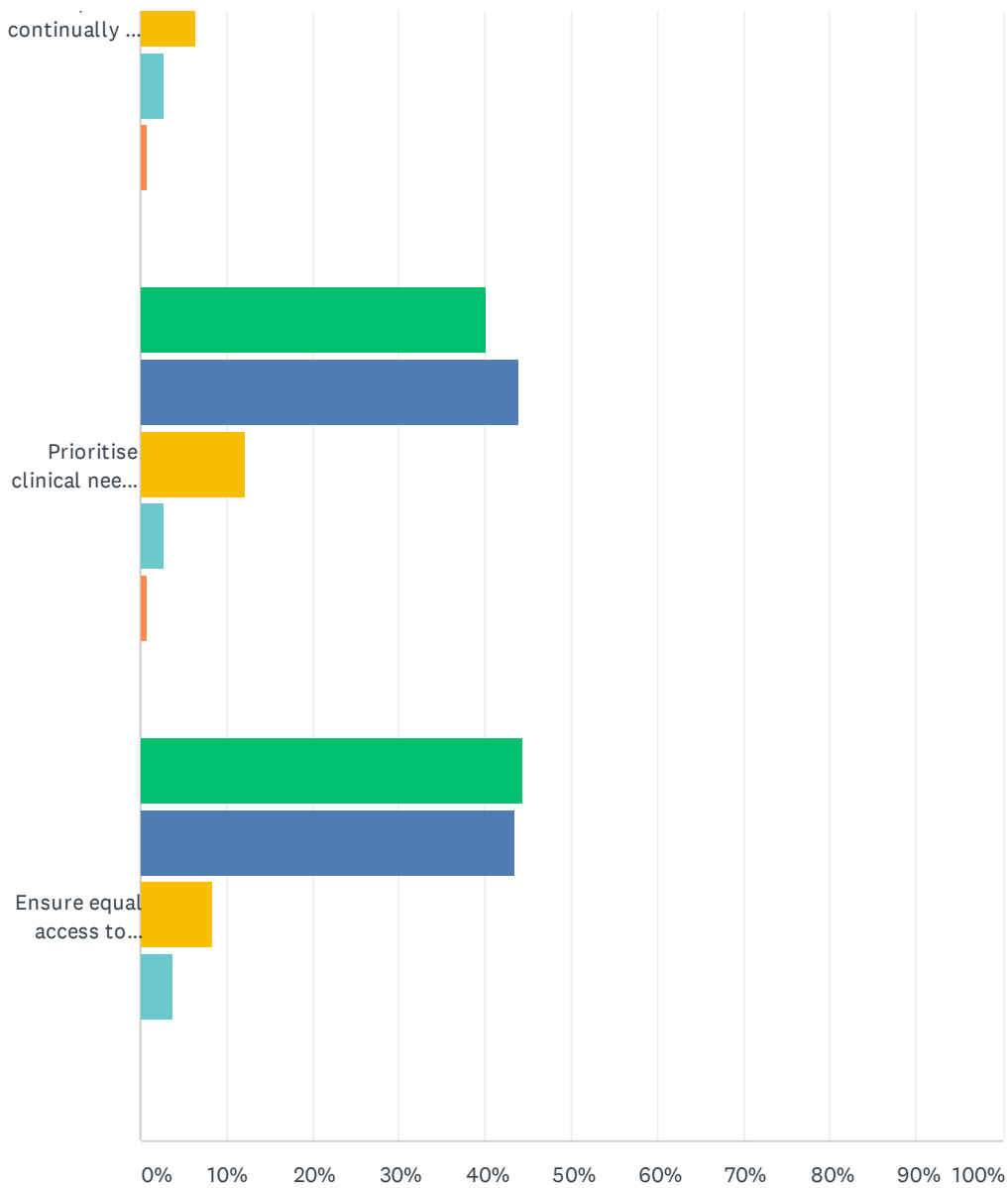
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	Adequate staffing will ensure staff safety	6/4/2020 3:37 PM
2	restore services before next COVID peak - window of opportunity is now so barriers to restoring sexual health / HIV services should be minimised	6/3/2020 4:33 PM
3	worth noting the national strategy is only England not all 4 nations	6/2/2020 2:41 PM
4	We can't rely on there being a new national strategy - and any strategy actually developed & administered by our current mendacious government is likely to be seriously flawed	6/2/2020 1:37 PM
5	Key factor here, and on the previous page remains, as it has done for many years - reaching hard to reach groups. Inparticular the hetrosexual BAME hiv +ve community to stop transmissions. This is where the effort needs to go, alongside continued flex over testing and tracing.	6/2/2020 12:45 PM
6	I am unaware of the financial impact current service change will have on provision. We are currently on block contracts but will not meet expected pre-covid targets. This is balanced by the knowledge of new budgetary constraints which must be placed on local councils. Changes to national and local targets need to be considered alongside any service change to ensure viability. Quality and governance need to be ensured with local and national expectations.	6/2/2020 12:18 PM
7	partnership/partner involvement key but can also be barrier, i.e. our specialist service has been asked not to fit any LARC even for vulnerable groups till GPs allowed to	6/2/2020 11:47 AM
8	This isnt progressive - we cannot revert to what we had before - really dont understand the question about 'restoring capacity' before financial collapse. Moving to phone consultations direct booking etc maintains capacity and meets demand. If you go to Spain they may not speak English we need to be less accommodating of language issues - google translate and similar are very useful tools - there is no logical reason for health care to require us to use expensive interpretation services (apart from the fact they like everyone else are trying to survive.	6/2/2020 11:43 AM
9	I work in a widely dispersed rural community where young people need public transport or their parents to enable them to attend our clinics. This does really need to be recognised when making plans.	6/2/2020 11:43 AM

Q7 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 108 Skipped: 34



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Strongly agree Agree Neither agree or disagree Disagree
Strongly disagree

