

Specialist Integrated Sexual Health Service

# How Covid 19 has Changed my Practice



# Plan

- What we did in March
- Faculty and BASHH guidance
- What are we doing now
- How might a second wave affect specialist services
- Opportunity for others to contribute any innovative ideas that have worked for their practice

Your input is  
needed,  
please

- Send us notes with any comments or questions and we will try to respond to as many as possible at the end.

# What we did in March

- Monthly service meeting just before lock down
- All staff had already had Fit testing
- Telephone and virtual consultations were in planning phase
- Looked at every part of our service and every process and how we could deliver it with no staff and/or no contact with patients
- Input from all grades of staff
- Loaded onto shared drive so all were aware
- 2 days later 1 of 2 Consultants, all but 2 nurses and all but 2 HCA/ receptionists were redeployed
- Trust guidance was that no out-patient service should be operating
- Managed to maintain a supply of PPE throughout

# Screening and STI management

- All requests for screening were redirected to online services (No TV)
- All consultations were by telephone (interpreter service available)
- Patients were seen for GC treatment only
- Medicines were delivered to patients – contactless pharmacy delivery service using volunteers and redeployed staff
- Redeployed consultant undertook some telephone consultations for complex GU and HIV patients
- Syndromic management

# Screening and STI management

- Set up photo service for patients to send photographs safely on request
- NHS.NET [secure]
- Very strong resistance from trust governance
- Other patient services options precluded by cost
- Complex, mixed reviews from patients and staff
- Picture quality variable
- Currently over 18s only (under review)
- Also concerns from governance regarding video consultation in general and specifically under 18s

[secure]

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- <https://digital.nhs.uk/services/nhsmail/guidance-for-sending-secure-email>



# Encryption Guide for NHSmail

March 2020  
Version 6

# New Guidance

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- [https://elearning.rcgp.org.uk/pluginfile.php/154305/mod\\_page/content/12/Key%20principles%20for%20intimate%20clinical%20assessments\\_July%202020.pdf](https://elearning.rcgp.org.uk/pluginfile.php/154305/mod_page/content/12/Key%20principles%20for%20intimate%20clinical%20assessments_July%202020.pdf)



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**Key principles for intimate clinical assessments undertaken remotely in response to COVID-19**

Version 1 - July 2020



# HIV

- Full time HIV nurse (managed to negotiate non-redeployment) – all consultations via telephone
- Trust invested in video consultation software
- Blood follow up deferred
- Consultant accessible via mobile
- Consultant redeployed to medicine so admitted patients were seen

# Contraception

- LARC service stopped (Including emergency IUD) – unable to staff
- Urgent removals only
- Telephone consultations and later video consultations as hardware acquired
- Many patients converted to POP/ condoms

# Contraception

- POP contactless delivery as ongoing and bridging methods
- Where medically safe to do so, CHC contactless delivery
- Ulipristal/ Levonorgestrel EC collected from building
- Issues with confidentiality and building security
- Condoms posted out
- Unfortunately we had had supply problems with Sayana so all injection patients on Depo – changed to POP/condoms

# Other SRH/ GUM services

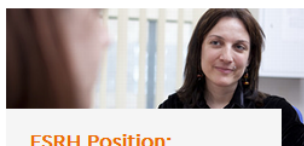
- Cervical screening services stopped
- Vaccination services HEP A, B, Gardasil stopped
- Wart treatment N2O stopped (concerns from some staff that this is an aerosol generating procedure – but no evidence available that confirms it is)



# COVID-19 Resources and Information for SRH Professionals

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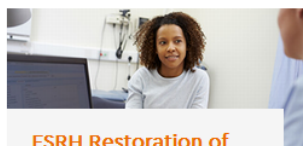
We recognise that our FSRH members and colleagues will have questions about SRH delivery in the coming weeks and months. We will regularly update this page with resources, links and information to help you access information that is relevant to you.



**FSRH Position: Essential SRH services during COVID-19 March 2020**

Guidance for SRH professionals delivering SRH services during the COVID-19 outbreak

[Read more](#)



**FSRH Restoration of SRH Services during Covid-19 at a Glance**

FSRH Suggested approach - Restoration of SRH Services during Covid-19

[Read more](#)



**Advice for women seeking contraception, abortion and other SRH services during COVID-19 pandemic**

FSRH guidance for women during the COVID-19 pandemic.

[Read more](#)

**Further information**



Join our Facebook group for SRH Professionals

Get support from other SRH professionals on our closed facebook group



# Faculty Guidance

- Support for use of implants up to 4 years
- Support for use of banded copper IUD for 12 years and IUS for 6

# BASHH Guidance

<https://members.bashh.org/Documents/COVID-19/Pandemic%20COVID%2019%20Sexual%20Health%20Services%20Priorities%20v0.5%20BASHH.docx>

