BASHH British Association for Sexual Health and HIV

BASHH COVID-19 Contingency Planning Survey: Initial Results snapshot

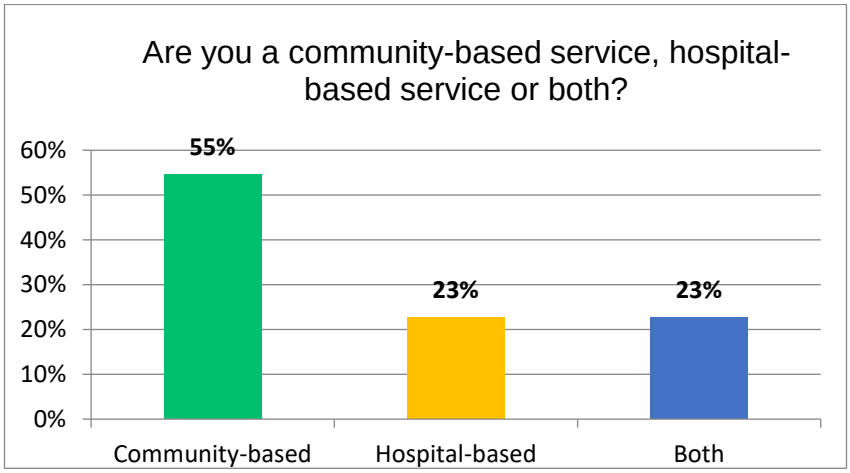
Introduction

On Friday (13th March) the British Association for Sexual Health and HIV circulated a survey to member to encourage shared learning on COVID-19 contingency planning. As of Monday 16th March, 44 BASHH members have responded to the survey. This document provides a snapshot of responses received so far – further information will be shared on an ongoing basis.

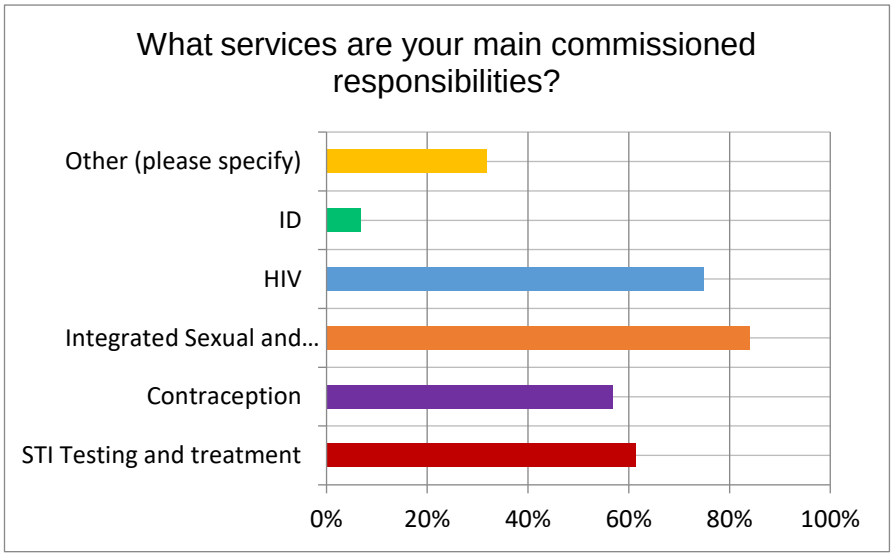
Response Information

Type of Service

Over half of those who responded worked in community-based services:



Integrated Sexual and Reproductive Health Services (STI & Contraception) were the most commonly commissioned amongst respondents, with over half also providing HIV, contraception and STI testing and treatment. Some respondents also provided Psychosexual services, menopause services and TOP (included in 'other' responses).



Anticipated problems with COVID-19

Over 90% of respondents stated that staff shortages would be a challenge for coping with COVID-19 implications. Respondents also flagged infection control, travel issues and GP surgery closures as key concerns.

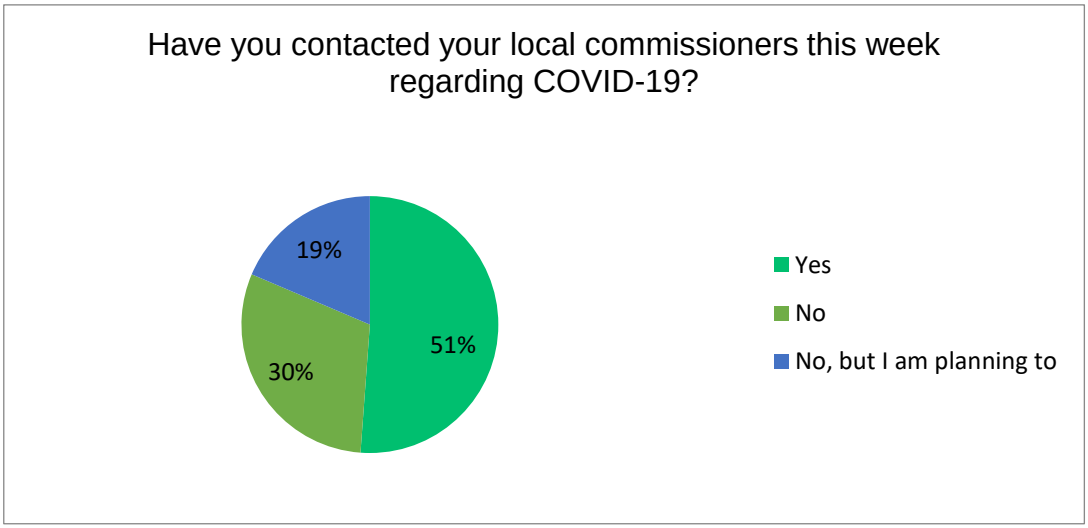
What problems do you anticipate with COVID-19?	
Staff shortages	91%
Patient care: Routine care	86%
Patient care: Urgent care	50%
Medicine supply/ home delivery	64%
Other	32%