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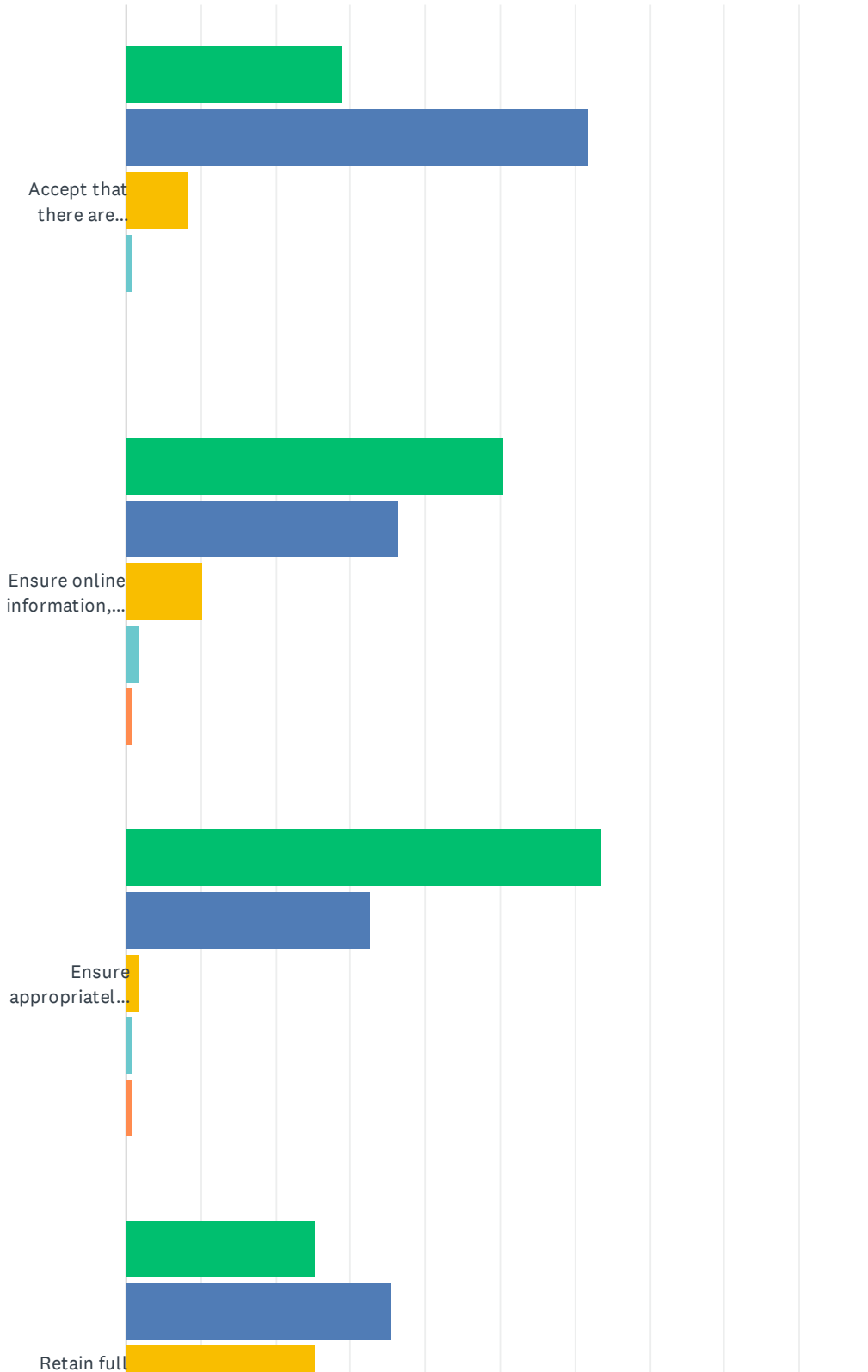
	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Prioritise restoration of services to the most vulnerable	71.30% 77	25.00% 27	2.78% 3	0.93% 1	0.00% 0	108
Provide services on a first contact first served basis until capacity as this reflects local demand	8.41% 9	19.63% 21	25.23% 27	42.99% 46	3.74% 4	107
Prioritise restoration of services to those with the most complex needs	53.70% 58	41.67% 45	3.70% 4	0.00% 0	0.93% 1	108
Operate continually as a mechanism to eliminate health inequalities	39.81% 43	50.00% 54	6.48% 7	2.78% 3	0.93% 1	108
Prioritise clinical need over numbers of attendances even if financially non-viable	40.19% 43	43.93% 47	12.15% 13	2.80% 3	0.93% 1	107
Ensure equal access to digital healthcare for the whole population	44.44% 48	43.52% 47	8.33% 9	3.70% 4	0.00% 0	108

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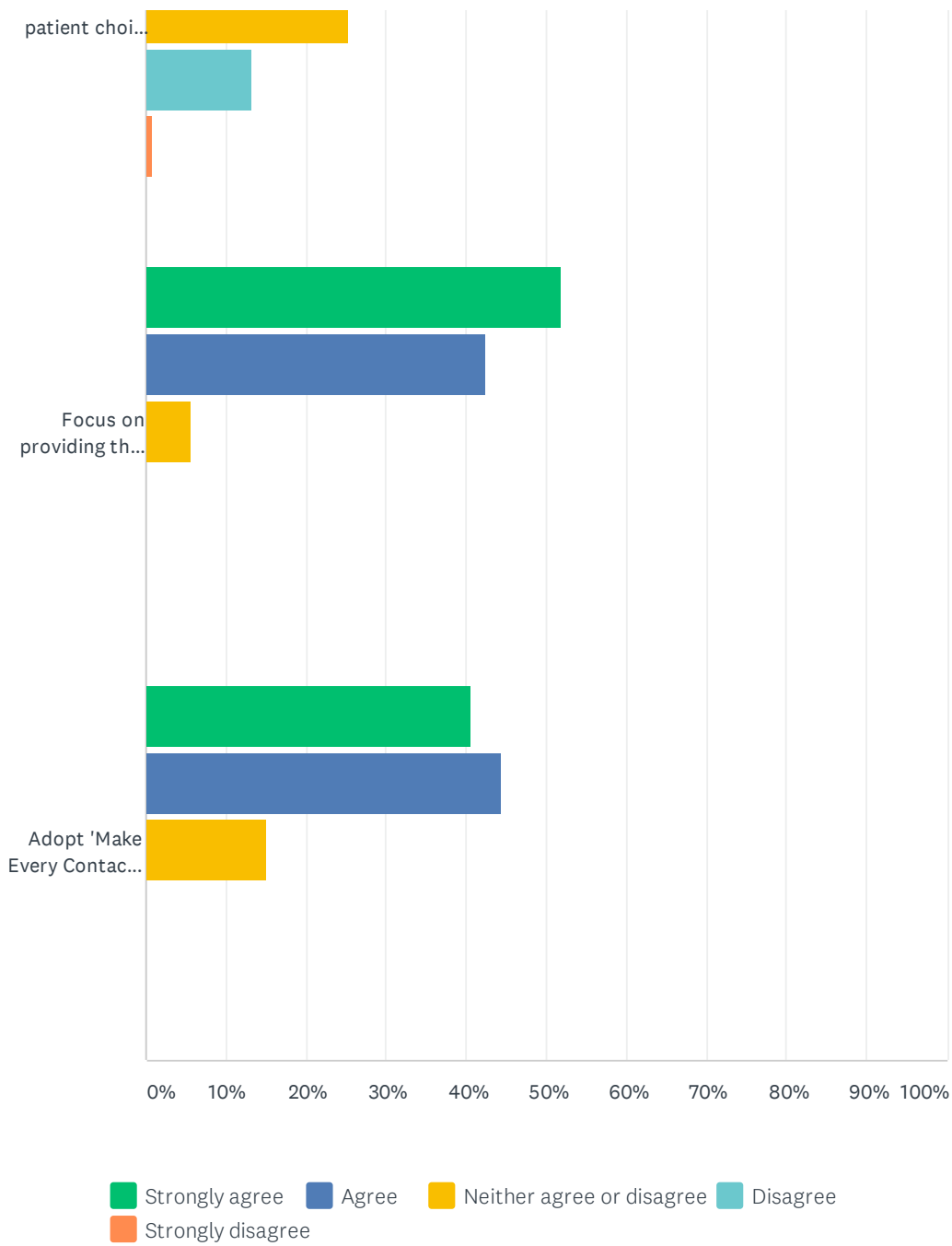
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	equal access to digital healthcare for the population - some just don't have the means to utilize this (smart phone etc), so we have to continue to offer service delivery in a flexible way. breadth of capability within the service should allow for those who are vulnerable and complex to be seen by those most capable, while restoring the less complicated services simultaneously.	6/4/2020 1:15 PM
2	Prioritise clinical need over numbers of attendances even if financially non-viable , I would always want to prioritise clinical need but it has to be viable or otherwise it would not be sustainable	6/3/2020 5:27 PM
3	I think it would be impossible to create equal access to digital healthcare and we need to bear that in mind with our solutions.	6/3/2020 5:06 AM
4	I think we need to use digital solutions intelligently: brilliant for many, not for all; use to manage capacity to allow those who need to be seen f2f to be seen f2f; ensure that approaches are evidence based & evaluated; ongoing review of safeguarding / identification of vulnerabilities etc.	6/2/2020 8:44 PM
5	Ensure digital access while being mindful of unintended consequences	6/2/2020 4:12 PM
6	How do you offer equal access to digital care to someone with low literacy/no English and on a pay as you go electricity metre?	6/2/2020 4:00 PM
7	Provide services on a first contact first served basis until capacity as this reflects local demand - This system should be triaged directing clients to online service, face to face consultation, fast track services etc. Creating channels with appropriate staff dealing with symptomatic, high risk, vulnerable, complex cases. Sexual health and contraception should be under one umbrella to provide appropriate patient care and a one stop shop service. On line contraception can be encouraged triaging clients appropriate for on line service or face to face consultations.	6/2/2020 3:22 PM
8	for digital health its not just equal access as some will need additional supports to be able to use it	6/2/2020 2:42 PM
9	Last point - there will always be a section of the most vulnerable in society who are unable to manage well - or indeed at all - in a digital environment. We actually need to look at our digital systems & make sure there is ease of access or indeed accelerated access for those who can't or won't do digital.	6/2/2020 1:41 PM
10	1 & 3 here could be the same question depending on definitions. Now is not the time to tackle health care inequalities as a key issue when we need to get people back into treatment. The core issue is going to be ensuring that as more and more people sample at home there's a smooth access point into follow-up care as required.	6/2/2020 12:50 PM
11	it s not possible to provide digital access to the whole population and its needs to be ensured that the most vulnerable have F2F access without restriction	6/2/2020 12:07 PM
12	clinical need over numbers definitelt but we still need coverage for contraception and testing to achieve public health duties	6/2/2020 11:53 AM
13	Big and unrealistic focus on small minority groups. We are dealing with STIs and contraception for the population - if you do not manage this for all susceptible people we will have a crisis - running phone triage etc is an efficient and effective way of equitably delivering services. Who are you including in your groups above ? Minors, middle aged 'swingers' unaware of risks, etc etc	6/2/2020 11:47 AM

