

## FSRH COVID-19 SRH Service Survey

Interim Survey Results 07 May 2020

We are working on behalf of our members to monitor, understand and address service issues in Sexual and Reproductive Healthcare (SRH) during the COVID-19 pandemic. This survey is designed to collect the views and experiences of our members, covering issues related to the provision of essential SRH services, as well as changes in workforce capacity as a result of the COVID-19 outbreak.

### Key Findings

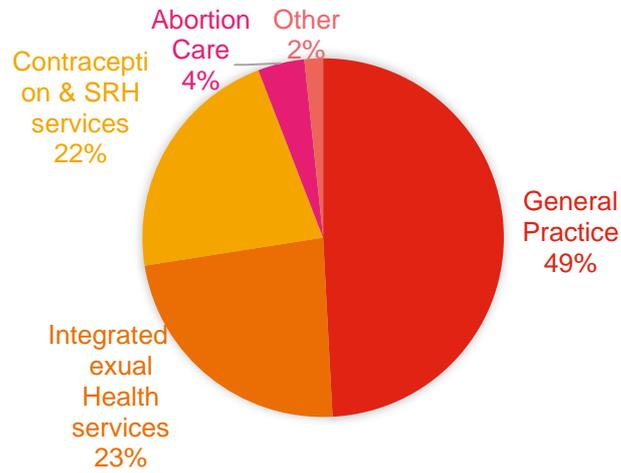
- 939 responses as of May 7th
- 77% of GPs and 64% of specialists have ended or limited the provision of essential SRH services since the COVID-19 outbreak (specialist SRH service providers include healthcare providers working in sexual health clinics, SRH services, integrated SRH and sexual health, or abortion care).
- When asked whether they were confident that vulnerable patients could access SRH care during the COVID-19 pandemic, 31% said they were confident, 37% said they were not confident, and 32% said that they did not know.
- 21% of respondents stated that they provided outreach services prior to the COVID-19 outbreak. Of these, 37.5% stated that they were no longer providing outreach services, and 62.5% stated that they were still providing outreach.
- Workforce capacity for specialist services is lower than general practice. On average, specialist respondents stated that 29% of their staff was redeployed, compared to 8% among GPs.
- On average, specialists are providing 86% of consultations remotely, either over the phone or via video conferencing. GPs are providing 88% of consultations remotely. Specialist respondents stated that 16% of patients were referred to face to face consultation following telephone / video triage. GP respondents stated that 11% of patients were referred to face-to-face consultation following telephone / video triage.
- Testing is widely available for both GPs and specialists. 89% of GP respondents stated that they had access to testing for symptomatic staff members, and a further 1% stated that they had access to testing for asymptomatic testing. 90% of GP respondents stated that they had access to testing for symptomatic staff members, and a further 9% stated that they had access to testing for asymptomatic testing.<sup>1</sup>

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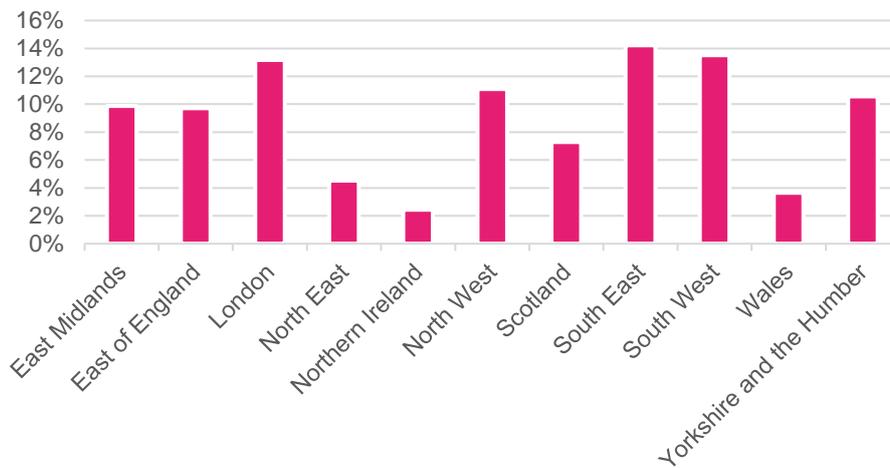
<sup>1</sup> This question was added recently, and has had fewer than 100 responses. Thus, it is unlikely that these figures are reflective of the entire sector.

