BASHH British Association for Sexual Health and HIV

BASHH Contact Tracing Capacity Survey (April 2020)

Results Summary

Introduction

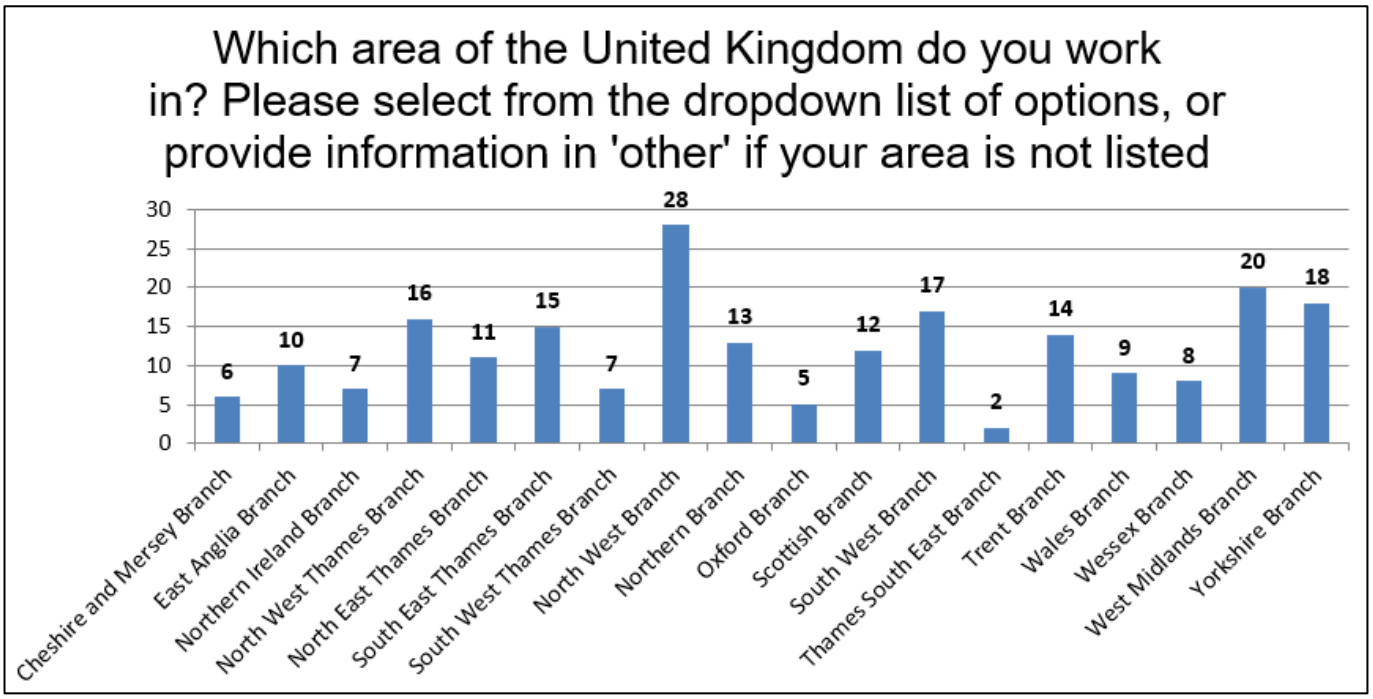
On Wednesday 22nd April the British Association for Sexual Health and HIV (BASHH) circulated a 'rapid response' survey to members to help understand current contact tracing capacity across sexual health, and the extent to which capacity could potentially be released to support wider public health needs. The survey was primarily aimed at service leads, although responses from non-service leads were encouraged where their service lead had been redeployed.

The survey closed on Monday 27th April and generated 231 responses, with summary results set out below. The responses showed that current levels of staff with contact tracing awareness has decreased noticeably since the start of the COVID-19 pandemic. Despite these reductions, the majority of respondents felt they could contribute some level of support for wider public health needs if required. Information on each of the question areas is included within the document, and data gathered from this survey is being used to support ongoing engagement between BASHH and national system-leaders.