Q8 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 107 Skipped: 35



BASHH Sexual Health Service Recovery Plan Survey



BASHH Sexual Health Service Recovery Plan Survey

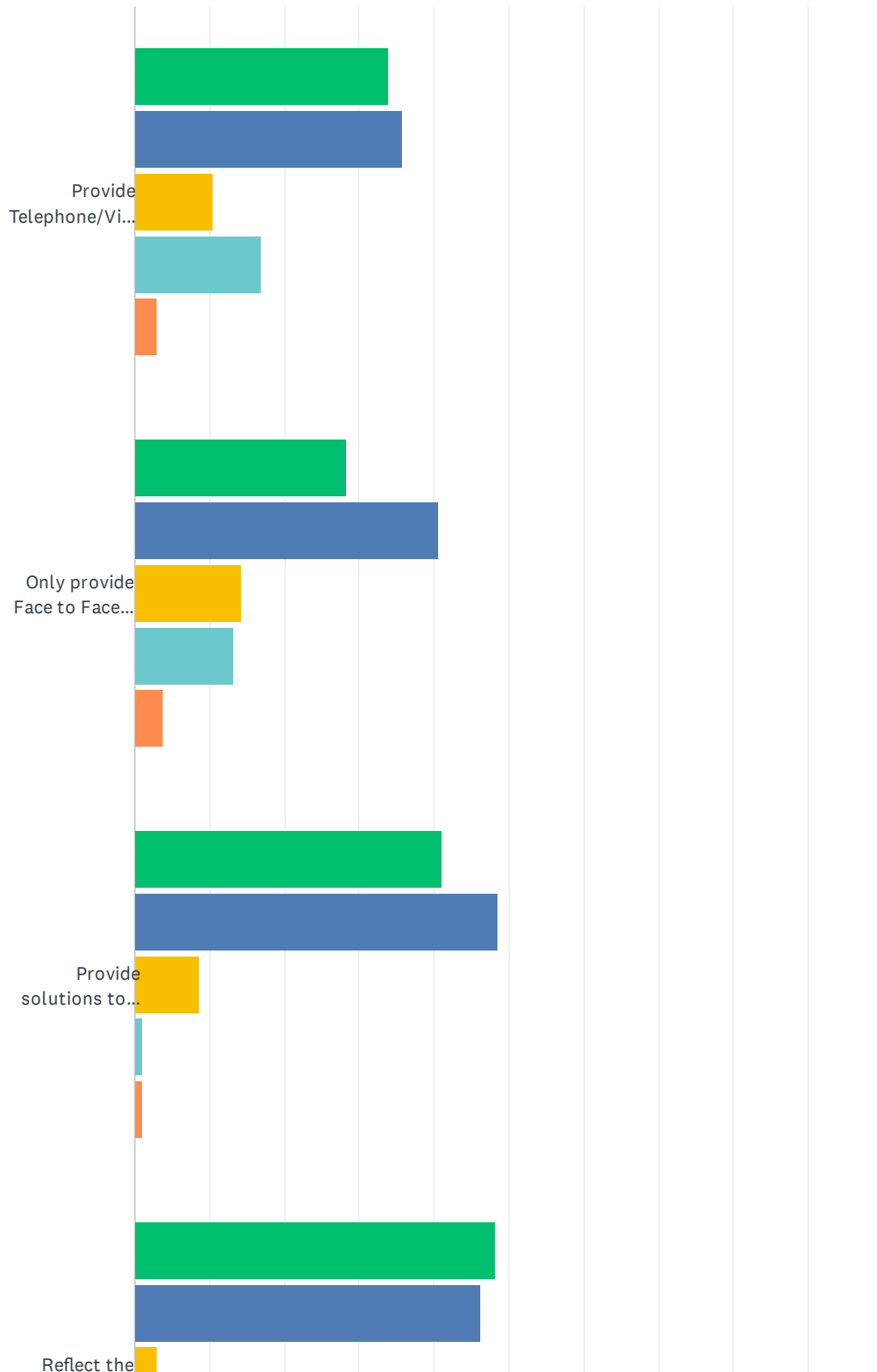
	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Accept that there are variations in populations that reflect choices	28.97% 31	61.68% 66	8.41% 9	0.93% 1	0.00% 0	107
Ensure online information, advice, signposting and support to maximise self-care, sexual health testing at home by default irrespective of residence	50.47% 54	36.45% 39	10.28% 11	1.87% 2	0.93% 1	107
Ensure appropriately supported access to telephone triage and or to telemedicine and or face to face services where appropriate, irrespective of residence	63.55% 68	32.71% 35	1.87% 2	0.93% 1	0.93% 1	107
Retain full patient choice in how to access services	25.23% 27	35.51% 38	25.23% 27	13.08% 14	0.93% 1	107
Focus on providing the right service at the right time to every person	51.89% 55	42.45% 45	5.66% 6	0.00% 0	0.00% 0	106
Adopt 'Make Every Contact Count' methodology	40.57% 43	44.34% 47	15.09% 16	0.00% 0	0.00% 0	106