Non Acute – no prophylaxis / asymptomatic Follow up (post WP)	CB	NCT & NCTreat ExRef – Mental health NCT	OP OCB
<b>Prevention</b>			
Contraception			
Low risk		Defer	OP / OCB
High risk	T / CB	CTreat	Clinic
Post exposure Prophylaxis		CTreat	Clinic
condom provision	Media	Increase access	
<b>Screening (&amp; treatment if indicated)</b>			
Asymptomatic Screening inc MSM cap numbers / frequency to free up testing capacity (higher risk patients)	T	NCT	OP
Male Dysuria	T / CB	NCT / CT Ref	OP / OCB / Clinic
Male Urethral Discharge			
Low risk STI	T / CB	NCT	OP / OCB
High risk STI / purulent	CB	CT +/- MGen test +/- CTreat OR (NCT +/- MGen test – if online available?)	Clinic (OCB)
<b>Genital symptoms</b>			
Low risk STI	T	NCT, Ref	OP
High risk STI	CB	CT +/- CTreat	Clinic
Oral symptoms	T	NCT	OP
<b>Rectal symptoms</b>			
Low risk	CB	NCT / CT	OCB / Clinic
High risk	CB	CT +/- CTreat	Clinic
Proctitis	T / CB	Ref	OP / OCB
<b>Systemic treatment failure</b>			
Low risk	CB	NCT, Ref	OCB
High risk	CB	CT +/- CTreat	Clinic
Male - ? Pregnant - Asymptomatic	T	Buy pregnancy test NCT	OP
Male – Pregnant - Symptoms	CB	CT +/- CTreat ExRef(bleeding ED)	Clinic
Genital Pain	CB	CT +/- CTreat	Clinic

Low risk	CB	NCT	OCB
High risk	CB	CT +/- CTreat (STS)	Clinic
<b>Treatment (&amp; further testing if indicated)</b>			
Positive GC	Recall	CTreat (+ culture if NCT diagnosis)	OCB / Clinic
New HIV positive diagnosis	Recall	CT + CTreat	OCB / Clinic
STS & Non HIV BBV – likely diagnosed via asympto screen	Recall	CTreat + ?FU CT	Clinic
Positive CT	Recall	NCTreat	OCB
PEP - indicated	CB	CT + CTreat (dispense 28/7)	Clinic
<b>Recurrent or Recalcitrant STIs or Conditions – candida / HSV / vaginismus / HPV</b>			
New	Defer		-
FU	Defer		-
ADL impact	CB	ExRef(pharmacy) CTreat	Clinic
Complicated STI – Treatment failure / unusual history	CB	RI CT +/- CTreat	Clinic
HPV	T / CB	Defer	OP / OCB
<b>Contact of STI</b>			
	TV	Recall	NCTreat / CTreat
Asympto post WP & can abstain	Recall	NCT	OCB
Asympto in WP & can abstain	Recall	NCT post WP	OCB
Asympt & can't abstain	Recall	NCTreat / CTreat	OCB / Clinic
Sympto – management dependant on index infection	Recall	NCTreat (CT), CT, CT +/- CTreat (GC culture)	OCB / Clinic
<b>TOC</b>			
Asympto, correct treatment taken in full	Recall		OCB
Asympto, correct treatment taken in full, increased failure risk (GC/MGen) OR Pregnant	Recall	CT (MGen) (NCT ? MGen)	OCB / Clinic
Remain symptomatic	Recall	CT +/- CTreat	Clinic
Results management	Recall	Health Advisor or Clinician (Dr/Nurse) as indicated by	OCB

# Where are we now?

- Rather more proficient in telephone and virtual consultations – previously lagging behind GP colleagues
- Some staff remain uncomfortable with significantly reduced patient contact
- Patient feedback largely positive especially those patients who are more tech savvy
- Web booking initial telephone consultation – advertised on Commissioners and Trust web-sites
- Still minimal contact services
- Still mask, visor and gown
- Getting complacent?



# Where are we now

- LARC services slowly opened up from July – 1<sup>st</sup> to open up was emergency IUD service still giving advice over longer use of method
- Same length fitting appointments even though all telephone consults with verbal consent so time to prepare room for next patient
- Sayana press in stock so converting as many patients as are happy to self injection – reduce impact of 2<sup>nd</sup> wave
- Sending out link to patients after telephone consultation so minimal input
- <https://www.pfizerpro.co.uk/product/sayana-press/long-term-female-contraception/sayana-press-self-administration?advert=advert>

# Where are We now

- Patients advised to attend on time, not early
- Reduced some clinics so minimal time in waiting room
- No accompanied patients
- Chairs removed so maintaining social distance
- Mask wearing advised for all patients
- No interpreters or family members in room unless needed for signing (interpreter telephone service now have speaker phones)
- Training has recommenced with change in room lay out to allow social distancing

# Impact

- Reduced LARC uptake – all methods
- Significantly reduced screening uptake
  - Beginning to increase again
- Was there reduced sexual activity with social distancing?
- Reduced uptake of screening, especially HIV and Syphilis
  - blood clinic for those unable manage sampling for postal kit
- Cervical screening uptake significantly reduced
- No requests for PEP over lockdown
- Reduced staff training

# What changes will we keep

- Delivery service still ongoing funded jointly with other services but most patients back at work so collecting from service
  - Pharmacy reluctant to allow courier delivery
- Telephone and video consultations
- Online access to screening, encourage increased use
  - Cost implications
- Investigating online completion of patient histories with delivery or collection of meds
- Telemedicine is now big business
  - Huge amount guidance available online

# Second wave

- Staff may again be redeployed
- Will try to keep enough staff to maintain LARC services especially emergency IUD
- Currently completing training of 4 nurses to fit IUDs and 2 additional implant fitters
- HCAs will be trained to deliver vaccinations.



Other  
resources



# Using Online Consultations In Primary Care

## Implementation Toolkit

January 2020



- <https://www.england.nhs.uk/wp-content/uploads/2020/01/online-consultations-implementation-toolkit-v1.1-updated.pdf>

Publications approval reference: 001559



Specialty guides for patient management during the coronavirus pandemic

## Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic

27 March 2020 Version 1

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>



Can I receive  
and store  
images sent  
from patients  
during remote  
consultations?

- <https://www.bmj.com/content/370/bmj.m2675>

THANKYOU