

## BASHH COVID-19 Sexual Health ‘Clinical Thermometer’ Survey

### Initial Results Snapshot

#### Introduction

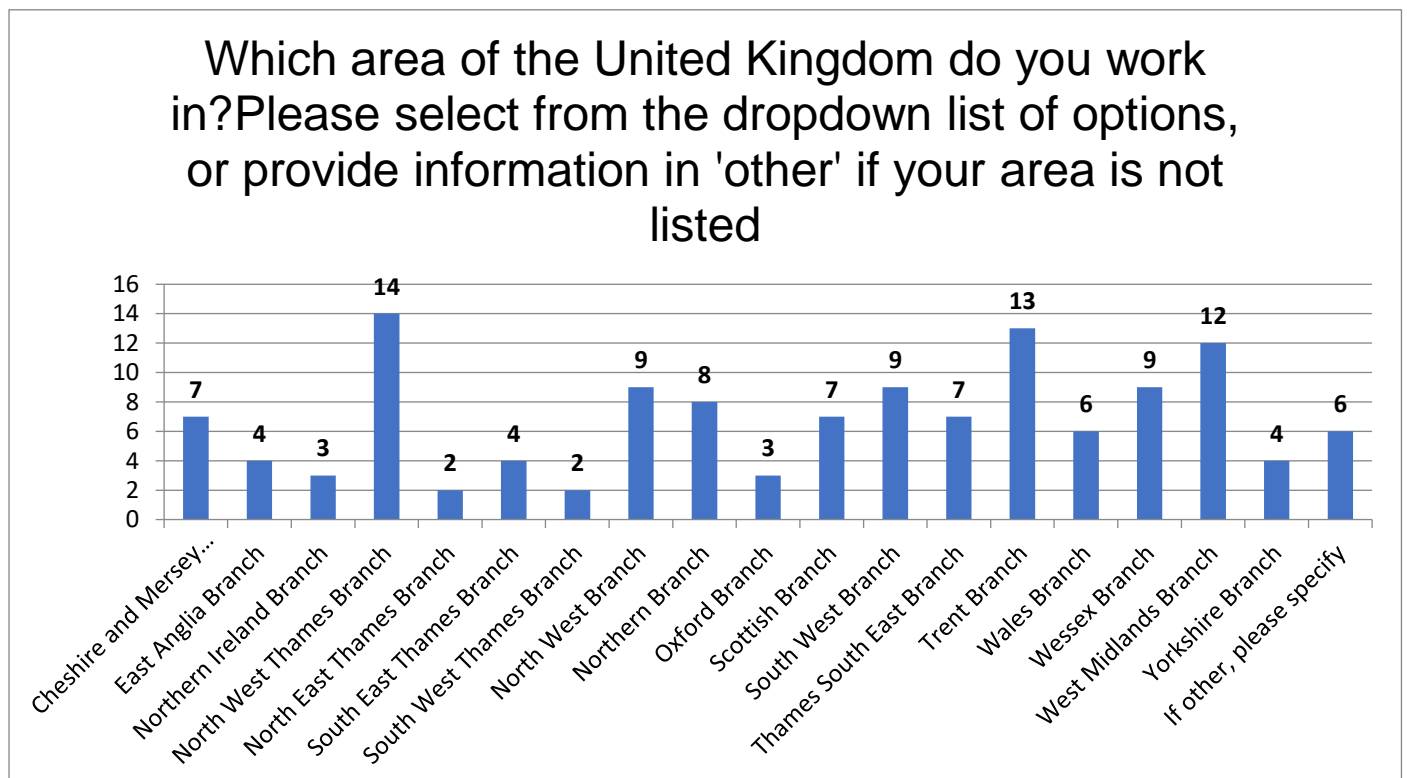
On Tuesday 7<sup>th</sup> April the British Association for Sexual Health and HIV (BASHH) circulated a survey to members to help understand how COVID-19 is affecting the capacity and ability of sexual health services to deliver essential and other functions, now and in the future. Respondents were encouraged to answer as many of the questions as possible, and to base their responses on ‘best estimates’ reflecting their immediate situation, in recognition of the need to acquire a national picture of services as quickly as possible.