BASHH Sexual Health Service Recovery Plan Survey

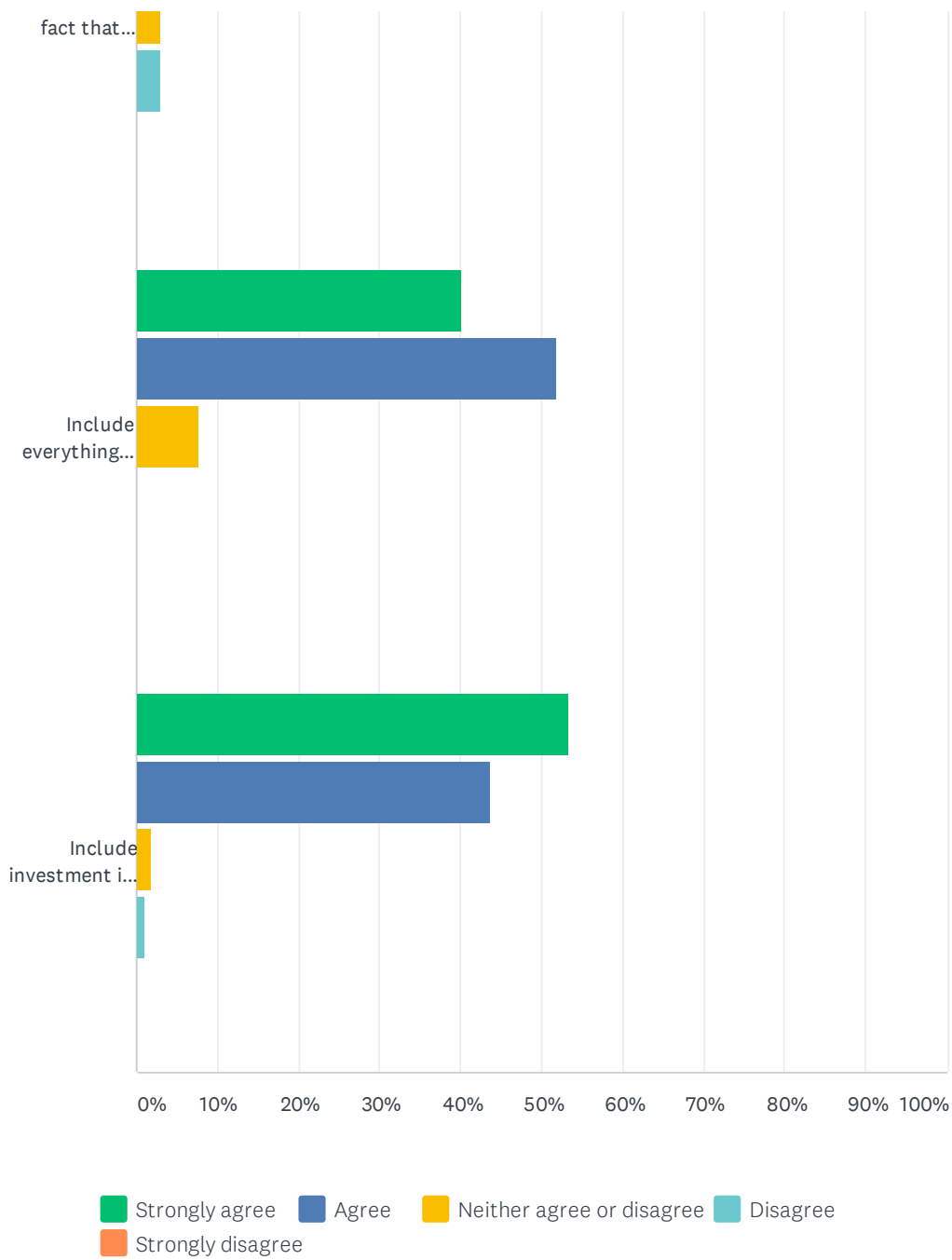
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	Unfortunately I don't think we can retain full patient choice of access because we are endeavouring to minimise face to face contact for the safety of staff and patients.	6/4/2020 4:56 PM
2	With limited resources may need to focus on patient need rather than patient want	6/4/2020 3:17 PM
3	Use this opportunity to reinstate the importance of psychosexual support being an integral component of sexual health care, 1:1 health promotion and behavioural interventions.	6/3/2020 3:53 PM
4	Too much online provision can lead to missed safeguarding opportunities. Of course patient choice is vital - but patients might not be balancing COVID risk/public health concerns with benefits to themselves. This is because it's difficult for anyone, including us, to do. So patient choice should be taken into account but it should be a very informed choice that includes risks of FTF and remote consultations. Making every contact count - can lead to LONG consultations. That's why remote consulting can often end up as not a quick fix. So every contact should count but it might take the form of both a remote consultation followed by FTF followed by more remote consulting.	6/3/2020 5:17 AM
5	agree that access to digital health solutions should be available in all regions as an option; need to ensure that digital isn't a blanket approach but is used in an evidence based way (and that we continue to build that evidence base). it isn't the panacea and whilst facilitating access for some who wouldn't otherwise attend f2f; can result in increased health inequalities for others.	6/2/2020 8:47 PM
6	- Accept that there are variations in populations that reflect choices - this allows those who are not computer savvy the choice to be seen face to face -Retain full patient choice in how to access services - I neither agree or disagree as there are many worried well who would prefer to keep attending without the need - hence there should be an appropriate mechanism to control who is seen and not entirely left to patient choice	6/2/2020 3:29 PM
7	its not just about offering full choice for patients accessing services as with social distancing etc what they want ie F2F may not be always possible and we need to be honest with them about this	6/2/2020 2:44 PM
8	It is impractical to retain full patient choice.	6/2/2020 12:51 PM
9	MECC May make F2F appointments too long but would certainly be appropriate via remasters consultation	6/2/2020 12:36 PM
10	Make every contact count, but not lose sight of our main objectives and have awareness of those best placed to meet additional needs. There need to be relevant funding for time used to address additional needs of patients	6/2/2020 12:22 PM
11	Unless we are nationally commissioned or we have x boundary charging we cannot expect the tax payer to randomly fund across the country - you also have to have mechanisms for containing the worried well who will hope around testing unnecessarily. It also results in inequitable distribution of resources if you support seeing people anywhere irrespective of residence inevitably historically that has favoured London based services (example of this is what happened with HIV and HIV funding when the money followed the patient)	6/2/2020 11:52 AM
12	I worry that we should not make everything 'online' as we have areas of rural deprivation where people simply don't have access to the internet or can't afford a mobile phone. Or have no reception. This has become very clear in recent weeks doing telephone triage. Drop in services arranged around school/college transport times are vital for some of these patients	6/2/2020 11:50 AM