Response Information

Respondent Location (Question 1)

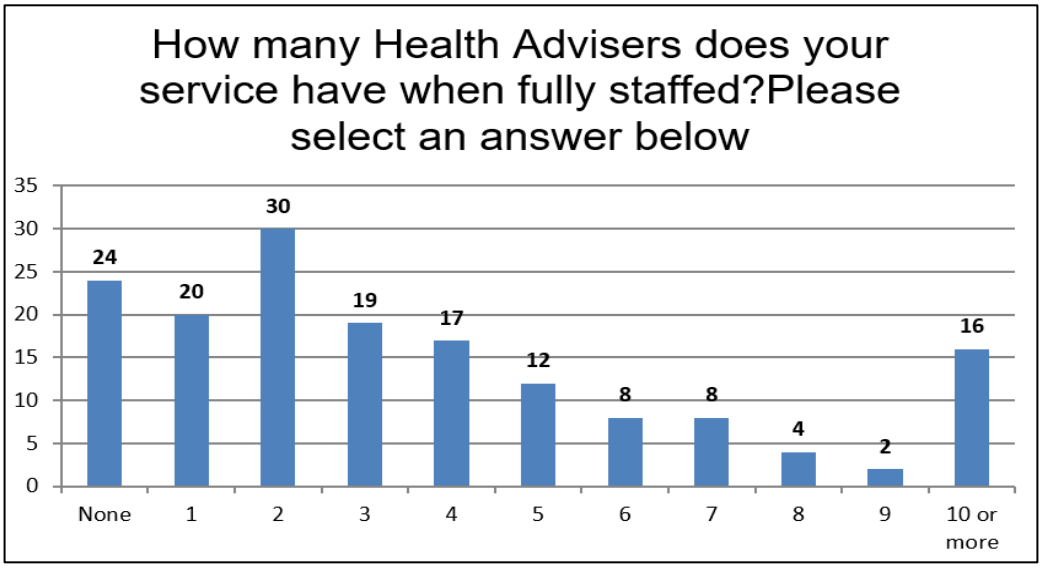
Survey responses were received from every BASHH branch, with a particularly high response rate from the North West of England. The ambition of recent BASHH surveys has been to build as detailed a response database as possible, trying to capture information from every service.

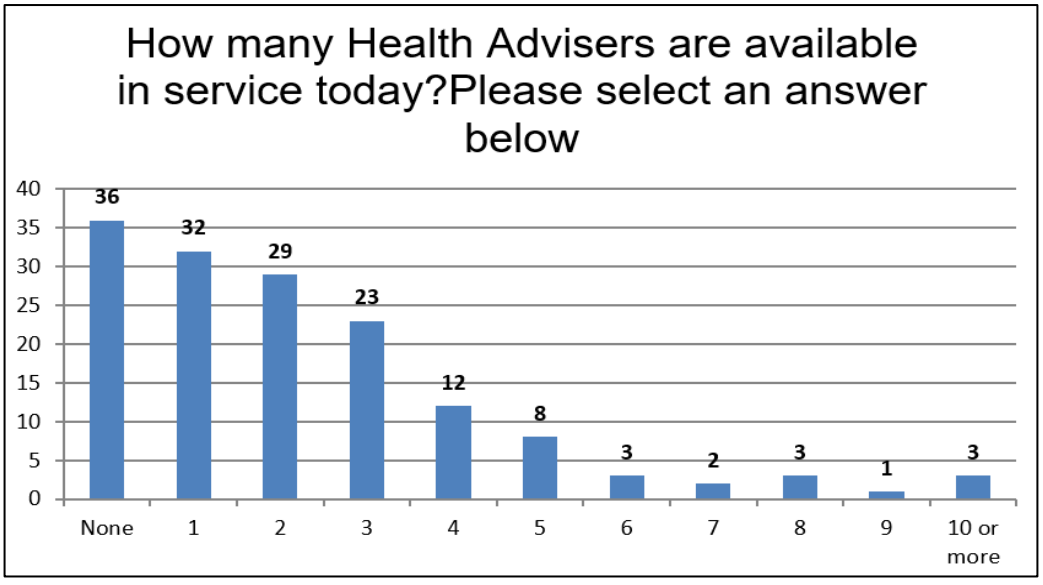


Health Adviser Capacity (Questions 5, 6 & 7)