As of the morning of Thursday 9<sup>th</sup> April, the survey has generated 127 responses, with summary findings set out below. Members are being encouraged to respond to the survey on an ongoing basis, and further summary findings will be shared in the coming days and weeks.

#### Response Information

##### Respondent Location

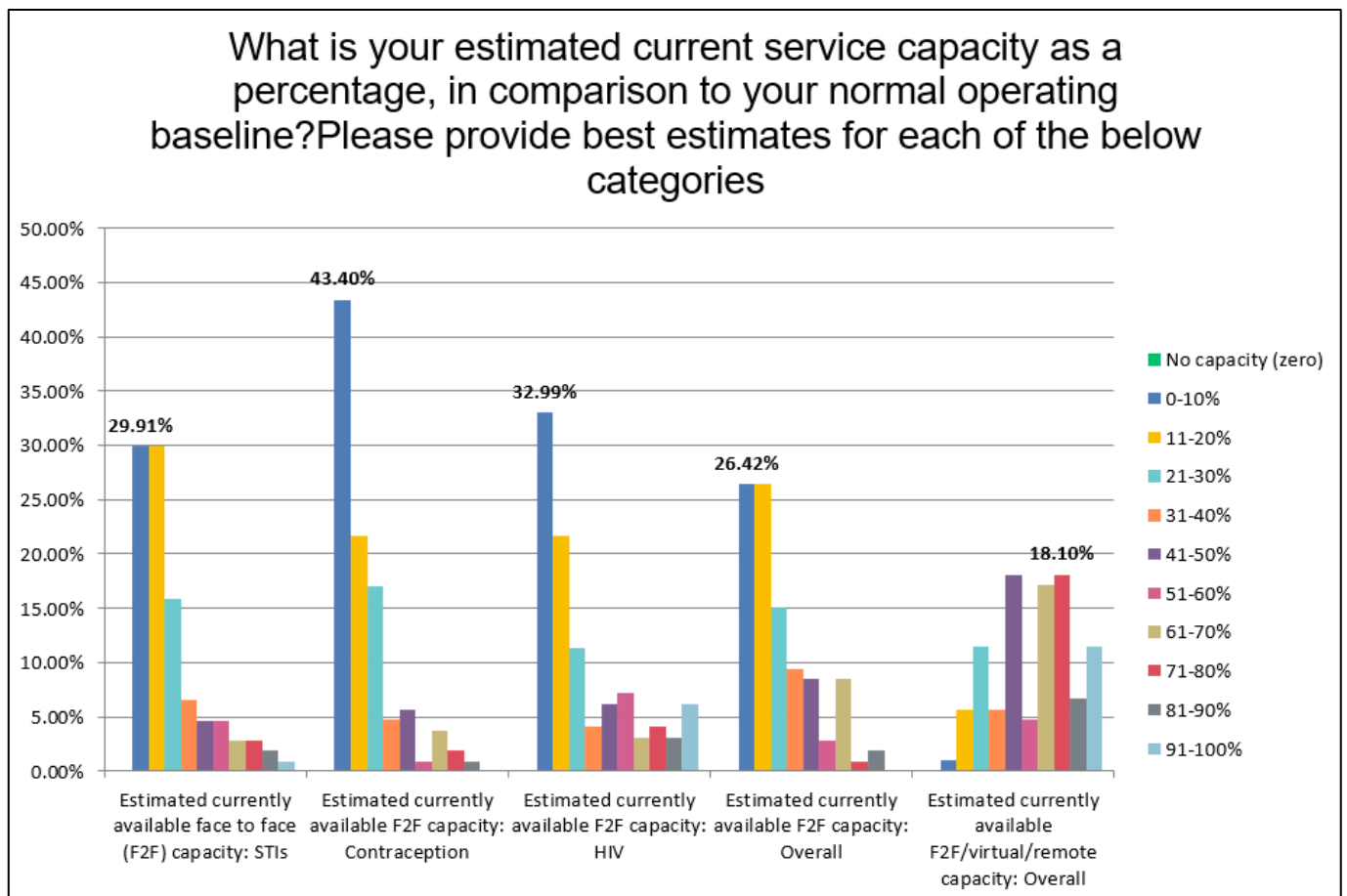
Survey responses have been received from every BASHH branch – the ambition of the survey is to capture response information from EVERY service, insofar as is possible.