Q9 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 106 Skipped: 36



BASHH Sexual Health Service Recovery Plan Survey



BASHH Sexual Health Service Recovery Plan Survey

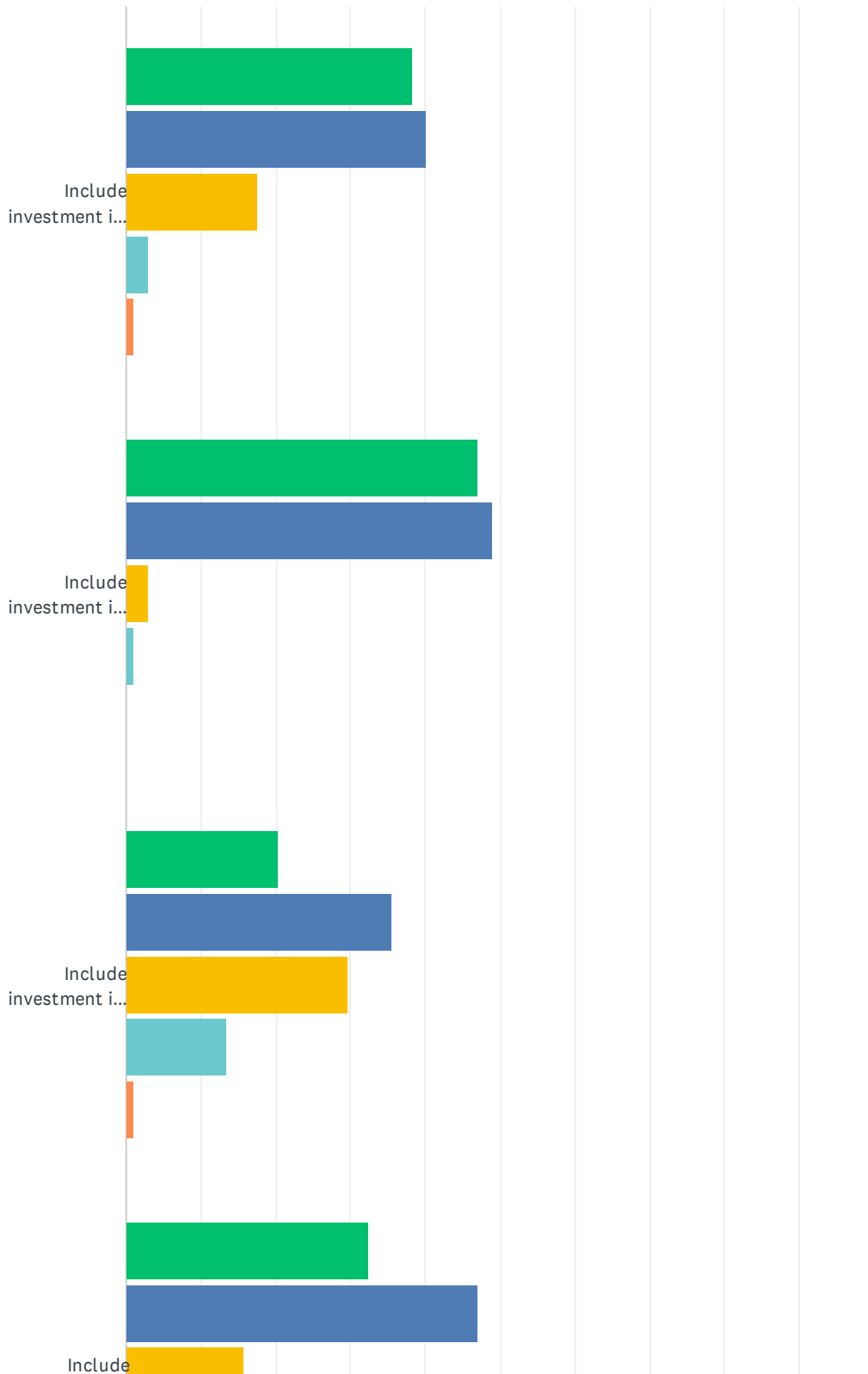
	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Provide Telephone/Video Consultations by default for all contacts where no procedure is necessary	33.96% 36	35.85% 38	10.38% 11	16.98% 18	2.83% 3	106
Only provide Face to Face contacts for care by exception, unless clinical or patient need or choice	28.30% 30	40.57% 43	14.15% 15	13.21% 14	3.77% 4	106
Provide solutions to reduced access to digital healthcare for populations where reduced access is structural or societal e.g. data poverty, language restrictions	40.95% 43	48.57% 51	8.57% 9	0.95% 1	0.95% 1	105
Reflect the fact that provision of new methods of healthcare provision at pace requires significant sustained investment across the whole system	48.08% 50	46.15% 48	2.88% 3	2.88% 3	0.00% 0	104
Include everything necessary locally to support digital healthcare	40.20% 41	51.96% 53	7.84% 8	0.00% 0	0.00% 0	102
Include investment in digital infrastructure & telephony	53.33% 56	43.81% 46	1.90% 2	0.95% 1	0.00% 0	105

BASHH Sexual Health Service Recovery Plan Survey

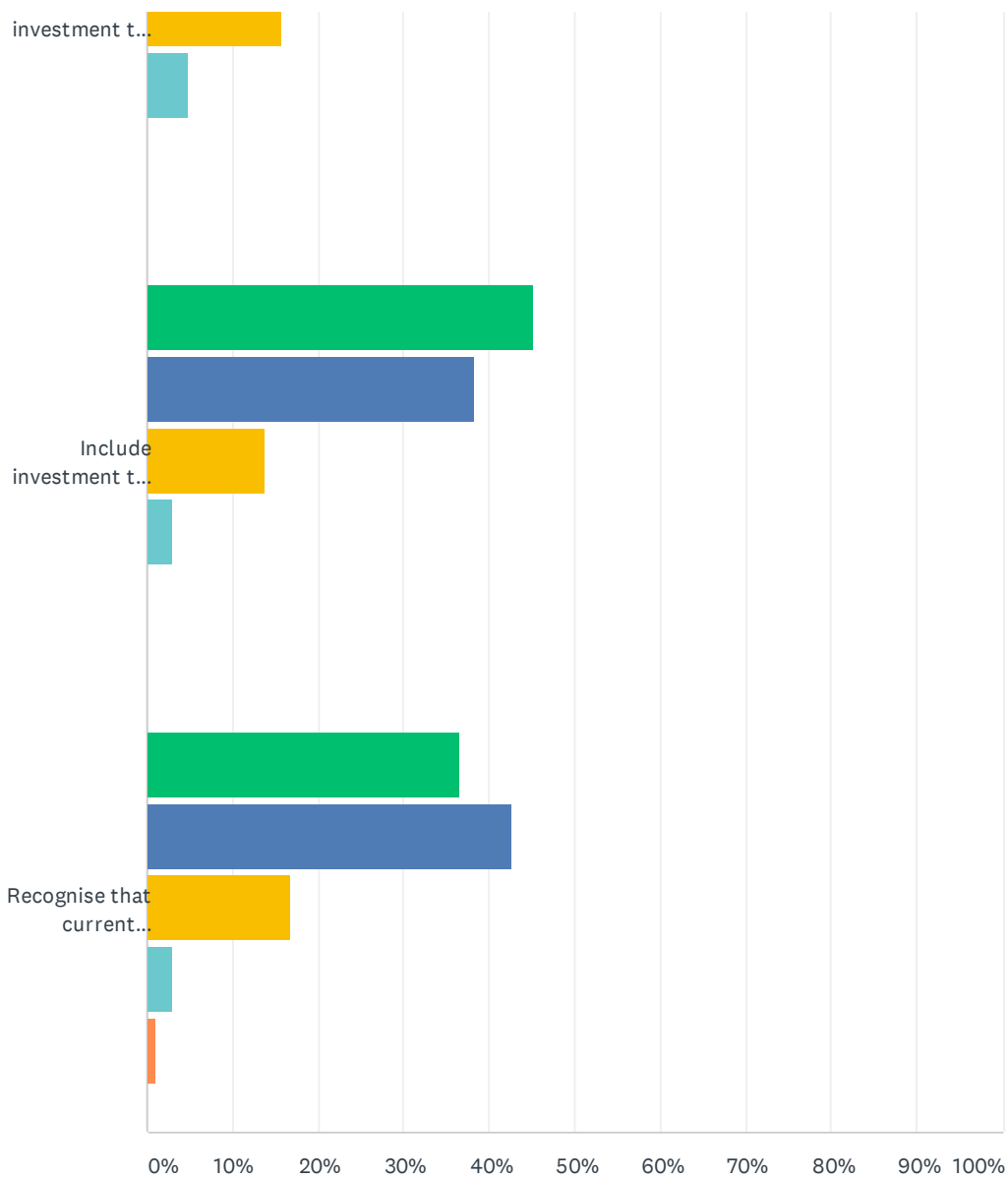
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	Increasing digital access should not mean losing limited local resources to national organisations. This is deskilling and ultimately will mean jobs are lost locally.	6/4/2020 4:58 PM
2	it is difficult in sexual health as a lot of patients need to be examined and samples taken..doing a telephone consultation then inviting them in on the same day to complete the examination has proved difficult for some patients, especially when they are returning to work..	6/4/2020 1:19 PM
3	The last 4 points above constitute a wish list but may not be affordable	6/3/2020 5:31 PM
4	I think Telemedicine is definitely the way forward to help with access. However, as with asymptomatic screening we have to be careful we are not overlooking opportunities to explore vulnerabilities, abuse etc. Therefore, I believe we have to include some failsafe mechanisms.	6/3/2020 4:00 PM
5	All service users should be given the choice if they would prefer to have a telephone consultation or a face to face appointment as opposed to providing Telephone/Video Consultations by default for all contacts	6/3/2020 10:00 AM
6	Whilst digital is clearly the way of the future, it is not going to be an option for all patients, and we should not be cornered into doing everything by this route. eg Solutions to digital poverty will still not make digital the best choice for many people, yet may consume vast resource. We have to maintain a service that gives the best outcome for our patient and to retain the option of F2F for those where this will significantly improve quality of care	6/3/2020 8:14 AM
7	No procedures shouldn't always mean no FTF. FTF necessary for some safeguarding assessments.	6/3/2020 5:19 AM
8	The choice of telephone/video vs F2F depends on risk/benefit as well as patient choice (patient who choses one of other is more likely to benefit from that method). Currently covid risk outweighs the benefit of the additional benefits of a F2F consultation which may capture vulnerabilities or complexities that is not overtly voiced by the patient.	6/2/2020 4:15 PM
9	F2F should be according to clinical or patient need not simply patient choice	6/2/2020 3:53 PM
10	There have certainly been difficulties with the technology in working from home - days where one was logged out many times immediately after logging in, which made keeping records very frustrating and time-consuming.	6/2/2020 1:13 PM
11	We have to take as much stress out of the system, so smooth quick care pathways are what matters.	6/2/2020 12:52 PM
12	9 b - not by patient choice as that may lack the understanding of virus spreading	6/2/2020 12:38 PM
13	Telephone medicine is not suitable for all even if no procedure is necessary due to concerns about confidentiality, unable to be alone while taking the call etc and especially for STI/HIV may provide inaccurate information and take longer to resolve issues	6/2/2020 12:13 PM
14	several issues with loss of f2f care- not just clinically needed also required for nuanced assessment of young and vulnerable, alerts to abuse or other issues. We have to ensure some f2f is maintained for this.	6/2/2020 11:59 AM
15	The best thing about telephone access is that we (doctors and nurses) have been able to speak to patients on the same day or next day, in order to assess and prioritise. The danger in making telephone contact the norm, is that services will be tempted to downgrade this initial contact to unqualified staff to save money, which will negate any benefits to the new way of working	6/2/2020 11:55 AM
16	I still believe that face to face provides the best opportunity to assess vulnerable patients and allows them to assess their dr whilst deciding how much they can disclose. And they can attend in groups as our under 25s usually do. A gentle probing question face to face can facilitate revelations that might never be shared otherwise. On the other hand if a confident happy safe young woman just wants more pills then online is may be much more convenient for her.	6/2/2020 11:55 AM