## Respondents

939 healthcare providers have completed this survey since April 9<sup>th</sup>, 2020. Respondents are working across the sector, and across the UK:



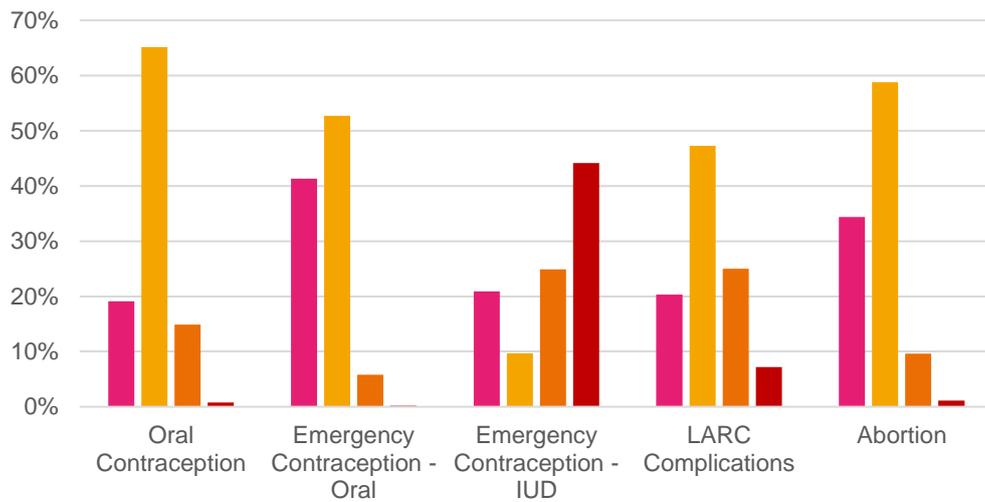
## Respondent Area of Work



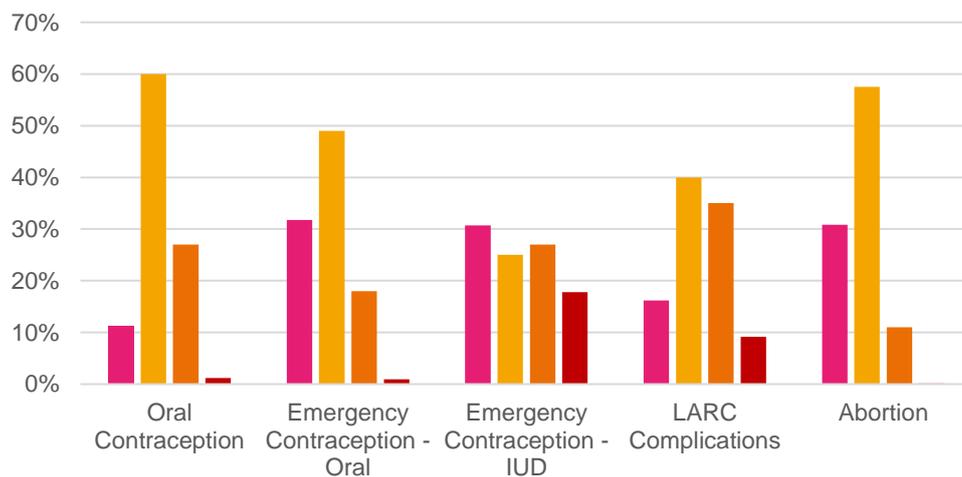
## Essential Services

77% of GPs and 64% of specialists have ended or limited the provision of essential SRH services since the COVID-19 outbreak. The graphs below demonstrate changes to service provision during the COVID-19 outbreak. Regional breakdowns of service provision are presented in the Annex.

### SRH Service Provision - General Practice



### SRH Service Provision - Specialists



- The COVID-19 outbreak has not affected service provision
- The COVID-19 outbreak has changed, but not reduced service provision
- The COVID-19 outbreak has caused service provision to be reduced
- The COVID-19 outbreak has caused services to be stopped entirely

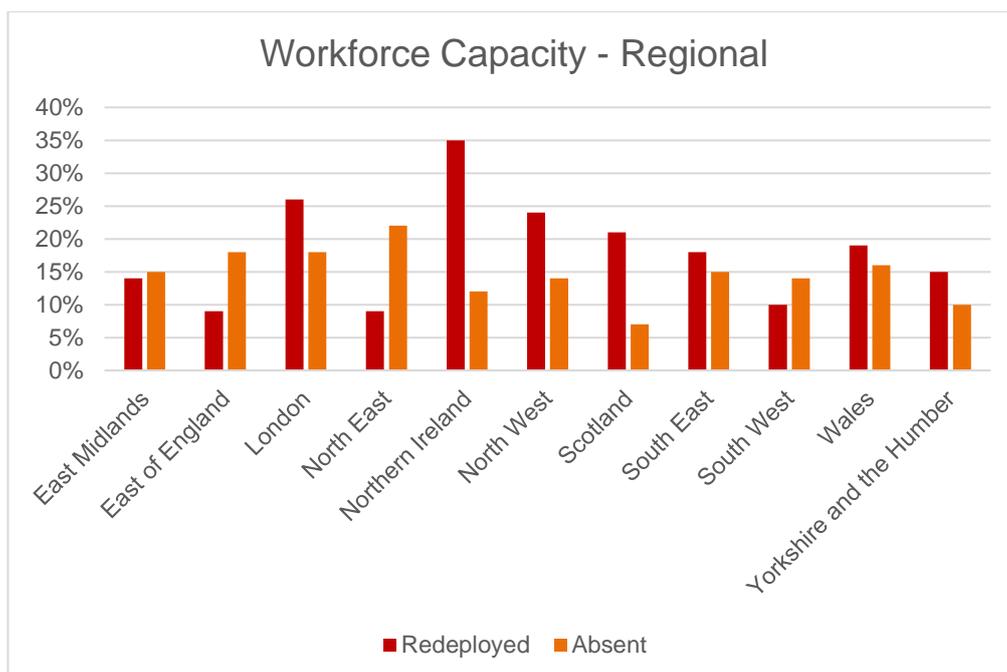
## Workforce

68% of GP respondents stated that their service had been supplied with adequate PPE, compared to 75% of specialist respondents.