**Current Service Capacity**

Feedback demonstrated severe face to face capacity restrictions across STIs, contraception and HIV service provision, with over half of respondents reporting having less than 20% available capacity in these three areas. Overall capacity appears to be more resilient when virtual services are taken into account, with more than half of respondents suggesting that their overall capacity was 60% or higher.

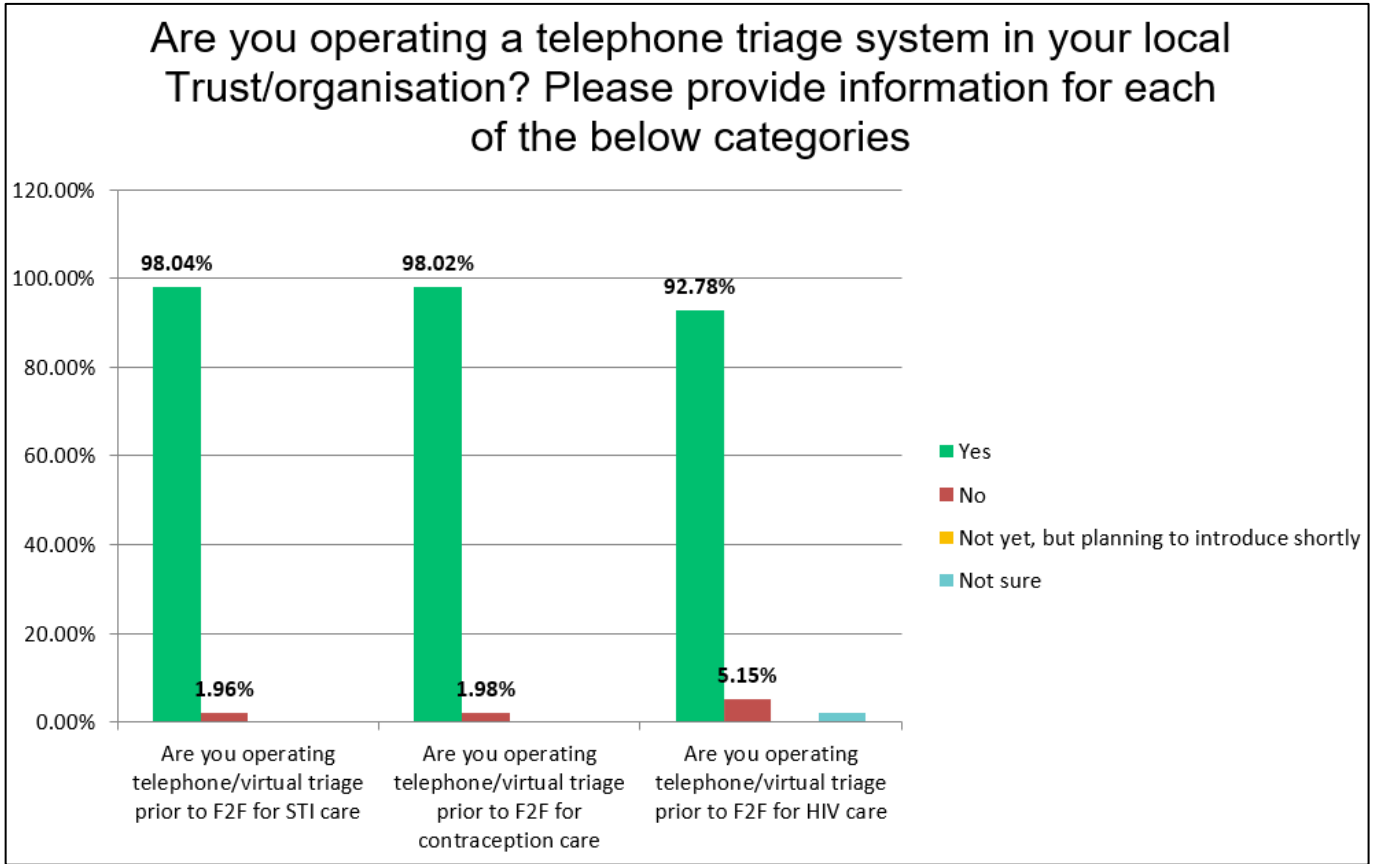
- **Site closure:** 58% of sites appear to have closed in recent weeks, when compared to baseline figures (696 sites reporting at baseline by survey respondents, now at 293). The overwhelming reason for site closure has been to help preserve delivery of services, at a single site where necessary.
- **STI 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
- **Overall f2f capacity:** 53% of respondents reported having <20% overall f2f capacity
- **Overall capacity (including virtual):** Over half of respondents (55%) reported overall capacity was >60%