Q10 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 104 Skipped: 38



BASHH Sexual Health Service Recovery Plan Survey



Strongly agree Agree Neither agree or disagree Disagree
Strongly disagree

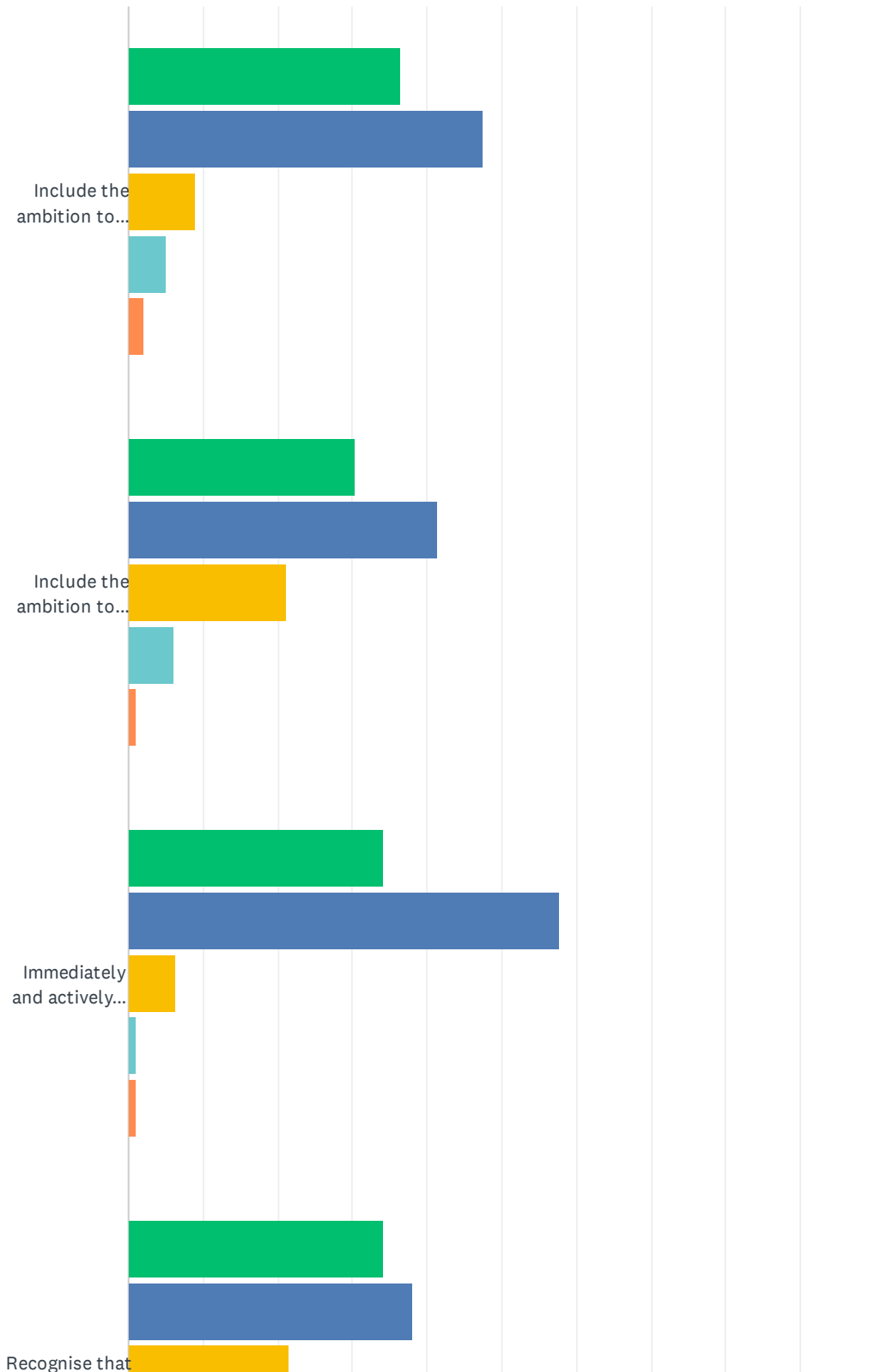
BASHH Sexual Health Service Recovery Plan Survey

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Include investment in physical infrastructure as much existing estate is not compatible with physical distancing	38.24% 39	40.20% 41	17.65% 18	2.94% 3	0.98% 1	102
Include investment in training and support for staff to adapt to new ways of working	47.12% 49	49.04% 51	2.88% 3	0.96% 1	0.00% 0	104
Include investment in the creation of new sexual health workforce, as previous skill-mix and skill sets not aligned with new processes	20.19% 21	35.58% 37	29.81% 31	13.46% 14	0.96% 1	104
Include investment to address awareness that emergency contingencies have relied on defer and delay for many non-urgent complexities that are now becoming urgent	32.35% 33	47.06% 48	15.69% 16	4.90% 5	0.00% 0	102
Include investment to address the consequences of new ways of working compatible with physical distancing will have initial apparent "inefficiencies" and are incompatible with historic funding mechanisms and that transition to new funding systems will require substantial initial and ongoing resource and support	45.10% 46	38.24% 39	13.73% 14	2.94% 3	0.00% 0	102
Recognise that current emergency pandemic responses temporarily authorise variations and restrictions on care which do NOT meet pre-COVID-19 routine minimum standards and must be lifted at the earliest opportunity	36.63% 37	42.57% 43	16.83% 17	2.97% 3	0.99% 1	101