Other anticipated problems included:

- Increased demand on e-services
- Travel disruptions putting vulnerable patients at increased risk
- Use of service premises for other purposes
- Infection control – suggestions of whether it's feasible to implement social distancing policies within clinics
- Potential outbreaks in prison
- Closure of GP practice where the service is currently operating from
- Potential for increase in HIV incidence / TOP if services are suspended

Contact with local commissioners

Over half of respondents said they had contacted their local commissioners regarding COVID-19



Contingency Planning

- Over 70% said they had a **COVID-19 contingency plan**, less than 10% said they had no contingency plan and the remaining responses said they were in the process of developing one.
- Two thirds (66%) said they were **able to allocate a room for patients presenting** with COVID-19 symptoms
- Only 16% of those surveyed said they had been **asked to identify any members of staff who are pregnant or immunosuppressed** who should not be redeployed to see COVID-19 patients if needed. 70% said they had not been asked (others said they had been asked about staff underlying medical conditions).

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'Top 5' things doing / planned to reduce face to face activity in STI/GUM services

Answer Choices	Responses
Telephone consultations	75%
Triage	75%
Displaying PHE posters instructing anyone with respiratory symptoms to leave	66%
Decreasing frequency between follow-up visits	50%
Directing to e-services	48%
Other	43%
Home-based therapies	32%
Directing to other providers (e.g. community pharmacy)	20%
Posting FP10's to patients (so they do not have to attend for treatment	16%

Additional comments:

- Postal kits for testing
- Flexible staff levels
- Accelerated vaccination regimes for sexual assault and PEPSE only Looking to scale up FP10
- Setting up facilities for online work
- Referring service users to clinics only if essential
- Discontinuing low risk STI testing, non-urgent services
- Stopping all walk-in clinics
- We are working out medications collection pathway (staggering out, rearranging waiting area for spaced out seating)
- For CT pos who need recall, do info and PN over the phone then leave Chlamydia Rx packs (Tabs, C-Slips, Condoms) at reception for them to collect.
    - For TOCs - phone and collect self-sampling kits (and post back to us like CSP)
- Consider staff lounge or meeting room to become a Creche to enable staff to continue to work and share childcare if schools or nurseries close!
- Patients take their own throat swabs (supervised)
- No such plan is done yet
- Displaying HPS and NHS Scotland posters regarding COVID19
- Maintain staff communication re staffing level, daily upkeeping of COVID information, reduce staff anxiety
- For all stable suppressed HIV caseload - all cases in next 2months are being phoned to do teleconsultation now and if no issue, collect meds for 3-6m. Defer VL testing
- Prioritise "those with STI needing rx">"those with symptoms needing Ix">"Preventative measure" i.e. delay subsequent vaccine appointments

'Top 5' things doing / planned to reduce face to face activity in contraception services

- LARC appointments: we are bridging patients only give <19s basic contraception as per contract so less demand
- Prioritising LARC
- Move to online assessments and posting of contraceptive pills
- Avoid visiting clinics for non-urgent causes
- phone consult, post out pills, condoms etc
- Text and internet visibility to encourage lhe nonattendance

- Screening at the main door to turn away high-risk
- We'll probably increase contraception services as GP capacity will be dramatically reduced (is already)
- Longer scripts
- Trying to identify: urgent vital; important ; standard and nice to have categories of provision
- Trying to get DTC to change the PGDs for EC to over 25s Discussions with Online Service
- Longer prescriptions for pills and patch, ring.
- Supplying condoms to those who cannot book appts
- Managing access to the service - having door on buzz release so patients can be let in one at a time, then triage with confidentiality maintained in the waiting area.
- Updated information on website advising patients with symptoms of Coronavirus not to attend the clinic
- Emergency contraception only provided

Role of Online Services

22 out of 38 respondents were positive about the role of online service providers supporting their services. Many stated this would prevent patients coming into clinics and could ease pressure on testing. However, some added that they did not have access to these services as it was not in their budget.

Perceived benefits/opportunities:

- Can avoid patients coming to clinic
- Helps expand STI testing, signposting for pharmacy-based treatment
- Easier access to postal testing kits and making appointments
- Supports rapid scaling up of testing and treatment
- At the moment maintaining the same level of service, asymptomatic screening only and CT treatment
- Potential uncapping the service to explore delivery of chlamydia treatment and contraception
- Important to increase awareness and coverage of online testing services
- Increase the remit of online services?

Challenges/considerations:

- Cannot afford to increase use of online providers in our current financial envelope
- Concerns that online service might become overwhelmed too
- Would still need assistance from staff working in terrestrial clinics
- We do not have online services yet in Scotland - we hope we might be able to engage them but suspect we will be last in line

What can BASHH do to provide support

Respondents feel the most useful things BASHH could to support members through the COVID-19 Pandemic are:

- To share updates on national recommendations
- To share best practice and feedback from members quickly
- To provide advice on priority areas and strategies for services