BASHH British Association for Sexual Health and HIV

INTERIM REPORT: BASHH UK CLINICAL THERMOMETER for SEXUAL HEALTH SERVICES: SURVEY 2. WEEK 1&2 MAY 2020

Number of Services starting Survey 2 = 113 **Number of Services starting Survey 1 = 200**

Number of Services (England) in S2 = 106 **Est. No. of Services England eligible 260 (41% response rate) Note also Not All Respondents answer all questions**

How many sites within your Trust/organisation are operational TODAY? (Week 1-2 May 2020)

164/581 = 28% Baseline **(Comparator: Survey 1 Mar/April 40% Baseline)**

"Subsidiary sites all closed during lockdown", "None operating normally; we've moved sexual health sites into our HIV clinic", "All satellite clinics remain closed, "F2F appointments only at one site in centre of town, Telephone appointments only at acute Trust site, satellite clinics closed but due to re-open next week as nurse led clinic.", "The sites we closed are weekly outreach clinics in youth settings", "All sites currently operational and providing essential services in accordance to national and specialty guidance"

What is your estimated current service activity as a percentage, in comparison to your normal operating baseline?

Estimated current face to face (F2F) activity: Sexual health **(Comparator Mar/April)**

Median 11-20% Mean 13% Range 5-65% 10-20%

Estimated current F2F activity: Contraception

Median 0-10% Mean 11% Range 5-45% 10-20%

Estimated current F2F activity: HIV

Median 0-10% Mean 13% Range 5-35% 10-20%

Estimated current F2F activity: Overall

Median 0-10% Mean 13% Range 5-65%

Estimated current F2F/virtual/remote activity: Overall

Median 40-50% Mean 45% Range 5-95% 50-60%

Comments

"HIV/GUM/Contraception activity in 3 sites are now running out of one site only", "Very limited capacity for f2f capacity re staff redeployment", "F2F: our clinic premises have been repurposed so we can only see patients by booking a room in general outpatients department", "… usually… staffed by 4.3 WTE posts. with lots of staff redeployed the clinic is managing with only 1.6 WTE".

"Capacity is not a problem, we have less demand than usual.", "We have capacity to expand face to face and virtual capacity if there was demand.", "Theoretically we could offer approx. 90% capacity via telephone consultations & could see around 20-30% F2F if demand hadn't collapsed.", "Telemedicine Calls are slowly rising", "Our remote activity is (now) slightly higher than F2F because we signpost patients who call us",

"Near normal numbers attending via online services, telephone consultations, postal medication, face to face consultations"

If your service activity is below pre-COVID-19 levels, what are the main reasons for this?

Social distancing / minimising F2F contact	**92/115**	**80%**
Reduced demand	**78/115**	**67%**
Staff redeployment	**51/115**	**44%**
Staff sickness or unavailability due to self-isolation/shielding	**28/115**	**24%**
Patients & professionals not aware that we are open	**5/115**	**5%**
Shortage of PPE still	**1/115**	**1%**

A: Prior to the COVID-19 pandemic, how were service users able to access your service?
B: How are service users currently able to access your service?

	A	***B***
Walk-in (selected conditions/scenarios only)	**34/103**	**11/103 ↓68%**
Walk-in (anyone)	**70/103**	**1/103 ↓99%**
Telephone triage - sexual health	**52/103**	**96/103 ↑84%**
Telephone triage – contraception	**46/103**	**91/103 ↑98%**
Telephone triage – HIV	**34/103**	**74/103 ↑117%**
Online triage	**26/103**	**16/103 ↓38%**
Appointment based services with Minimal/NO triage	**32/103**	**0/103 STOPPED**

Comments

F2F if after the telephone triage warrants it.
No unselected access; however clients who present to services will be triaged and seen as appropriate
Occasional (rare) walk in - vulnerable patients only
Online request for contraception
Online screening for both asymptomatic and symptomatic patients
Virtual psychosexual appointments
We are only offering walk-in for vulnerable service users - with an assessment at the door before being let in.
We are undertaking full consultations by phone
Web chat, whatsApp, email, virtual consults, appointments

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PRIOR to the COVID-19 pandemic, how were service users clinically assessed?