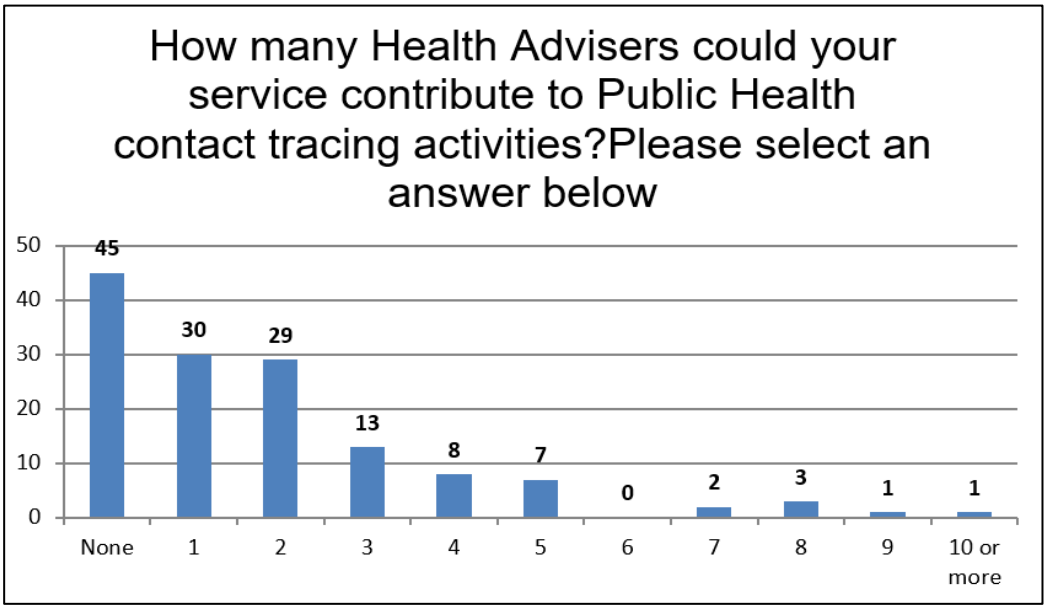
Responses to the survey showed clear reductions in the number of health advisors currently available in service, compared to when services are considered fully staffed.

The percentage of respondents who said that their service currently had no available health advisers rose from 15% to 23%, when based on current capacity. Services who had two or fewer health advisers available increased from 46% when based on 'normal' level, to 64% based on current capacity. The number of services with 10 or more health advisers dropped by four-fifths, from 10% to 2%.





After assessing current capacity, 51% of respondents said that they felt their service could contribute between 1-3 health advisers for public health contact tracing activities. Just under a third (32%) of respondents said they wouldn't be able to contribute any health advisers at present.



Can your service continue to provide essential Sexual Health functions whilst providing public health contact tracing capacity? (Question 8)

Respondents were asked whether they would be able to continue provision of 'essential' sexual health functions if they did release the number of public health advisers indicated in the previous answer. The majority of comments received suggested this would be possible, with some suggesting that restructuring would need to take place to enable it, or similarly for arrangements to be made with local commissioners.

Some respondents indicated that their response was based on staff managing *current* levels of service demand (which had dropped since lockdown), with others making the point that they would only be able to release health adviser capacity if redeployed nurses were able to return in a full or partial basis. A selection of respondent comments is included below.

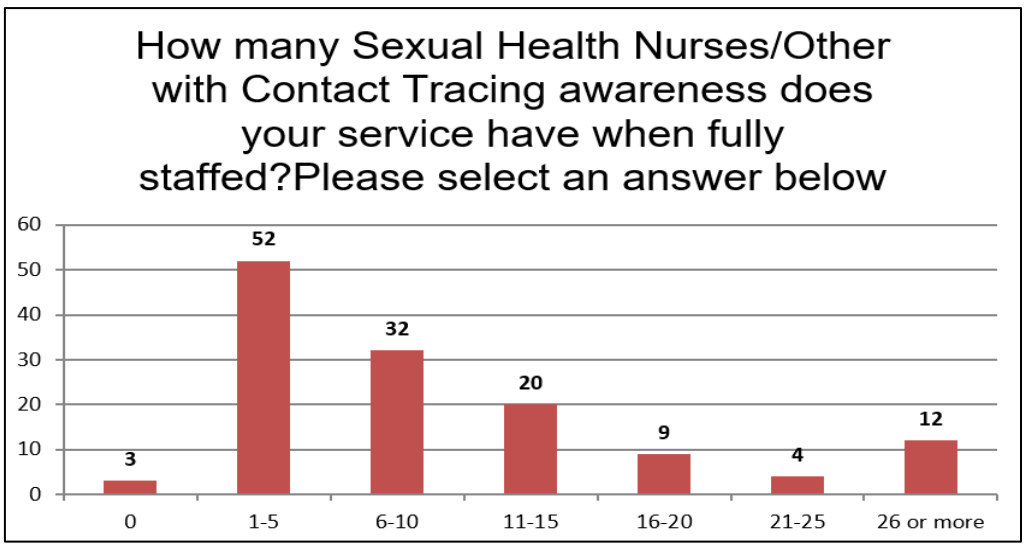
- *"Dependent on when redeployed staff return back to sexual health service and what the normal COVID patient activity is after lock down"*
- *"Hopefully yes. It will have to negotiated with the commissioners as to what is essential."*
- *"Yes with backfill from other nurse/dr clinicians & triangulation with local trust redeployment needs including upscaling staff testing programme: ie national prioritisation would need to be clear"*
- *"Might be difficult but if it has to happen the others left might have to take on the work load"*
- *"We would need all Health Advisors to continue in our service to meet our service needs"*
- *"Our HA's also work as nurses and are currently doing teletriage and face to face consults where required. Staffing levels have varied from week to week depending on sickness, isolation and reassignment to other areas. Whilst we may be able to offer some support to PHE this will be dependant on circumstances within the dept at the time."*