**Telephone/Virtual Triage (Question 8)**

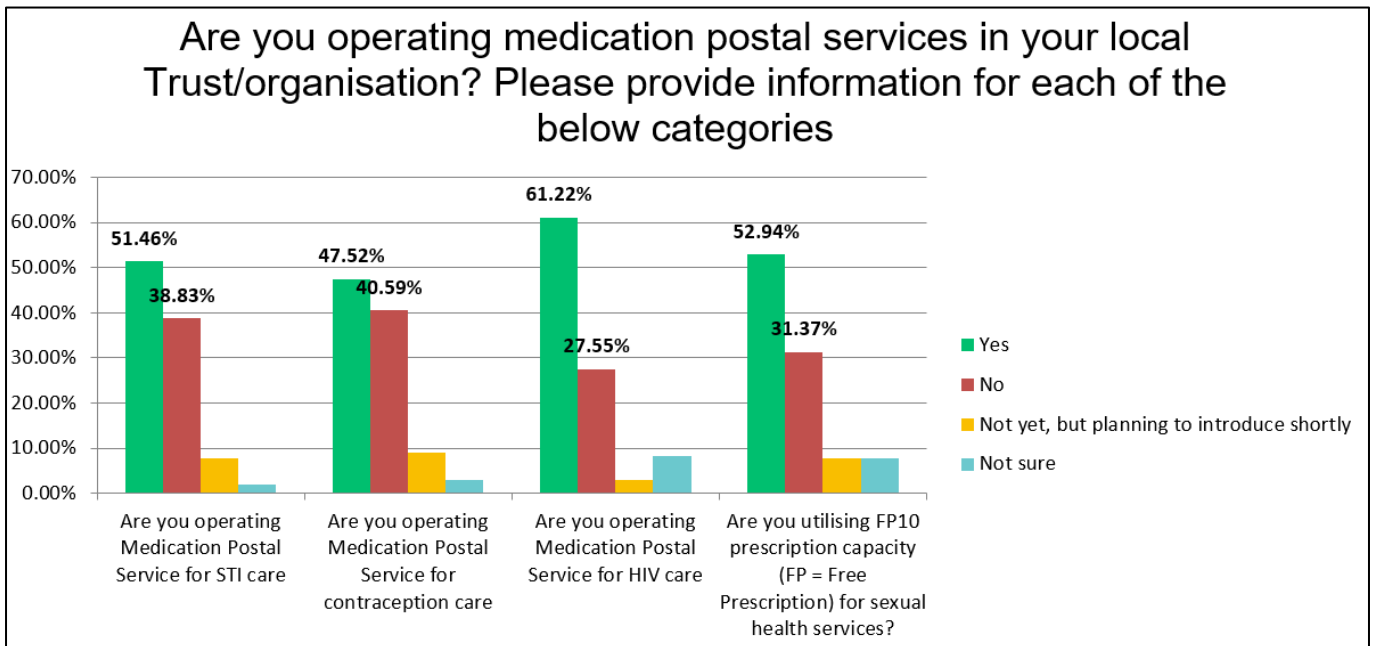
The overwhelming majority of respondents reported that telephone triage services were in place prior to face to face contact across STI and contraception (both 98%). This figure dropped slightly for telephone/virtual triage prior to HIV care (93%).

