

BASHH Membership Video Conference

Discussion Summary (Wednesday 1st July 2020)

Introduction

This document provides a summary of the discussion that took place during the BASHH Membership video conference on Wednesday 1st July (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.

It is hoped that these video conferences will take place on a regular basis, every two weeks. The next video conference is currently scheduled for Wednesday 15th July. If you are keen to join the next discussion, please contact john.mcsorley@nhs.net and bashh@mandfhealth.com.

Discussion Summary

Vulnerable Populations

This video conference focused largely on vulnerable populations and the vulnerability matrix that has been developed to help support services in prioritising patients who need face to face appointments.

BASHH members are encouraged to provide feedback on the matrix, the matrix can be found in the slides for this meeting on the BASHH website.

It was discussed how results from the recent BASHH clinical thermometer surveys had revealed that risk assessments had been difficult to carry out during lockdown.

In recognition of the challenges in the area, Public Health England (PHE) have convened a working group to assess how best vulnerable populations can be reached. The working group holds regular weekly calls, which are attended by BASHH and other sexual health stakeholders.

To support the sharing of learnings from this workstream, a knowledge hub for the sexual health sector is in development, as is a PHE evaluation toolkit to support services and assess levels of change.

Changing Access Behaviour

Some members noted that limited walk-in services were still operating and that counter to expectations, they had not been overwhelmed with demand. Patients accessing these services were prescreened using a temperature check before they were allowed to see clinic staff.

It was also highlighted how inner-city services were seeing less engagement as more people worked from home, however this meant that local services in commuter belt areas were becoming busier.

One attendee added that more people working from home had made it difficult to see some of their regular patients and that inner-city services had been coordinating with local services to keep in contact with patients. Keeping in touch with patients who may have left the area was also felt to be important in university town and city localities.

Finally, some members noted that they have had service premises taken away with very little notice. It was highlighted how some had gone from having several clinic rooms available, to now being forced to operate from a much smaller footprint. The BASHH clinical thermometer survey found that 60% of services had their premises temporarily reduced away and it was agreed that this was an area that should be reviewed closely.

Service Funding

There were some concerns that the lack of footfall in clinics would result in business models not being fulfilled and this could result in less funding.

Other attendees stated that online testing is included in clinic output data and would support any requests for funding in the future. On the whole, members noted that commissioners were being understanding and supportive of the changes in service delivery.

Some members had found that the lockdown had been positive for service delivery. In rural areas services have been pushing for improved online and postal services, however some Trusts have been reluctant to implement change. Lockdown has pushed forward plans to make many rural services more accessible.

It was felt that there was still a need to increase the volume of available face to face appointments but improving remote access to services has greatly helped certain populations.

Telemedicine

New draft materials on structuring telemedicine are available on the BASHH website [here](#). The materials have been developed to support services and staff in responding to recent developments and delivering appointments remotely.

Despite the benefits associated with increased use of telemedicine, it was highlighted how it can be expensive to deliver, and that accurate recording of its use will be vital in presenting evidence to commissioners around service activity. It was also suggested that many commissioners will be under pressure to drive down the costs of telemedicine, and that achieving this would be a crucial part of improving access to services, particularly for patients in rural areas.

Attendees also raised concerns around whether there were currently enough activity codes available to sufficiently record the range of telemedicine activities that were being delivered. It was suggested that this could be an area that's looked into, with updates shared with members.

Staff Redeployment

Some members were concerned that staff were not being returned to services despite clinics reopening.

The number of staff being returned varies from service to service. In some cases, 20–50% of staff were still on general medicine wards with no sign of an imminent return to sexual health.

Some noted that staff from sexual health services were being used to fill gaps in primary care, that had existed before the outbreak of COVID.

Those working in HIV services also reported it had been difficult to get nurses back full-time and that Trust resource planning meetings has been brought forward to try and address this.

As a result of these concerns it was agreed that BASHH will write a joint letter with BHIVA and other relevant stakeholders to urge Trusts to return staff to sexual health services if they are not being used to support urgent COVID activities.

PrEP

Demand for PrEP was increasing as the IMPACT trial was coming to an end in July.

During lockdown demand for PrEP had decreased as many people were given a sufficient supply to reduce face to face contact.

The PrEP IMPACT trial will remain open until the 12th July. After that services will be able to prescribe PrEP with NHS England covering the cost of the drug.

Staff are urged to register patients before the trial ends so they can be rolled over to local services post-trial.

AOBs

Moving forwards, BASHH is looking to arrange additional membership calls that can take place within working hours to help address a broader range of topical sexual health issues.

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