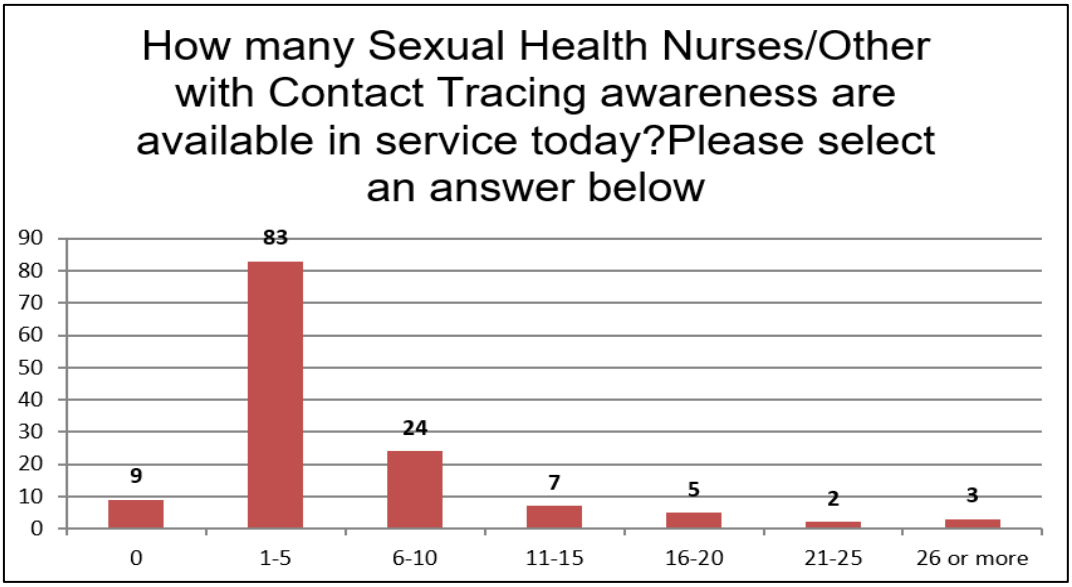
Sexual Health Nurse Contact Tracing Capacity (Questions 9, 10 & 11)

As with health adviser capacity, numbers of available sexual health nurses and other staff with contact tracing skills have dropped significantly since the outbreak of the COVID-19 pandemic. When fully staffed, 39% of respondents had 1-5 nurses/others within their service with contact tracing awareness, 24% had 6-10 staff and 15% had 11-15 staff.

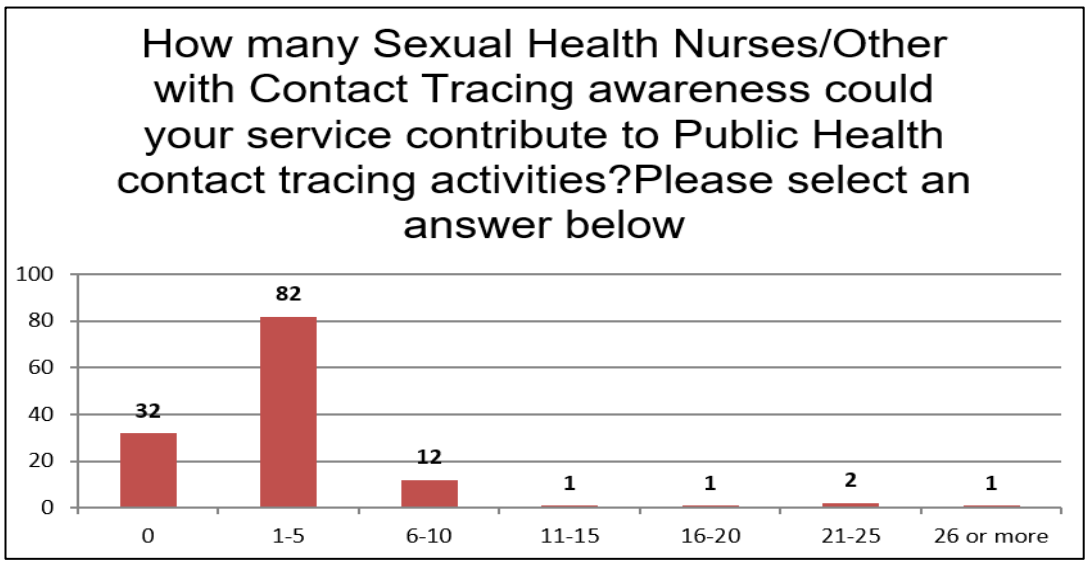
At current levels, the proportion of services with 1-5 available nurse/other workforce with contact tracing awareness increased by almost a quarter (from 39% to 62%), with reductions in the number of services with 6-10 appropriate nurses/other (from 24% to 18%) and 11-15 appropriate nurses/other (from 15% to 5%).