**GRAPH OVERLEAF**



**Provision of Medication Postal Service (Question 10)**

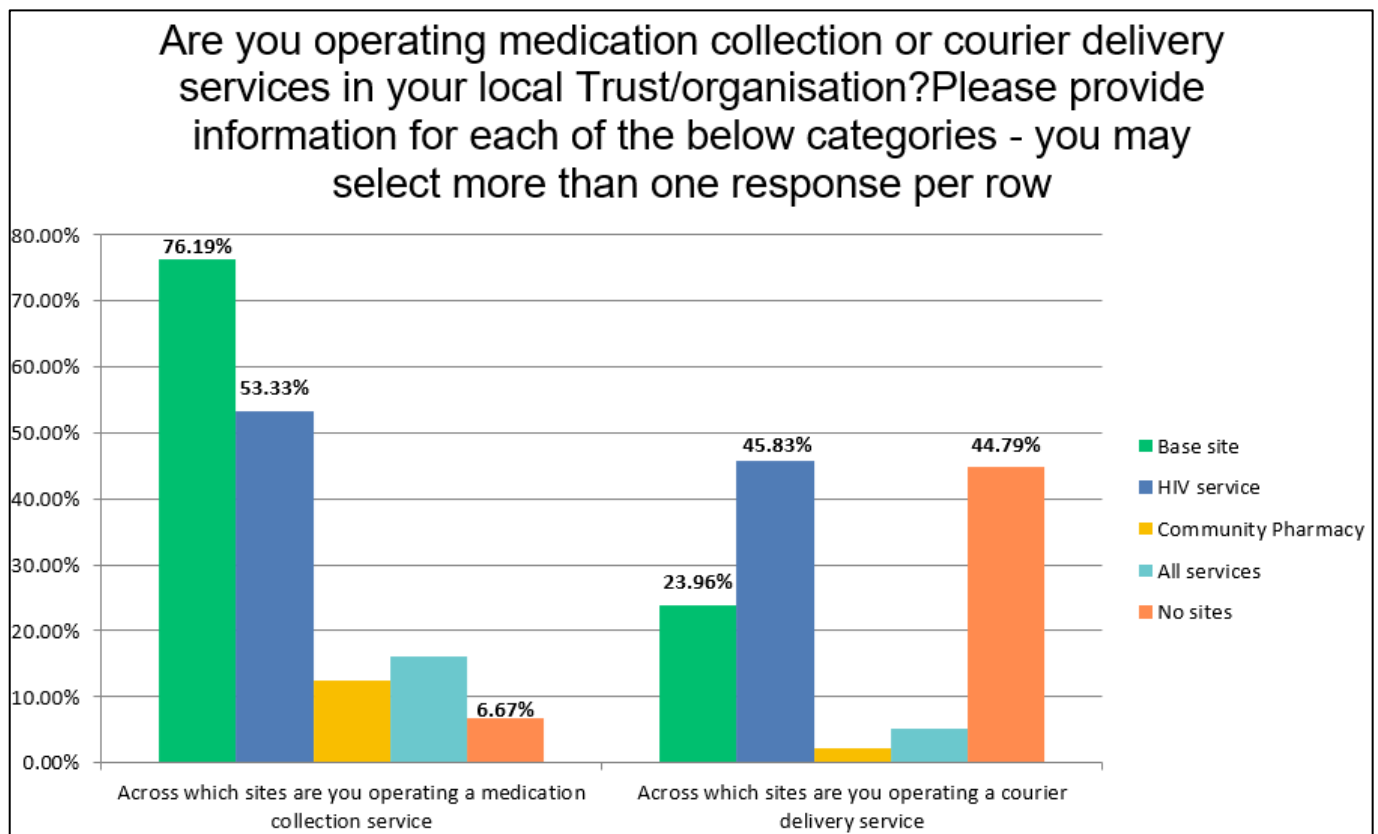
Respondents indicated a mixed picture in terms of current provision of medication postal service provision. Whilst there were a majority of respondents who said they were providing medication postal services in STI and HIV care (highest in HIV care, at 61%), less than half said these services were in place for contraception care. Almost a tenth of respondents said they were planning on introducing medication postal services for STI and contraception care shortly. Just over half of respondents (53%) are utilising FP10 prescription capacity.