SEXUAL HEALTH: FACE TO FACE	Median 90-100%	**Mean 86 %**	Range 15-100%
Sexual health: telephone	Median 1-10%	**Mean 9 %**	Range 0-100%
Sexual health: video consultation	Median 0 %	**Mean 1 %**	Range 0-10%
Sexual health: online consultation	Median 0 %	**Mean 3 %**	Range 0-55%
CONTRACEPTION: FACE TO FACE	Median 90-100%	**Mean 85 %**	Range 0-100%
Contraception: telephone	Median 1 -10%	**Mean 8 %**	Range 0-90%
Contraception: video consultation	Median 0 %	**Mean 0 %**	Range 0%
Contraception: online consultation	Median 0 %	**Mean 2 %**	Range 0-90%
HIV: FACE TO FACE	Median 80-90%	**Mean 90 %**	Range 0-100%
HIV: telephone	Median 1-10%	**Mean 8 %**	Range 0-100%
HIV: video consultation	Median 0%	**Mean 1 %**	Range 0-10%
HIV: online consultation	Median 0%	**Mean 2 %**	Range 0-10%

How are service users CURRENTLY clinically assessed?

SEXUAL HEALTH: FACE TO FACE	Median 1-10%	**Mean 9 %**	Range 0-100%
Sexual health: telephone	Median 91-10%	**Mean 85 %**	Range 5-100%
Sexual health: video consultation	Median 0 %	**Mean 2 %**	Range 0-30%
Sexual health: online consultation	Median 0 %	**Mean 4 %**	Range 0-55%
CONTRACEPTION: FACE TO FACE	Median 1-10%	**Mean 10 %**	Range 0-100%
Contraception: telephone	Median 90 -100%	**Mean 86 %**	Range 0-100%
Contraception: video consultation	Median 0 %	**Mean 0.3 %**	Range 0-10%
Contraception: online consultation	Median 0 %	**Mean 3 %**	Range 0-70%
HIV: FACE TO FACE	Median 1-10%	**Mean 11 %**	Range 0-100%
HIV: telephone	Median 81-90%	**Mean 85 %**	Range 0-100%
HIV: video consultation	Median 0%	**Mean 1 %**	Range 0-30%

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HIV: online consultation Median 0% **Mean 2 %** Range 0-50%

RED = LOWER, GREEN = HIGHER when compared to Pre-COVID19

If there are any other methods being used for service access, please detail them here

Introduced video consultations this week so currently piloting

Email in place of phone consult where patients prefer this.

Texted with info on new apt and how to access prescription, having reviewed notes & results

Everyone is triaged via phone so 100% and then only small amount are F2F if essential

Psychosexual utilising online consultations using Attend Anywhere video consultations. Tentatively looking at video calling for Sexual Health/HIV/Contraception

All users must be phone triaged / managed before being offered F2F review

Home visits for vulnerable patients with HIV

We are set up to use video consultations, but so far all patients offered this option have preferred telephone consultation not video

Put F2F SH as 0% FIRST, although about 50%of telephone assessment may convert into some kind of F2F

This is all suboptimal though and not a sustainable future model. For example the vast majority of our HIV patients are having no monitoring bloods. Routine LARC is not available etc

We're about to install vending machines

Are you operating Medication Postal Service for STI care?

Survey 2: YES 57% Imminent 5% NO 38%

Are you operating Medication Postal Service for contraception care?

Survey 2: YES 60% Imminent 5% NO 34%

Are you operating Medication Postal Service for HIV care?

Survey 2: YES 61% Imminent 2% NO 37%

Are you utilising FP10 prescription capacity for sexual health services?

Survey 2: YES 56% Imminent 8% NO 36%

Please provide any supporting information below

We have postal treatment for CT only. We are still waiting for FP10's to be available.

We have online contraception and postal delivery via a 3rd party

We have FP10s but don't post them to patients.