The number of services with no sexual health nurses/other with contact tracing awareness currently available tripled, from 2% to 7%.





Nearly a quarter of respondents (24%) indicated they could not contribute any sexual health nurses to wider public health activities at this time. The majority of respondents (62%) stated they could provide between 1-5 sexual health nurses.



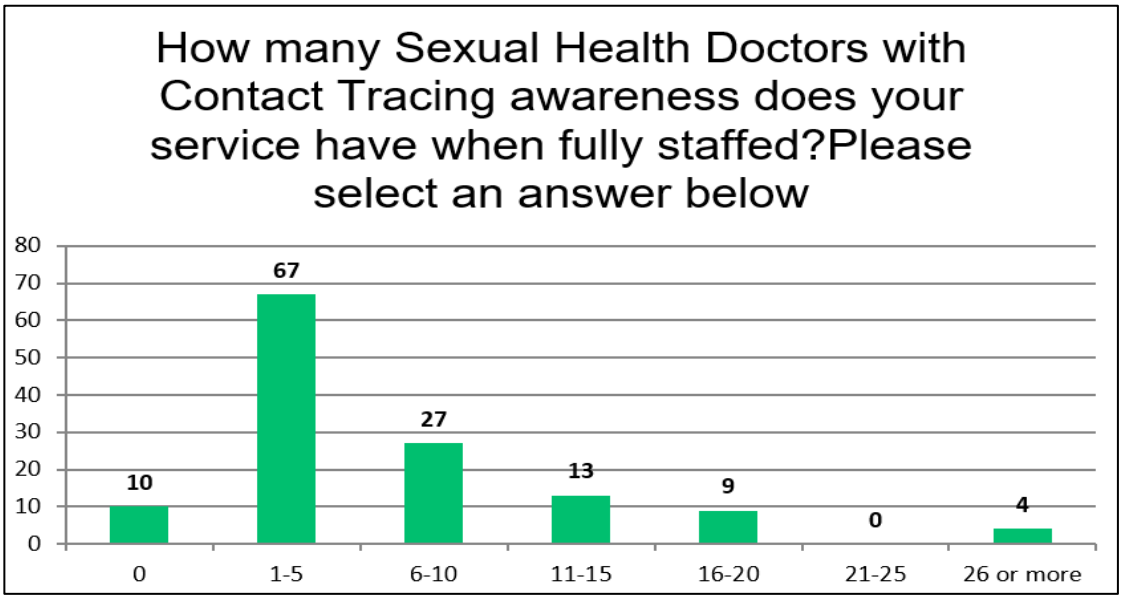
A selection of respondent comments are included below, providing further detail on the responses given.

