BASHH British Association for Sexual Health and HIV

BASHH Membership Video Conference

Discussion Summary (Wednesday 30th September 2020)

Introduction

This document provides a summary of the discussion that took place during the BASHH Membership video conference on Wednesday 30th September (5.00-6.00pm). The video conference was organised to provide a forum for members to put questions to BASHH President Dr John McSorley and other available BASHH Officers regarding latest COVID-19 developments and a range of related issues.

BASHH Recovery Principles

BASHH President Dr John McSorley noted that it is important to find a balance between prioritising those most in need and most vulnerable for access to sexual health face-to-face care, but to also align with the rest of the NHS by attempting to implement telemedicine within services, with attendance by exception.

However, he noted that this has to ultimately be local collaborative decision making, which is sensitive to function of available local capacity and capability in terms of access to estate.

Service Activity and Service Restart

During August, results from BASHH surveys demonstrated that 40% of the sexual health estate has disappeared, and that services are operating at roughly 57% of their baseline estate. The below section provides an overview of some of the key findings from the recent BASHH 'Clinical Thermometer' survey, alongside additional insights touched on during the member meeting.

Survey Question: What is the estimated current service activity (%), in comparison to normal operating baseline?

- There has been an impact right across all services. The current service activity across all four nations based on the survey results are as follows:
    - 31% activity within Sexual Health services (wide range of between 5-95%)
    - 25% activity within Contraception services
    - 29% within HIV services
    - 48% - Overall F2F/Virtual/Remote activity

Survey Question: If service activity was below pre-Covid-19 levels, what were the main reasons?

- 28% of respondents highlighted reduced demand
- 70% of respondents highlighted social distancing/minimising F2F contact
- 19% of respondents highlighted staff redeployment
- 21% of respondents highlighted staff sickness or unavailability due to self-isolation/shielding
- 14% of respondents highlighted other factors

Leading into the winter, Dr McSorley indicated that sexual health services appear to have 80% of the staff workforce that were available before COVID-19.

Telemedicine has been the most dominant form of patient contact in recent months, based on member feedback. Dr McSorley indicated that whilst digital access methods have remained broadly consistent, some services have begun implementing new online interaction methods (in the form of automated questionnaires without speaking to a clinician/doctor)

- Sexual health: 83% of patients are clinically assessed via telemedicine
- Contraception: 72% of patients are clinically assessed via telemedicine
- HIV: 60% of patients are clinically assessed via telemedicine

It was highlight that across the country, services are beginning to report that they are less able to cope with incoming calls regarding contraception, and that there is an increasing struggle with the capacity to provide LARC as a choice contraception method.

PHE Changes & Implications for the Sexual and Reproductive Health Sector

The National Infection Service will be part of the NIHP, with the current PHE infectious diseases strategy expected to provide the framework for the NIHP's future work.
Discussions are ongoing around the scope of incorporating health inequalities within the work of the new agency and how these will support delivery of the "levelling up" agenda.
It was felt that the Comprehensive Spending Review will be key and will provide a useful indication of whether services will receive additional funding moving forwards.

A number of questions were put forward in terms of what the creation of the NIHP means for BASHH, with feedback outlined below:

- It remains unclear what will happen regarding regional arrangements or internal structures within England.
- The focus of the new institute will largely be on infectious diseases and pandemic prevention preparedness strategies.
- It is unclear what the connection to non-infectious public health will be and/or where those functions will sit.
- It will be incumbent for everyone to maintain connections and hold the wider sexual health coalition together
    - STI management as an infection will be part of the new institute as part of infectious diseases strategy
    - Questions remain around the detail of what will happen to the rest of PHE's sexual health functions

The Government commitment in 2019 to develop a National Sexual Health and HIV Strategy for England has been revived following postponement. This work will aim to deliver a High Level Strategy that aligns with the outcomes of the NIHP, which will likely address inclusion health, address inequalities including access, lessons learned from COVID and to incorporate HIV Commission, the Women's Health Action Plan and other EAG activities for Spring 2021.