**Provision of Medication Collection & Courier Delivery (Question 11)**

Respondents presented a mixed picture in terms of currently available medication collection or courier delivery services, with the latter significantly less likely to be in place.

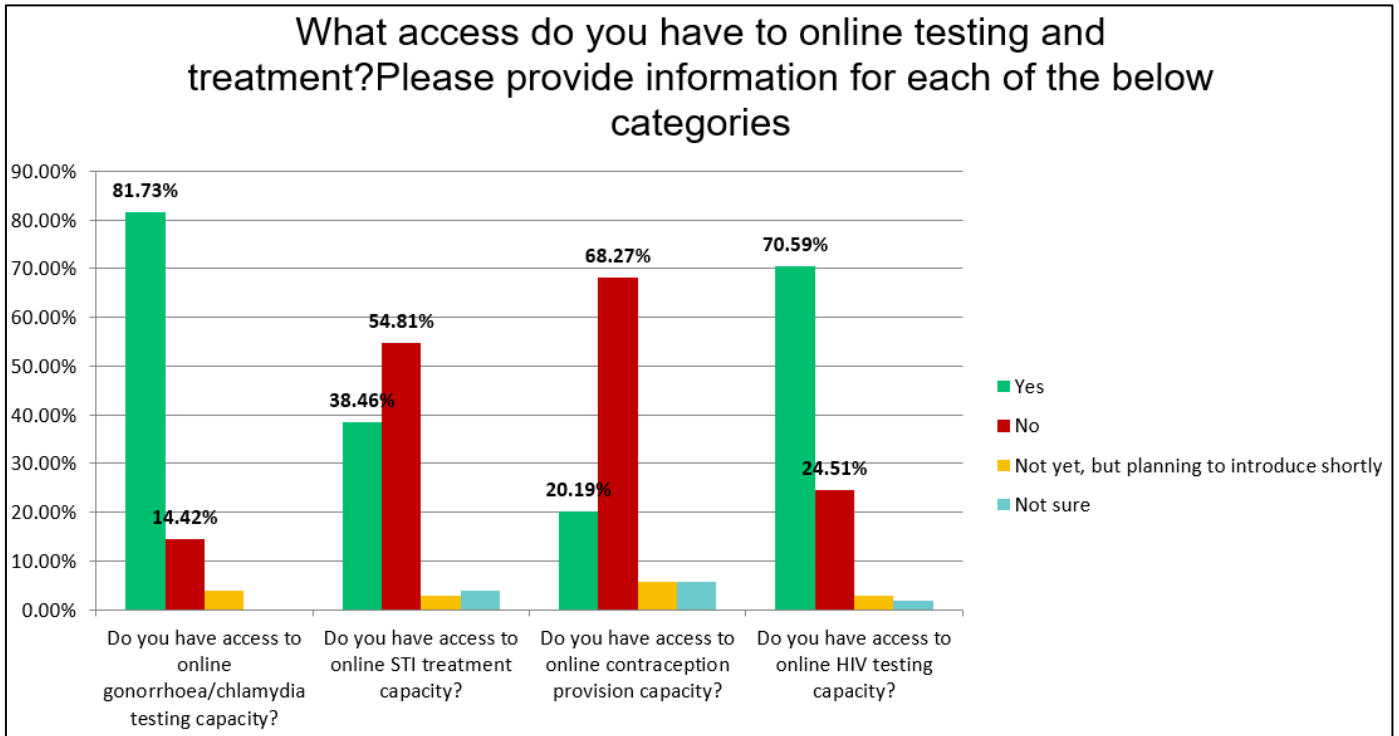
- **Medication collection:** Services were most commonly available within a local base site, with over three-quarters (76%) reporting these were in place here. Over half (53%) said medication collection was available in HIV service settings. 16% said medication collection was available across ALL local sites, with 6.7% saying medication collection wasn't available at all.
- **Courier delivery:** Courier delivery services were much less commonly reported, with 45% of respondents saying that no local sites had a courier function in place. Where courier services did exist, these were most likely to be in place for HIV services (46%), with 24% saying their base site provided a courier function. 5% said that courier services were provided across all local sites.



