

BASHH Zoom Meeting

15th July 2020

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&

BASHH President 2020-2

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- **UK Response to COVID-19: Preservation of Essential Services & wholesale switch to Distance Care, Telemedicine & Digital Health**
- **BASHH Survey #1 & Clinical Thermometer April 2020 (80% services in UK)**
 - Risk Assessment & care provision to vulnerable populations & complex care needs
- **BASHH Vulnerability & Complexity Teleconference**
 - Adolescent SIG, Sexual Violence (& Domestic Violence)SIG, Gender and Sexual Minorities SIG, Health Advisers, NAT (VSO Rep) London Met Police etc.
 - BASHH VSO Sector Update & Support TC: hosted by NAT (National AIDS Trust: UK Forum)
- **PHE SRH Vulnerability & Complexity Working Group*** (BASHH/ FSRH/ English Commissioners /Brook/National Sexual Health Helpline to produce immediate, short term, medium and long term support strategies and resources)
 - **Comms** on “We’re Open, Here for you, just Phone First”
 - **Community Partnership Cascade:** Remapping and Relinking Services
 - **Top Tips** for Triage, Telemedicine & Support for Practitioners
 - **LGA Generic Guidance & ADPH Guidance** alignment through services
 - **KNOWLEDGE HUB** for Sexual Health Sector: Site for ALL Sexual Health Resources
 - **PHE Evaluation Toolkit:** to support services assessing change, magnitude and impact: to collate and describe issues to feed into subsequent New Sexual Health Strategy

* Reports to PHE/DHSC led NHSE/ADPH/LGA/BASHH/BHIVA/FRSH/EngCommissioners/VSO Reproductive & Sexual Health Sector England Expert Advisory Group COVID19

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- **BASHH Survey #2 & Clinical Thermometer June 2020**
 - evidence of significant shift in activity; most services 15% baseline footfall though now with adaptations 45% (range 10 to 90%) activity:
 - Access to Online Testing & Treatment for STIs and enablement for Contraception
 - LARC remains suspended (though exploration of re-opening underway)
- **BASHH Recovery Principles**
 - Prioritise Vulnerability & Complexity for access to Face to Face care
 - Telemedicine first: Attendance by exception*
 - Local collaborative decision making : Capacity & Capability
 - Address health inequality*
 - Evaluate, Evolve ?Restore, Retain & Reject

*** MATRIX OF COMPLEXITY : Development & integration into strategy/policy**

CORE GROUPS

Young People

BAME populations

MSM & other GSM

CSWs & others involved in transactional sex

Where there is evidence of higher risk of acquisition of STIs and/ or disconnection from local services & need not met by telemedicine

VULNERABLE

People with history of experiencing violence and/or abuse, or in coercive relationships

Children/Adults Registered Vulnerable

People with Drug & Alcohol Problems

People with Mental health issues

People with physical or other disabilities

Looked after children/Care Leavers

POOR ACCESS TO CARE

Homeless people

People with no phone/internet access

Non-English Speakers

Migrants or asylum seekers

People with no recourse to public funds

Rural people with limited access to care

Travellers (Minceiri)

CLINICAL COMPLEXITY

People with complex contraception needs including seeking LARC

People with complex GUM needs

People with ongoing Chem sex issues

People with specialised dermatological issues e.g. Lichen sclerosis & VIN

PLWH with active sexual health needs

People over 65 with additional co-morbidities

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- Need to develop a new language/system that reflects & embeds the change
 - Telemedicine is not cheap & has limits if not inefficiencies & duplications
 - Coding to capture change & articulate the complexity/time
1. <https://bashh.org/covid-19-resources/>
 2. Join Twitter & follow Sexual & Public Health folk

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- Inequalities and Inclusion Populations
- PrEP in England
- Clinical Thermometer Survey third round
- BASHH Zoom Clinical Sessions: Timing
Frequency and Content