We use courier service instead of posting as it's quicker. We have collections points at 4 sites

Posting FP10s is much quicker Local Postal Services now delayed for parcel delivery and also beset internal post room staffing limitations; may expand postage of medication BUT may not be timely For locals "collections" appears to be client preference We have also set up a satellite "dispensing" arrangement in some of the "closed" satellite sites to make it easier for those populations to access

Post is too slow and our Pharmacy managers were not keen on posting drugs or FP10's.

Post is taking up to 3 weeks to be delivered, so patients are increasingly arranging to come and pick up pre-packaged meds from the clinic.

Our 3 clinics are operated by 3 different providers. One operates postal contraception, EC, condoms and pregnancy tests in very particular circumstances, i.e. self-isolating/shielding/vulnerable and unable to attend the clinic. The other two offer a Fettle voucher code to those self-isolating/shielding currently only available to 18+

NHS Volunteers can help

Difficult to set up a service for antibiotics or contraception in the Community - would require an individual going to Royal Mail and sending medication via Special Delivery which would be at a premium rate - in addition if prescribing on PGD the nurse would have to deliver the package at Royal Mail (not cost-effective of a clinicians time). Can now email prescriptions direct to Community pharmacy!

What is your estimated number of whole-time equivalent (WTE) sexual health staff when operating at 'baseline' level?

Total 2785

What is your estimated staff capacity as a percentage based on TODAY's situation, in comparison to your normal operating baseline?

Median 51-60% **Mean 58%** Range 5-100% **(Comparator Mar/April) 54%**

Estimated % of all staff who are currently redeployed

Median 21-30% **Mean 16%** Range 5-80% **(Comparator Mar/April) 29%**

Estimated % of all staff who are currently unavailable (e.g. because they are isolating, ill or shielded)

Median 1-10% **Mean 12%** Range 1-80% **(Comparator Mar/April) 17%**

Please provide any supporting information here

Two staff members shielding for medical vulnerability reasons

We have around 10-15% of staff shielding due to medical conditions but still working from home

The Nurses have been redeployed (mornings only) to undertake COVID-19 testing, initially for staff, then other key workers. When routine surgery resumes, they will undertake pre-op testing for patients. We have offered our services for contact tracing, but Public Health informed us that this is not currently being done.

Some staff are furloughed

Now Stabilised: Less intercurrent illness, stable number of staff shielded. Trust has just raised issue of special arrangements for BAME staff. The majority of our clinical workforce are BAME so waiting to see what the local outcome is for the Trust.

Also wondering about COVID Contact Tracing Call to Action Many of our staff will want to contribute

Is anything happening? What's going on?

Shielding staff are working from home.

All staff shielding are able to work remotely.

1/3 of the service is still redeployed

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CLINICAL THERMOMETER

12 questions to benchmark sample Essential and Intermediate functions of clinical care

What is your current clinical capacity to deliver the following items/areas of care?

	Survey 1	Survey 2	
Capacity to administer i.m. benzathine?	**85%**	**96%**	**E ↑**
Capacity to administer i.m. Ceftriaxone?	**90%**	**97%**	**E ↑**
Capacity to manage all PEP?	**90%**	**97%**	**E ↑**
Capacity to provide microscopy?	**57%**	**71% * (86%)**	**I ↑**
Capacity to provide LARC as EC?	**69%**	**91%**	**E ↑**
Capacity to provide LARC as choice contraception?	**9%**	**20% * (47%)**	**I ↑**
Capacity to provide depot contraception?	**32%**	**43% * (72%)**	**I ↑**
Capacity to cope with calls re contraception?	**91%**	**93%**	**E ↗**
Capacity to provide routine vaccinations?	**9%**	**19% * (36%)**	**I ↑**
Capacity to provide emergency vaccinations?	**86%**	**96% * (99%)**	**E ↑**
Capacity to maintain provision of PrEP?	**66%**	**81% * (91%)**	**E ↑**
Capacity to risk assess & see vulnerable poplns?	**83%**	**84% * (95%)**	**E ↗**

E = Essential Function: Maintain at 100%
I = Intermediate Function: Measure of return to health aim for 100%
***(X%) indication in response that limited capacity within Service with special arrangements**

We have chosen to not provide the following non-urgent services in order to reduce unnecessary F2F contact for staff and patients- microscopy, routine vaccines, routine LARC unless vulnerable etc. PrEP patients are still being assessed over the phone and will be provided with PrEP.