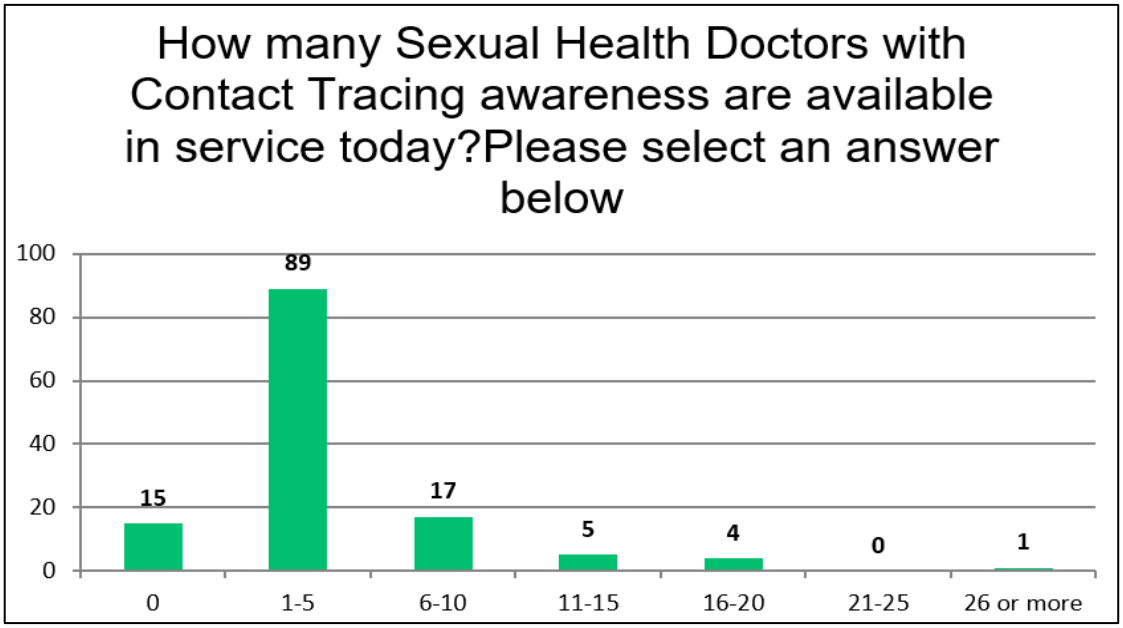
- *"Currently in the lockdown situation the demand for our service appears to be reduced, but it is difficult to anticipate how demand may increase post lockdown. It would also depend on the return of redeployed staff. If our redeployed members of staff returned we could provide some COVID contact tracing and continue to perform essential sexual health services."*
- *"Yes, we could provide 1-2 however this would impact on our sexual health service delivery and slow down contact tracing, results delivery, safeguarding etc"*
- *"No, most of our nurses have been redeployed. The rest are required for COVID screening services"*
- *"We have already lost a considerable number of nurses due to sickness, retirement and down sizing, and were severely struggling to meet HA demands. in fact we were just undergoing a service review for that very reason, when coronavirus hit. With the requirement having gone down, we are now just barely able to meet our demands"*
- *"Yes, depending on time frame and duration and what services we may need to restore during/post lockdown. Answer has been given in terms of number of individuals and not WTE."*

Sexual Health Doctor Contact Tracing Capacity (Questions 13, 14 & 15)

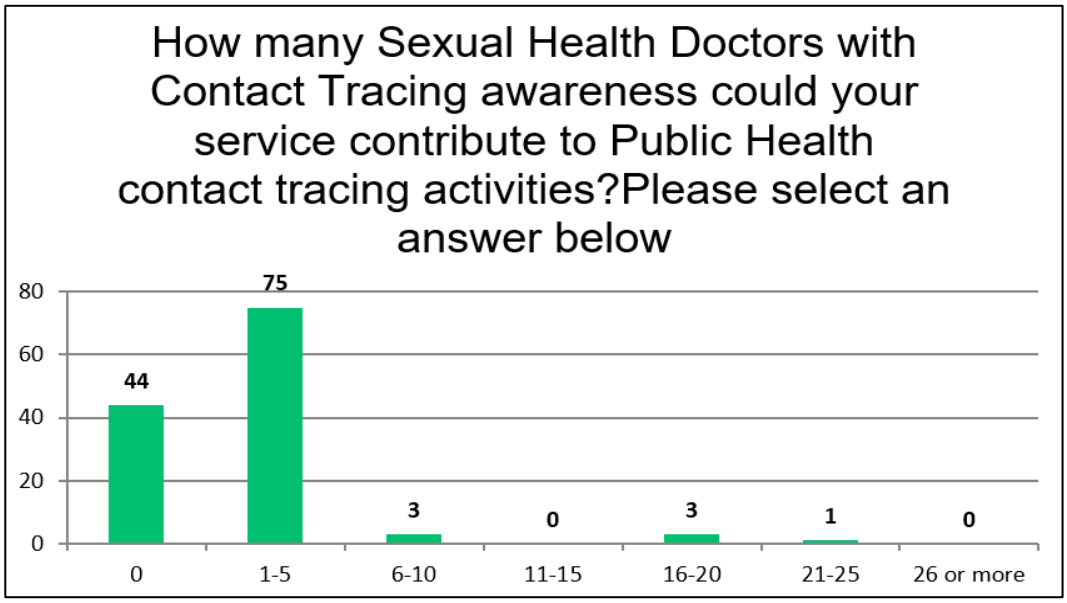
Over half (52%) of those who responded stated they had 1-5 sexual health doctors with contact tracing awareness in service when the service was fully staffed. 19% responded stated they had 6-10 sexual health doctors in the service, and 7% said that they didn't have any sexual health doctors with this awareness whilst at normal levels.

The proportion of sexual health doctors currently in service with contact tracing awareness has similarly reduced, as in line with health advisers and nurses. 11% of respondents said that their service had no sexual health doctors with contact tracing awareness, whilst 68% said that they had 1-5.