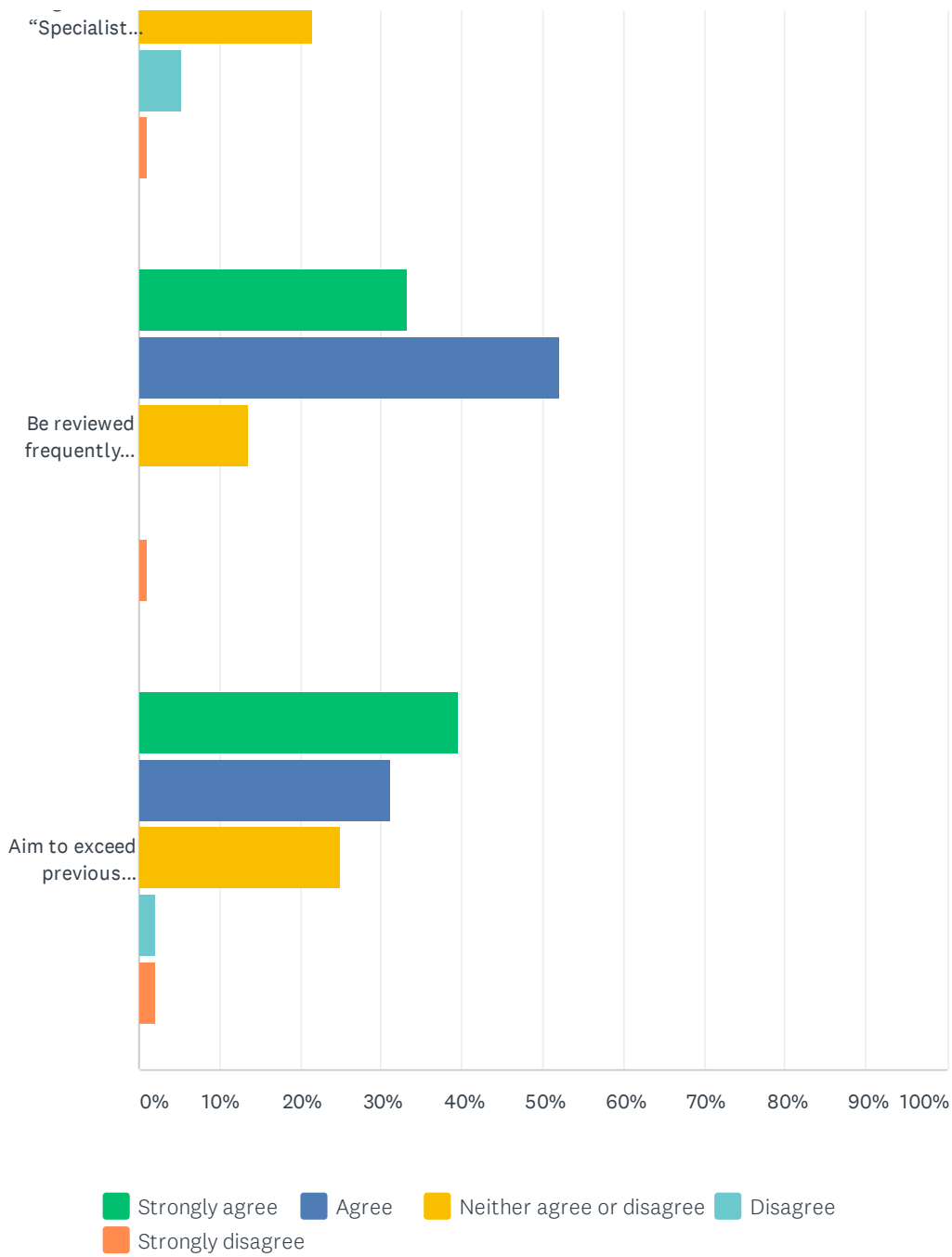
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	our building is modern and we can achieve social distancing in most rooms with no issue	6/4/2020 1:21 PM
2	Communicating to commissioners the fact that we will just not be able to safely see as many patients is one of most important things to do now. We cannot continue PBR contracts in their current form. Otherwise there will be pressure to operate an unsafe service in order to remain viable.	6/3/2020 5:24 AM
3	We need to continue to provide high quality care for all - this is very challenging in a sector which has been underfunded and has faced so many cuts in recent years. We are good at innovation & will adapt - we need to 're-set' rather than 're-start' services - ensuring that all groups are considered & that the inequality gap in access to services doesn't increase.	6/2/2020 8:52 PM
4	do not completely understand the last question...	6/2/2020 3:34 PM
5	BASHH needs to be cautious about campaigning for unrealistic investment if it wants to be heard. The two key elements of service delivery are digital into human care pathways; and staff mix.	6/2/2020 12:55 PM
6	The old ways of working - running around between multiple cramped sites that are not fit for purpose - is not suitable in terms of social distancing, staff wellbeing, or efficiency.	6/2/2020 12:25 PM
7	also issues re training capacity	6/2/2020 12:00 PM
8	We dont really have 'minimum' standards - they are written to ensure clinical services are not disadvantaged when the pot is carved up - if we could have genuinely minimum service standards - we should look at evidence and I suspect there will not be much to suggest that patients have suffered through necessary modernisation	6/2/2020 11:57 AM

Q11 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 99 Skipped: 43



BASHH Sexual Health Service Recovery Plan Survey



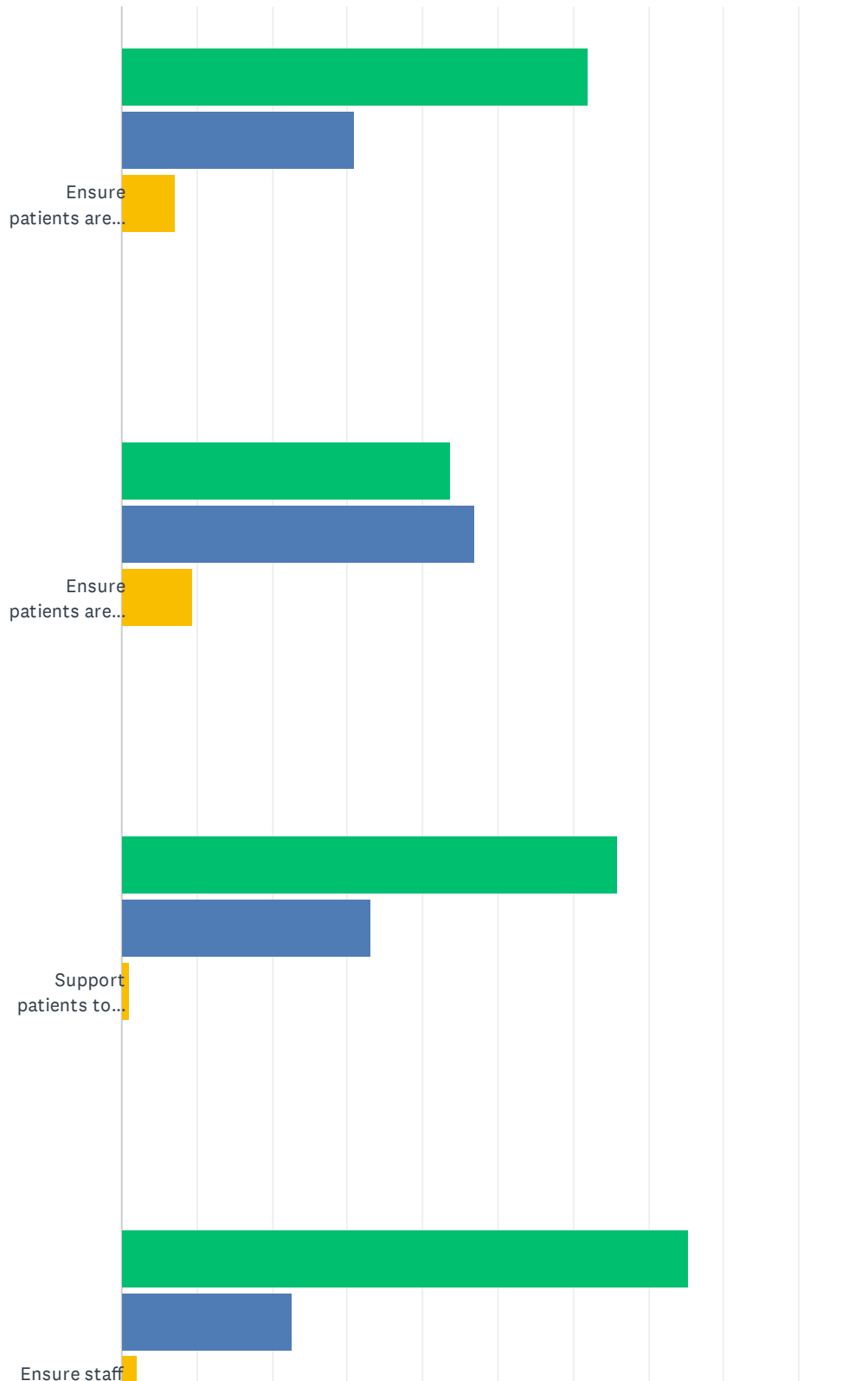
BASHH Sexual Health Service Recovery Plan Survey

