WHAT ARE THE TOP 5 THINGS YOU ARE DOING / PLANNING TO REDUCE FACE TO FACE ACTIVITY IN STI / GUM SERVICES?

Directing to e-services	50%
Telephone consultations	70%
Decreasing frequency between follow-up visits	50%
Home-based therapies	33%
Triage	70%
Directing to other providers (e.g. community pharmacy)	20%
Posting FP10's to patients (so they do not have to attend for treatment	20%
Displaying posters instructing anyone with respiratory symptoms to leave	60%

We are currently planning our response should there be advice from government and PHE.
We are considering all the options on the list but haven't yet implemented any but the posters.
We have moved the waiting room chairs to try and minimise any face to face contact and allocated a room should a patient present with symptoms.
Postal kits for testing
Flexing of staff
Accelerated vaccination regimes for sexual assault and PEPSE only
Looking to scale up FP10 provision
We are looking at posting treatments to them
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)
We are exploring syndromic approach
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)
Delaying vaccinations and non-urgent treatments
No such plan is done yet
Displaying HPS and NHS Scotland posters regarding COVID19
reducing/cancelling services
Posting meds
vc ptk
Not aware of what plans are being put in place
Only operating an emergency service if the outbreak of Coronavirus becomes worse
Use NHS ATTEND ANYWHERE

WHAT ARE THE TOP 5 THINGS YOU ARE DOING / PLANNING TO REDUCE FACE TO FACE ACTIVITY IN CONTRACEPTION SERVICES?

Contacted GPs with FSRH advice on managing their patients.
Considering reducing appointments for routine
Opting for POP if we are unable to confirm obs/etc
Telephone consultations
Medicines left for collection
Scripts issued
Supply 1 yr of method. supply condoms/pop for those on depo who may not be able to reattend
Don't know
LARC appointments we are bridging patients
Only give <19s basic contraception as per contract so less demand
Unable to comment at present
Prioritising LARC
Move to online assessments and posting of contraceptive pills
to avoid visiting clinics for non urgent causes
phone consult, post out pills, condoms etc
Expand online contraception
Signpost for EC
Not appropriate to
Decreasing booked procedure appointments
Text and internet visibility to encourage non attendance
Screening for COVID risk at the main door to turn away high risk
Strict telephone and live doctor and nurse triage
Social distancing in the waiting room
Support staff
N/A
Online contraception (but not available)
Telephone to increase online kits suggest add Herpes and Bacterial MC&S swabs to kits if necessary
Video consults (not available)
Walk-in converted to telephone calls instead
We'll probably need to increase contraception services as GP capacity will be dramatically reduced (it is already)
Reduce other workload to create capacity e.g. 1) 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 2) All PrEP caseload in next 6 wks same as above, collect meds and use online testing 3) Prioritise "those with STI needing rx">"those with symptoms needing Ix">"Preventative measure" i.e. delay subsequent vaccine appointments 4) Consider syndromic approach and history based diagnosis and patient getting oral therapy by post / collection only 5) Maintain staff communication re staffing level, daily upkeeping of COVID information, reduce staff anxiety
Triaging to see urgent eg EC
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 Provider re contraception postage
Getting FP10s printed for the services
Prioritising LARC
Reduce routine contraception
Redirect EHC to pharmacies

Space out appointments

Delaying planned procedures, triage over the phone,
Exploring online prescribing (difficulty co-ordinating with CCGs)
Not seeing routine contraception instead issuing Longer prescriptions

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.

Longer prescriptions for pills and patch, ring.

Give out sayana press, encourage LARCs and do see and fits where possible, follow up OCP by FP10

There have been no restrictions to practice thus far

No plan has been done yet

Suspended online booking Triaging all new appointments Telephone consultations Posting prescriptions

pragmatic approach on replacing larc, condom provision

To create a protocol for phone consultation   Send by post or collection point

planning to post bridging oral methods if can't see LARC

Phone consultations

Not aware of any planning yet

lengthening follow up, considering need for routine screening

Emergency contraception only provided
NHS ATTEND ANYWHERE
Continue LARC but administer screening tool

HOW DO YOU ENVISAGE ONLINE SERVICE PROVIDERS ASSISTING YOU IN YOUR SERVICE GOALS?