60% of respondents indicated that they could contribute between 1-5 sexual health doctors to support public health contact tracing activities. 35% indicated that they could not supply any doctors. (GRAPH OVERLEAF)



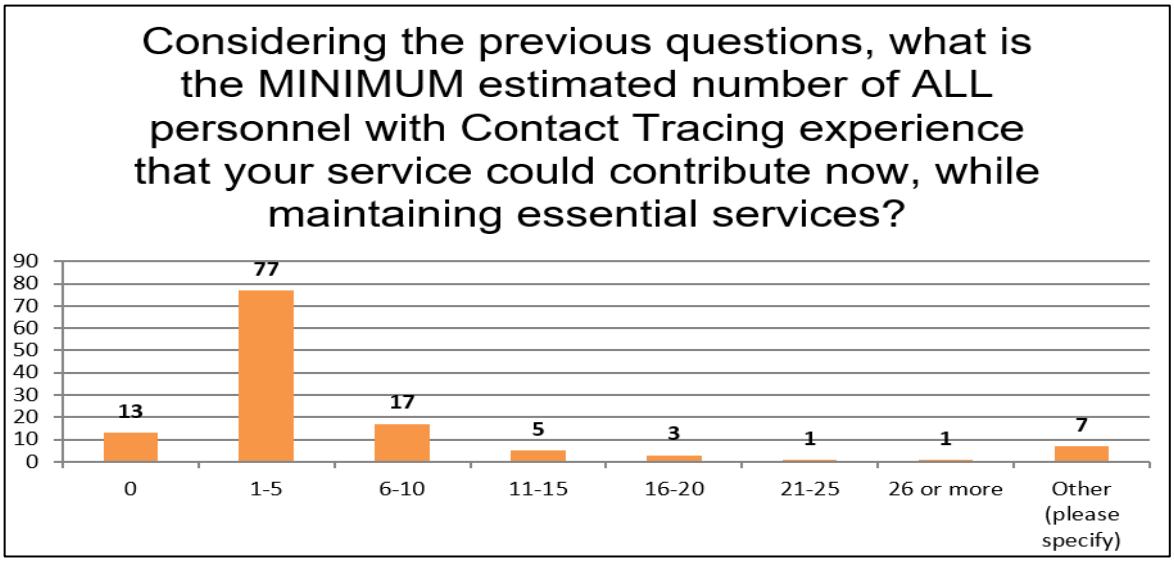
A selection of respondent comments is included below:

- *"Doctors also run HIV service so no capacity to support COVID PN"*
- *"Yes, although we would need to modify how we are currently operating our service in order to do so"*
- *"GUM doctors currently working across wards/essential SH & HIV service provision so again would need balancing with local redeployment/ acute & community trust needs & SRH colleagues may be more available in fact"*
- *"My GUM consultant colleague might be redeployed to an NHS Nightingale Service but if she does not go then we might have capacity to help and still maintain essential functions."*
- *"This would make service unsustainable"*
- *"Likely but difficult to predict as depends on demand post lock-down"*

What is the MINIMUM estimated number of ALL personnel with Contact Tracing experience that your service could contribute now, while maintaining essential services? (Question 17)

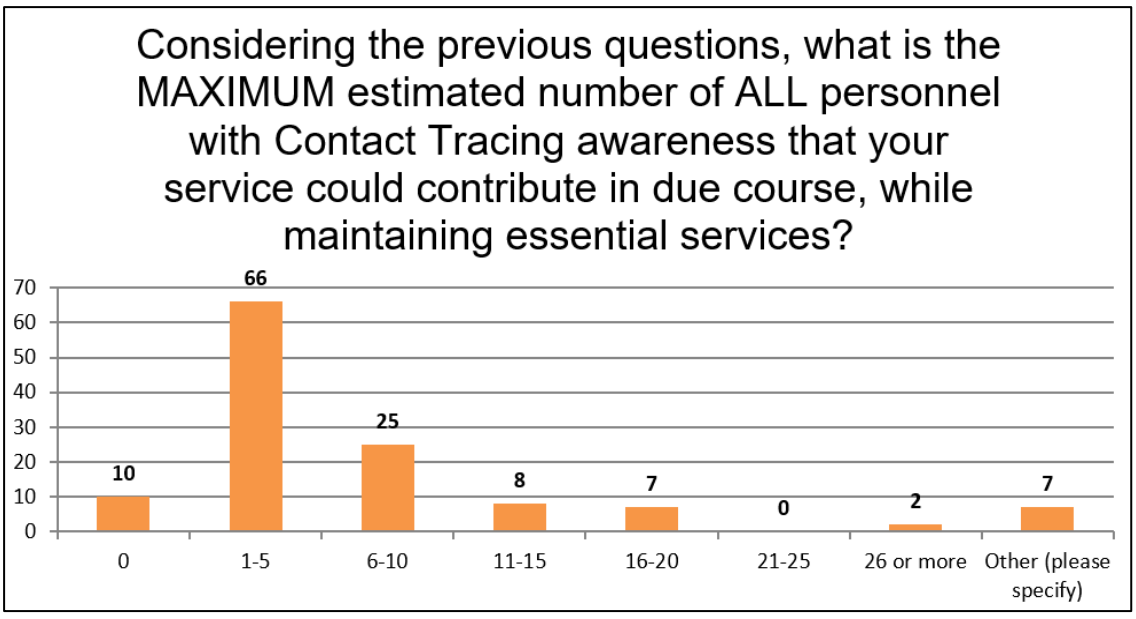
62% of respondents stated that they could contribute a minimum of between 1-5 staff to support contact tracing activities but still maintain essential services. 14% stated they could provide 6-10 staff and 4% said they could provide 11-15. 10% said that they would not be able to provide any staff at the moment.