We have capacity, waiting for changes in local guidance on services to initiate (particularly LARC) & Restarting routine PrEP appts next week

We have capacity to provide usual services, but cannot due to restrictions on non-essential care, social distancing, and lack of access to our sexual health clinical area

We have capacity to do all of the above but not within the pathways that have been agreed for prioritising patients for FTF consultations, with the aim of limiting COVID transmission.

Not doing PCC IUD because the Trust have made a decision that we are not going to.

We are following BASHH/FSRH guidance - we may be able to deliver in theory but due to social distancing of staff etc implementation of non-essential work would be tricky.

PrEP patients encouraged to stop or switch to event based where able

Oral contraception nearly all being managed on telephone/online now

Depo is being sent to GP, we will only do it patients GPs can't give. We are not running LARC clinics but this will be one of the first to reopen.

All points answered YES … but, if numbers increased this could become difficult

It's Depo-Provera not depot provera (sp)

We are thinking about resuming some routine activity including vaccinations.

Access to routine screening and vaccines about to change this week to offer all routine screening e.g.cervical smears and vaccines in light of phase 2 letter from Simon Stevens.

We have concerns that our most vulnerable are not able to access us. We are actively thinking about what we can do to rectify this. Shared ideas would be welcome

We have capacity to assess vulnerable groups but are concerned that we are not seeing as many as we need to due to loss of outreach services

Few vulnerable groups seem to be accessing our services at all

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What access do you have to online testing and treatment?

	Survey 1	Survey 2		
	YES	YES	*Imm	NO
Online gonorrhoea/chlamydia tests?	**81%**	**84%**	**8%**	**8%**
Online syphilis tests?	**Not asked**	**76%**	**7%**	**17%**
Online HIV tests?	**72%**	**80%**	**10%**	**10%**
Online Hepatitis B tests?	**Not asked**	**43%**	**2%**	**55%**
Online STI treatment?	**39%**	**Question AWOL Grr**		
Online contraception?	**21%**	**26%**	**5%**	**69%**

***Imm = Activation of Service Imminent**

CONTRACEPTION

Women are assessed for ongoing contraception via telephone consultation. For those who have not had a recent observations, they take their measurements via the Keito M8 self-monitor thus limiting consultation time with clinician but also providing an element of self-management to the patient.

We now use XXXX in all our service areas, for STI testing / CT treatment and POP/COC provision
We are providing our own virtual contraception with phone clinic and postal meds.
Online contraception currently only for 18+ and self-isolating, shielding or vulnerable and unable to attend

We assess and prescribe on line apart from New COCP and those with no recent BP results
We are providing our own virtual contraception with phone clinic and postal meds.
Remote management of contraception with postal provision
We really need access to online contraception options. It's becoming a stress point, if not a bit of a joke that the NHS doesn't provide this anyway when private providers do. **It needs sorting out Mr, Mrs, Ms & Mx BASHH!**

STI TESTING

We are introducing online testing for PrEP clinics and have some online HIV testing via third sector
Was renegotiating online service offer/provider when COVID19 struck & all contract negotiations suspended.
SH commissioner supposed to be opting into national PHE HIV/Syph blood testing provision.
Commissioners have declined to increase online funding to include MSM test kits/remove age cap so provider organisation looking to fund this/ try & negotiate cost share to widen online offer

Our council pay our HIV service for provision of STI online testing kits to our HIV patients

Recent introduction of XXXX online service
Only limited access for patients via XXXX service
We can offer CT/GC postal testing kits, but ordered following telephone consultation

Online testing is organised via 'lead' service so we simply refer any of our patients to their website
CT testing capacity 16-24 years. Pushing for lifting of age cap and inclusion of GC testing. Likely this will happen but no agreement for extension to syphilis testing
For some of our clients - two main LAs commission our service and there is a difference in the online offer commissioned by both. Gaaah!
This Time to Test (which I support) to Break the Chain of HIV transmission campaign is making the point that we all need to have online access to basic test sets

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WHO ARE YOUR LOCAL POPULATIONS OF CONCERN OR AREAS OF PRIORITY?