We will be redirecting patients to the online offer and/or sending out test kits following telecon
Asymptomatic screening only
Cannot afford to increase use of online providers in our current financial envelope
Testing remaining in house using our own e-service
We have an online service which we may need to scale up (how will we be paid for this?
Expand STI testing
Signpost/facilitate for pharmacy-based treatment
It will help clients to make contact and carry on with their therapies.
(It would be a) Great help having online services
I hope they do as lots of screening, Test of Cure and simple Contraception could be done
I work for the e-service and we would need assistance from staff working in terrestrial clinics
We provide online services
We have our own in-house
Don't have any access to meaningful e-services
Easy access to postal testing kits and making appointments would be fantastic
Yes, but we would be concerned online service becoming overwhelmed too
We have online testing which is capped on a daily basis, planning to increase tests
We already do online testing and contraception
I am hoping that the Collective BASHH response will be to demand commissioning and funding for universal coverage across the country with drug delivery options
At the moment maintaining the same level of service, asymptomatic screening only and CT treatment
Already met with them. Uncapping the service to exploring delivery chlamydia treatment and contraception discussed
Scale up postal testing rapidly
They are already doing most testing they can. We see mostly symptomatic patients who need examination, microscopy.
N/A (no access)
not sure
More postal testing and treatment
we have none available
increase awareness and coverage of online testing services
Don’t Know
As much as they can given the evolving circumstances
Increase remit ? Simple discharge Commissioners should allow increased access to SHL
no but would be helpful
No option for this currently
We already have an online asymp testing service. Assume services such as LIVI may take some load
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 (understandably)
Routine contraception could be ordered online from GP and picked up from Pharmacy (not us)
Nothing

IS THERE ANYTHING YOU FEEL BASHH CAN DO TO SUPPORT YOU DURING THE ONGOING COVID-19 OUTBREAK?

Sharing of any documentation and practice which other services are implementing

continue to share ideas

National recommendations

lobby to more funds to allow online testing would be useful in our case

liaise with prep impact re contingency plans for those patients (so far I haven't had a planned response as still discussing but limiting our ability to plan)

Sharing the relevant updates.

Keep clear updates on national recommendations and sharing of best practice

Discussion or guidelines for throat swab taking please. Do we need to continue taking throat pcrs for aasymptomatic female patients with had unprotected active oral sex?

Regular comms to share sexual health contingency plans as examples of best practice, lobbying sexual health commissioners to ensure a coordinated COVID-19 approach for the provision of services across UK, stopping marginal rates during the COVID-19 outbreak, scaling up online e-services, centralised patient advice lines across UK networks

Share best practice, provide some alternative strategies

Explore how to centralise phone advice (across multiple providers)

Up to date information is very helpful.

Maybe support clinics to ensure who are the patients who must be seen from additional public health perspective

Share wider services experience

KEEP US UPDATED PLEASE!

Collate and share advice and good practice.

Advise on prioritisation of STI testing

A publicity campaign through the NHS and to private care

Yes, I would direction some attention to document published in 2009 by RCP "Preparation for Pandemic Flu" which has very useful information on GUM situations, written by Simon Barton/Jackie Sherrard. It would be useful if BASHH could reflect on its application to now and circulate accordingly with or without amendments for COVID

Keep communication on Support services

Keep STIs in the public eye otherwise people forget

Weekly updates Let us know what the outcomes of this survey are very quickly

continue to share good practice, perhaps creating a board on the website for sharing information , list of what is considered minimum/urgent services in GUM/Contraception

Share the continuity plans and triage documents . Lobby government to make ccgs engage and not just send all contraception to us (eg help pay for online contraception services). If not our services will reduce , women will have nowhere to go and unintended pregnancies will Increase

Provide relevant information

Give guidelines on remote prescribing. Where appropriate.

Online GC culture testing guidance or antibiotic sensitivity testing.

Regular updates regarding transmission routes (COVID)

Keep us up to date regarding any additional precautions for PLWHIV, or any data on the dangers of increasing STI during the epidemic and how to mitigate this

support in the delaying of routine care ie peace of mind testing advice as to how and what patients to push back after the worst of the outbreak

regular updates and advice

Contingency plans, close eye on Sti rates, public info

Advice re prioritisation and ideas from other areas
More information / tips on dealing with the issue
Unsure
Sharing of BCPs, SOPs for modifications to services e.g. we have decided to move now to self-taken pharyngeal sampling
Share good practice from services using social media maybe a dedicated tweet account

ANY OTHER COMMENTS

Post CoVID-19, the reduced activity / income will put services under immense financial pressure in 2020/21.
If patients haven't been able to access services, marked increase in STIs and complications post COVID-19.
Importance of debrief and support of staff affected by CoVID-19
Would it be possible to have a list of the psychotherapists/psychosexual therapists you have in your membership? It could be helpful to hear from them.
War times   Collateral damage of this epidemic will be huge
Opportunities to re think completely the way we deliver services
You are all superstars and should each be given a golden ducat from my treasure chest
It is vital that any remote patient care is still re-imbursed to allow services to be paid for what they do.
BASHH is a British organisation, but I find that many of the questions are very England specific (e.g. PHE, commissioning etc), with no reference to the differences in the devolved nations. E.g question 1 - No Trusts in Scotland, Question 2. No option to put N/a - We do not have local authority or commissioning in Scotland.
Thanks for doing this
need to feedback impact on care nationally
Excellent idea to share resources and advice