The Strategy is not expected to engage with the positioning of sexual health services for England. Therefore, decision-makers have indicated that there is no possibility of current services being "*returned*" to the NHS within the lifespan of this Parliament. Given that the Sexual Health Strategy for 2021 will be a strategy to deliver the next 10 years of care, the implication is that there is no existing political willingness to effect major structural change before 2030.

Discussion Summary

PrEP

The PEP Impact Trial in England is due to end soon. From 12th July – 12th October, people have been invited back for their final visit.

Participants are either getting PrEP supply or NHSE supply, depending on whether their local authority is providing the medication.

One member raised a concern that there isn't a consistent method by which all the local authorities are handling the trial.

Dr McSorley noted that there are some different arrangements across the country. Commissioners in the East of England for instance are looking to make arrangements for a cluster of local authorities. Each borough, with a commissioner attached, should have received allocations as to what the expected range of activity and the numbers of individuals that they will be able to initiate onto PrEP on the NHSE scheme will be. However, that may vary from region to region.

For London, commissioners are looking at setting up an interface between the online services that exist and asking each clinic to work with online services to try and minimise the number of face-to-face attendances, but also to allow the people using PrEP to access both methods of testing.

It was noted that the new e-learning session for PrEP was soon to be completed.

Another member questioned whether the monies for PrEP is ringfenced. Dr McSorley noted that it was, and another member agreed that the monies for this financial year have been ringfenced by the Department for Health and Social Care.

Position of services as England moves in Phase 3 of COVID

Dr McSorley noted that he was concerned going into winter with only 80% of available sexual health staff base.

Restoration of services and F2F consultations

Attendees raised concerns about services during the next phase of COVID. Many suggested that maintaining service delivery will be much harder in the next phase as demand has started to increase again.

There were also concerns in regard to unmet needs. It was noted that clinics might need to be 'radical' about what/who can be seen face to face due to the risk to staff, or risk of staff being off sick. Many services are unable to re-start not because of COVID, but because of losing staff or premises.

The momentum for change was strong during the first few months of the pandemic, but this has now plateaued.

One member raised a concern that services must not permanently switch to online services for convenience or financial reasons.

Online TV PCR testing

Another member noted that many services are only carrying out consultations for symptomatic vaginal discharge if patient has a positive result or still showing symptoms.

Dr McSorley noted that he was not aware of anyone nationally carrying out online TV PCR testing. However, this was a topic of discussion for the Sexual Health London Clinical Advisory Board regarding what introducing it into the management of vaginal discharge in women in London would look like in

an attempt to try and cope with the workload that is coming through, and how that would be facilitated.

It was broadly felt that this would generate an additional financial cost at a time when the local authorities are under severe pressure.

One member raised the problem with self-testing and the sudden switch to postal testing during the pandemic. For instance, for HIV and Syphilis self-testing, patients have to use mini-tubes and very sensitive screening tests. Often there is not enough blood for any confirmatory tests, subsequently there has been a significant rise in managing false reactive.

Sexual Health services returning to the NHS

Attendees discussed how 90% of surveyed BASHH members in England would wish for sexual health services to be back within the NHS, however the Department of Health and Social Care has stated that this will not happen under the current Parliament.

One member noted that it was futile to argue about going back to the NHS, whether services want it or not.

One member also raised the issue that the fragmentation of services is an issue financially. If it could be demonstrated that fragmentation of services and funding routes is generating additional costs, then potentially funding could be provided within the social care budget.

AOBs

BASHH is keen to hear from members on what areas they would like to be covered, with requests to be sent to bashh@mandfhealth.com. Calls will take place over Zoom and a confirmed schedule of calls will be confirmed in the coming weeks, in line with member feedback.

Further Information

For any further information on this discussion, or to register your interest for the next BASHH member Zoom teleconference, please contact bashh@mandfhealth.com