Order of frequency cited as Top Priorities for Access as Services Re-open Safely (372 Responses)

76% of Services intend to restore Young People Services as their Top Priority Need

Young People Services
People with a history of domestic/other violence
Children & Adults registered vulnerable
MSM
Commercial Sex Workers
Women seeking LARC
Women with complex contraception needs
Homeless
People with Drug or Alcohol problems
People with no phone/internet access
Non- English speakers
People with Chemsex problems
People with Mental Health issues
People with learning disabilities
People with learning disabilities
People with a history of sexual assault
People with high risk symptoms needing examination
Care Leavers
PrEP Users/seekers
People living with physical disabilities
Migrants or Asylum seekers
Looked after children
People living with HIV
People with known untreated STIs
Women who want to attend our services
People with complex GUM issues
Rural people
NEETs
Locals
BAME
People with no resource to public funds
Pregnant
Travellers
Women with a risk of unwanted pregnancy

What does your service need to make our more complex future a manageable reality?

"No idea what this question means!" ☺

RESOURCES

Capacity is likely to be reduced for some time due to social distancing. Will require more funding for online testing NOT at the expense of current staff / provision as this will be required to manage complex GU/Contraception/HIV in a situation of putting PPE on and off, maintaining social distancing etc. Life has gotten more complex, care is not going to be cheaper
Govnt to fund Commissioners to fund appropriately for complex work and ensure income stable
Space! Time & Flexibility. Strong guidance on Aerosol Generating Procedures & PPE.
Good supply of PPE for staff and patients.
Video consultations would be good but a lot of Trust computers do not have cameras
Adequate funding
More IT support for home working- laptops and work phones
Central recurrent funding for online testing, online contraception, prep, EMA
Maintained budget and IT support (are the) main determinants of change. We are good at it.
Access to online contraception & STI testing. **SAY IT, DO IT, SORTED!**

CHANGE IN INFRASTRUCTURE

More FTF appointments to cope with demand, and to ensure LARCs are fitted, means space!
Better online IT facilities, larger premises - social distancing limiting activity, certainty around availability of PPE
Guidance on Aerosol Generating Procedures & PPE
An upgrade to our EPR (still waiting for this, promised for end of May)
Investment in IT, video consultation and remote image usage, in-house on-line triage
We need proper IT, headsets, cameras and microphones I see a wave of cricked necks coming down the line,
Social distancing in waiting room
A COVID 'green' site where necessary FTF consultations can be facilitated
More IT support for home working- laptops and work phones

STAFF WELLBEING ASSESSMENTS

We need a Occ Health assessment as lots of people are now sitting down all the time and not moving: backache, wrist ache, bad posture, weight gain, screen eye, telephone ear, mask ears, nose and skin, handwashing dermatitis and, Oh! The Hair! I miss the days when I walked about the clinic every 5 minutes.
Telemedicine is quite stressful and relentless; we don't always have the safety valves or same support. I am worried about vicarious trauma
We also need better connections to people to debrief, unpack and unwind to keep staff happy in their jobs

TELEMEDICINE

Ability to examine patients using virtual platforms that are evidence based and safe for service users and the team. **SORT OUT THE RESEARCH into this ASAP!**
Online assessment tools for triage.
Improved system for receiving/reviewing clinical photographic images
Continuing the current practice of telephone consultations and management into the future, as this has shown that a lot of patients don't really need or want to be seen F2F.
Robust and secure IT/video systems with the capacity for automatic translation for healthcare providers to access on and off site.
An on-site patient IT hub outside with similar capacity for patients with no access to a computer.
We really need Basic Online Services available to all: for us that's Online Contraception
Continued use of telephone triage - not only has this greatly benefitted patients who report better access and consultations, it has also reduced time spent in the department for patients when they do attend for treatment/review. The whole delivery of care has become more efficient by implementation of telemedicine
Better access to digital solutions e.g. online triage + signposting via AI & chatbots
User-friendly online AI algorithms for booking and accessing face-to-face services
Phone line with call waiting facilities
Better access to blood pressure testing in the community - for safe contraception prescription