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Include the ambition to meet usual standards of care for their local population at the earliest possible time	36.36% 36	47.47% 47	9.09% 9	5.05% 5	2.02% 2	99
Include the ambition to meet and then exceed prior levels of access for their local population at the earliest possible time	30.30% 30	41.41% 41	21.21% 21	6.06% 6	1.01% 1	99
Immediately and actively demonstrate continual review of quality of care provided and ensure continual progress to restoration of national standards of care	34.02% 33	57.73% 56	6.19% 6	1.03% 1	1.03% 1	97
Recognise that "Specialist Sexual Health Services" are not meeting Essential Functions within the COVID-19 pandemic response currently: these are minimum standards during the novel coronavirus pandemic, and this is a matter of top priority to address immediately	34.02% 33	38.14% 37	21.65% 21	5.15% 5	1.03% 1	97
Be reviewed frequently across the whole system to ensure progress to meeting minimum standards are being achieved	33.33% 32	52.08% 50	13.54% 13	0.00% 0	1.04% 1	96
Aim to exceed previous capacity to deliver sexual health care to the population, as the sexual healthcare system was not meeting the needs of the population prior to novel coronavirus pandemic in early 2020	39.58% 38	31.25% 30	25.00% 24	2.08% 2	2.08% 2	96

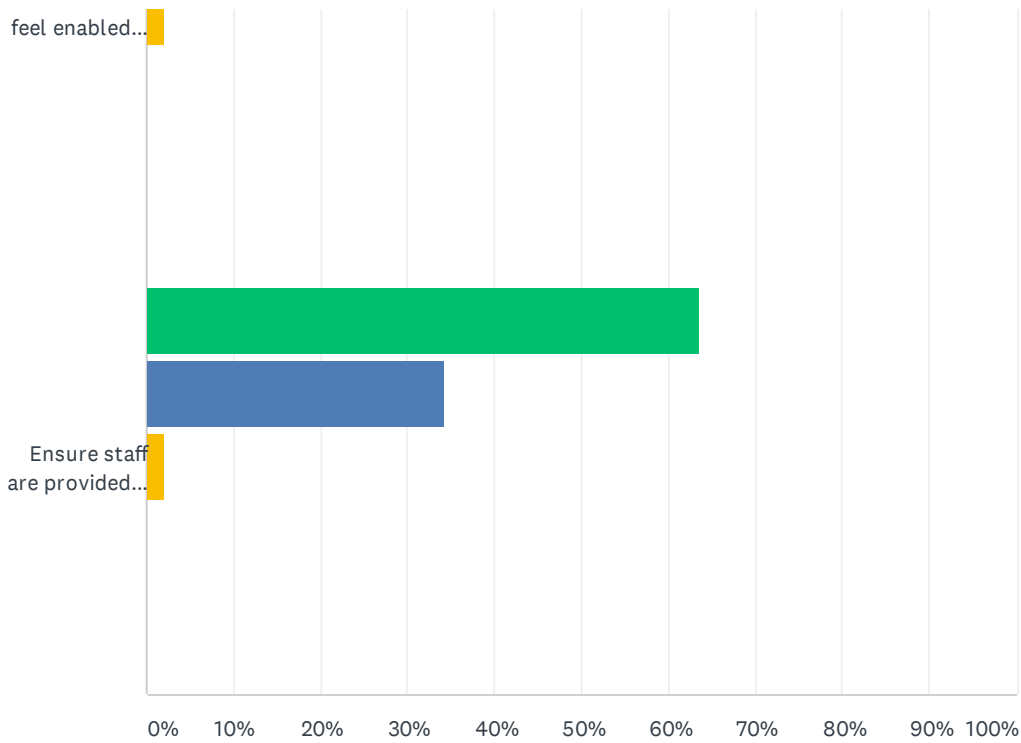
#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	exceeding previous access would require investment (online testing service, staffing) that I feel is unlikely to happen unfortunately. while we can be flexible in working and maximise our resources, there is a limit as to what can be achieved on the background of an ever shrinking budget.	6/4/2020 1:25 PM
2	these questions are too wordy	6/2/2020 4:06 PM
3	I don't think we are in a position to exceed previous capacity - we have a backlog to service, and changed working methods.	6/2/2020 1:21 PM
4	Again, BASHH needs to be realistic about what can be achieved, and hence the importance of driving hard for a new model, not try to fix the old one.	6/2/2020 12:56 PM
5	good to aim but difficult to achieve under current circumstances	6/2/2020 12:01 PM
6	I think we need to prioritise safety in both provision of sexual health care, and also reducing transmission of COVID-19. This needs to be finely balanced, and we should not rush into 'business as usual' until it is safe to do so	6/2/2020 12:01 PM
7	I dont recognise these statements as true - we need to rewrite these with a fresh and open approach a blank canvas would be good	6/2/2020 11:59 AM

Q12 Sexual health service recovery plans should...(Please indicate how strongly you agree / disagree with the statements below)Please select an answer for each of the below rows

Answered: 97 Skipped: 45



BASHH Sexual Health Service Recovery Plan Survey



■ Strongly agree
 ■ Agree
 ■ Neither agree or disagree
 ■ Disagree
■ Strongly disagree

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Ensure patients are offered virtual or remote care where safe and possible	61.86% 60	30.93% 30	7.22% 7	0.00% 0	0.00% 0	97
Ensure patients are offered alternative management options which are temporary or permanent using shared decision making	43.75% 42	46.88% 45	9.38% 9	0.00% 0	0.00% 0	96
Support patients to feel safe and protected when they need to access direct healthcare in all settings	65.98% 64	32.99% 32	1.03% 1	0.00% 0	0.00% 0	97
Ensure staff feel enabled, safe and protected to deliver care	75.26% 73	22.68% 22	2.06% 2	0.00% 0	0.00% 0	97
Ensure staff are provided with training and education that will support adequate preparation of current and future staff	63.54% 61	34.38% 33	2.08% 2	0.00% 0	0.00% 0	96

BASHH Sexual Health Service Recovery Plan Survey

#	PLEASE PROVIDE ANY FURTHER INFORMATION REGARDING YOUR ANSWER CHOICES HERE	DATE
1	Very wordy survey	6/2/2020 2:31 PM
2	this survey was too long and will put me off doing future ones!	6/2/2020 2:18 PM
3	Changes in access and service delivery needs to be understood and supported by commissioning bodies	6/2/2020 1:11 PM
4	Seriously, now could you not agree with this set of questions - what matters is priorities, and what staff themselves have should be expected to do as part of their day job.	6/2/2020 12:57 PM
5	need national guidance specifically for PPE and measure for LARC/procedures	6/2/2020 12:03 PM
6	Not sure I understand some of these questions ? Are you meaning proected from COVID?	6/2/2020 12:01 PM
7	Don't really understand question 2	6/2/2020 11:58 AM