Workforce capacity for specialist services is lower than general practice. On average, specialist respondents stated that 29% of their staff was redeployed, compared to 8% among GPs. On average, specialist respondents stated that 17% of their staff was absent from work, compared to 16% among GPs.

Of respondents who had BAME colleagues (69% of GPs, 66% of specialists), 12% of GPs stated that BAME staff members were being advised to self-isolate, compared to 11% of specialists.

Testing is widely available for both GPs and specialists. 89% of GP respondents stated that they had access to testing for symptomatic staff members, and a further 1% stated that they had access to testing for asymptomatic testing. 90% of specialist respondents stated that they had access to testing for symptomatic staff members, and a further 9% stated that they had access to testing for asymptomatic testing.<sup>2</sup>



<sup>2</sup> This question was added recently, and has had fewer than 100 responses. Thus, it is unlikely that these figures are reflective of the entire sector.

## Care for Vulnerable Groups

Respondents were particularly worried about service provision for vulnerable groups. When asked whether they were confident that vulnerable patients could access SRH care during the COVID-19 pandemic, 31% said they were confident, 37% said they were not confident, and 32% said that they did not know.

21% of respondents stated that they provided outreach services prior to the COVID-19 outbreak. Of these, 37.5% stated that they were no longer providing outreach services, and 62.5% stated that they were still providing outreach.

Several respondents stated that they were no longer providing routine IUS / IUD to vulnerable populations, while others stated that their satellite sites had closed. Respondents also worried about street sex workers, stating that they were unable to contact them.

Examples of continuing outreach services include:

- Proactive telephone calls to vulnerable populations
- Using a reconditioned ambulance for outreach services in areas where service provision is no longer available
- Home visits
- Inclusion Health Outreach Team(IHOT) composed of harm reduction, BBV and SRH
- Clinic-in-a-box support to homeless temporarily housed in hotels
- Pilot programme for postpartum contraception

## Changes to Consultations

On average, specialist respondents stated that 12% of their consultations were carried out remotely (over the phone or over video) before the COVID-19 pandemic. This has risen to 86% since the outbreak. Specialist respondents stated that 16% of patients were referred to face to face consultation following telephone / video triage.

On average, GP respondents stated that 18% of their consultations were carried out remotely (over the phone or over video) before the COVID-19 pandemic. This has risen to 88% since the outbreak. GP respondents stated that 11% of patients were referred to face to face consultation following telephone / video triage.

Positives of remote methods of consultation include these forms of consultation being less time consuming. The negatives involved in remote consultation included lack of LARC provision, which respondents feared would lead to a rise in unplanned pregnancies. Many also noted that they missed face to face interactions with their regular patients.

## Post Lockdown SRH Service Provision

### Positive Changes to Service Provision that Should be Maintained

- Phone consultations for contraception, particularly POP and CHC, with a yearly review for BP and weight
- Sayana Press promoted as an alternative to Depo
- Stations for self-measurement of weight, BP, and height
- Text services
- Online testing for STIs
- Remote consultation for LARC appointments
- Follow up appointments through GP, rather than at specialist services
- Dispense and collect for medication
- Extended use of IUCDs
- Better use of proformas
- AcruuRx for photos
- Longer prescriptions for COCP and POP
- Telephone triage

### Service Provision to be Reinstated Post-COVID19

- Routine LARC provision
- Assessment of vulvo-vaginal conditions which need examination
- Consultations with vulnerable patients, particularly those at risk of domestic abuse
- HRT
- Cervical screening
- Pessary changes
- Walk in clinics
- Psychosexual therapy
- Consultations with new young MSM treatment of infections and partner notification
- Reopening spoke clinics

### Additional Guidance / Change Needed

- Guidance for deciding which appointments require face to face consultation, and which can be carried out remotely
- Guidance around how to restart services
- Guidance for postnatal contraception, particularly for trainees and midwives, including videos of post section IUD / IUS insertion.
- Change in legislation to enable POP over the counter
- Guidance around safeguarding using remote methods of consultation
- Clearer guidance and easier access for GPs and practice nurses to train for LARC fitting. Video consultations for advice/counselling prior to fitting
- Improved links to local pharmacies
- Collaborative working and sharing of ideas across FSRH and BSACP
- Increased pharmacy provision of emergency contraception
- Increased flexibility for healthcare providers, e.g. work from home and provide telephone triage