COMMUNICATIONS

Online presence - website, online testing, online booking, social media presence
Appropriate signposting and collaboration with partner organisations & other Stakeholders.
We are hopefully going to develop a specific web presence
A National Patient Information & Education campaign on how services have changed

SERVICE DELIVERY CHANGE

Access to home delivered STI treatments for non-complex STIs.
Medication delivery/courier facility for non-HIV patients as well
Would improve service provision if lab results could be delivered quicker/made more efficient
Space! Time, flexibility, strong guidance on Aerosol Generating Procedures & PPE
Capacity to see the complex patients including extended opening hours and highly skilled staff.

REINVENT OUTREACH to help vulnerable groups re-engage as they will find it harder to access us with reduced services
A clinic app ensuring safe ways of managing emails etc. to patients
Electronic prescriptions to pharmacies
Extend opening times to a longer smoother service with social distancing
Remote U+E monitoring for PREP would be great (creat/egfr via ST capillary blood?)

TRAINING & GUIDELINES

Training with telemedicine - how to use effectively and identify / risk assess virtually.
I think that we need training on telemedicine; it's not triage, it's a different skill set (GPs or Crisis Lines etc are probably better than we are just now, and could upskill the areas we are weaker in)
Guidelines on who can safely be managed remotely. Aim to keep a lot more remote consultations as less staff likely to be available for foreseeable future.
It's a different skill mix needed now
GUIDELINES on ensuring safe ways of managing emails/digital communication etc. to patients. Keeping patients and staff safe
Convene a national taskforce on managing telemedicine safely; for staff and patients; there are risks
IT infrastructure and GDPR clarity sending images/ video calls
Strong guidance on Aerosol Generating Procedures & PPE. I don't think PHE advice takes into account the unknowns about this virus

WORKFORCE

Workforce stability - return of redeployed staff to service
Appropriate staff redeployment vs service closure
Better staffing - we have had a huge volume of staff leave since XXXX was awarded the contract, straining the service and provision of care hugely: Leave us in peace
Enough workforce, well organised clinics for face-to-face work and greater use of the online testing and booking, and continuing to use remote consultations where appropriate (learning for the pandemic)
Adequate support staff - e.g health advisers for all this complex care
It's a different skill mix needed now

AGREED PRIORITY SETTING

Ensure that needs of high-risk groups are prioritised

The go-ahead to safely increase footfall and who to prioritise
TOP PRIORITY Free up the space to see those who need to be seen
We need support and capacity to be able to prioritise access for the most vulnerable young people

PLANNING

Graduated reopening plan so as not to overwhelm services.
Co-ordination with other services as we share a waiting room with other outpatient services.
Reconfiguration of services ie - reducing walk-in as social distancing will be an issue.

It is likely that our services are going to change as a result of C19. Due to the fluid nature of the pandemic,

services need to reflect that fluidity, change management, innovative and courageous thinking is required.

Recovery steps framework with example timescales to bridge from essential to intermediate to desirable service levels according to national & local risk assessment - covid incidence threshold/ service capacity/ patient factors/ and local priority needs

To decide a model that is practical in keeping staff and patients safe

A positive approach to implementing reforms some of which transform service delivery but which can be obstructed for no good reason

Improve partnership working with Primary care to deliver routine STI testing and contraception there

A manager who isn't scared to make a decision

There really needs to be better regional collaboration if we are now doing most things by telemedicine; economies of scale and all that

We have an emergency budget only: plan to sustain if you want to transform

We need to sort out transitional arrangements very very soon indeed

INTANGIBLES

Leadership! And leadership motivated by clinical need rather than income generation.

The will to do it

Contracts to deliver this