**Access to Online Testing & Treatment (Question 12)**

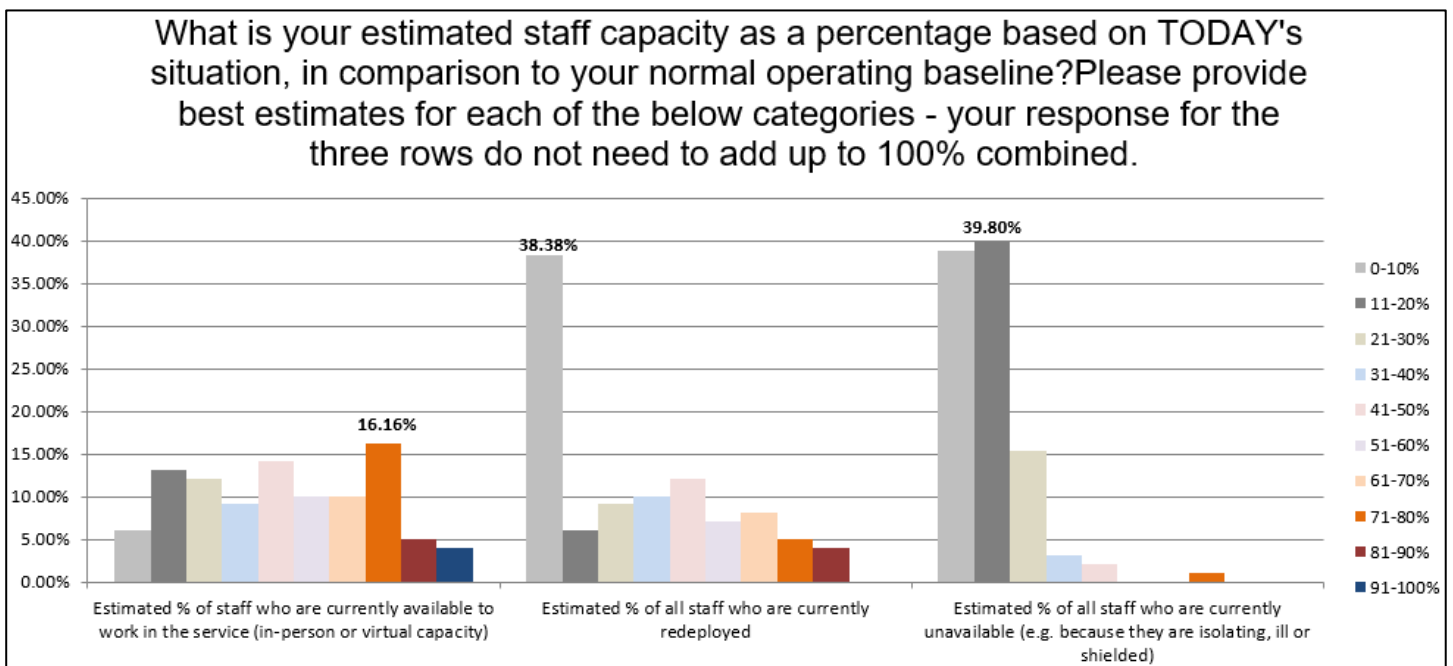
The overwhelming majority of respondents reported having some kind of online access to gonorrhoea/chlamydia and HIV testing in place (82% and 71% respectively), however these figures were much lower for broader online STI testing and online contraception provision (38% and 20% respectively). A small proportion of respondents indicated that they were planning on introducing online testing shortly (<6% in all categories).

**GRAPH OVERLEAF**



**Current Staff Capacity (Question 14)**

Respondents demonstrated that COVID-19 is having a significant impact on the availability of sexual health staff. 48% of staff remain in service, compared to the baseline figures. 30% of staff have been redeployed and 17% of staff are shielding, isolating or are ill.



**Clinical Capacity to deliver care (Question 15)**

The majority of respondents reported continued delivery of a wide range of care aspects. Key service challenges appear to be provision of routine vaccinations (56% unable to provide) and provision of LARC as preferred contraception (49% unable to provide). A tenth said they were unable to maintain PrEP provision.