Several respondents selected 'other', with reasoning behind this including not having the level of clarity around service demand in the near-future to be able to answer this, whilst some said that they could contribute equivalent to less than a full-time role. (GRAPH OVERLEAF)



What is the MAXIMUM estimated number of ALL personnel with Contact Tracing awareness that your service could contribute in due course, while maintaining essential services? (Question 18)

When asked what the maximum amount of staff they could contribute to contact tracing activities while maintaining essential services, a significant increase came in the number of respondents indicating 6-10 staff (rising from 14% to 21%). There was also a slight increase in the number of services who could contribute 11-15 staff, rising from 4% to 6% .



What additional resources, if any, would your service require to support your service to MAXIMISE its ability to contribute to public health-based contact tracing while maintaining essential and intermediate level sexual health functions in the weeks and months ahead? – Question 19

The comments gathered for this survey identified key priority areas for sexual health services to contribute to potential public health-based contact tracing needs in the coming months.

The feedback bought up multiple themes which included clarity over future arrangements for staff that had already been redeployed; an increase in remote working including access to grants for IT equipment that would facilitate this, widening of online services, and upskilling current staff to be trained in contract tracing if additional public health support was needed. A selection of comments providing more detail on these response themes is included overleaf:

- *"Availability of facilities for free online testing services (including HIV and BBV) for all patient groups Availability of facilities for free online testing services (including online chlamydia and gonorrhoea testing) for all age groups of patients. Availability of free contraceptive provisions through community pharmacies regardless of age groups Availability of free postal services to send medications to all patients particularly those with vulnerability factors who cannot attend clinics or pharmacies to collect their medicines. Availability of IT equipment (example, lap tops, tablets, mobile phones) and mobile technologies for more effective and efficient home working"*
- *"Additional IT to support working at home PPE for staff if working in the community (currently we only have limited quantity for staff seeing patients in clinic)"*
- *"Funded wider online test offer (ours is currently under 25 ct/gc only) without age cap & suitable for MSM/high risk bloods but without driving extra resource to service 'reactive'/insufficient blood results in low risk & probably online bureau CT treatment/EHC/pill repeats if really want to liberate more staff & have remaining SH staff focus on more complex care"*
- *"Considering the current situation with the very minimal staff we have it would be almost impossible to maintain a skeleton service at least. If it is essential to release further staff it would have to be planned very carefully in order to maintain the current service."*
- *"Training for staff who do not have expertise in contact tracing"*
- *"ongoing support from Public Health 2. Some basic training around the Covid 19 contact tracing 3. Some agreed method of documenting this work (template for virtual consultation and contact tracing)"*
- *"Flexibility and opportunity for remote working, which could enable the staff present in the clinic to contribute. We could then facilitate this being part of our current workload."*
- *"Laptop and phone to enable shielded staff to work from home Access to information about positive tests"*
- *"Currently we are engaged with our local PH dept to offer them support and advice re contact tracing and to look at ways we could work with and support them in set up and delivery"*
- *"Ability for external remote access for some nursing staff"*
- *"Well-resourced online STI testing offer, some addition resource in pharmacy to allow medication collection/delivery etc"*
- *"We need at least three dedicated full time Health advisors and train more nurses to do contact tracing, more training and education programme."*
- *Additional staff -dependent on other local redeployment requirements and scaling back up services particularly those that need to be face to face e.g. LARC etc*