FSRH COVID-19 SRH Service Survey
Interim Survey Results 01 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

- 566 responses as of May 1st.
- 69% of GP respondents and 57% of specialists stated that they had 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, 29% of respondents said they were confident, 39% said they were not, and 32% said that they did not know.
- 14% of respondents stated that they provided outreach services prior to the COVID-19 outbreak. Of these, 39% stated that they were no longer providing outreach services, and 61% 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. Workforce capacity for GP respondents appears strong.
- On average, both specialists and GPs are providing 88% of consultations remotely, either over the phone or via video conferencing. Specialist respondents stated that 14% 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.
566 health care providers have completed this survey since April 9th, 2020.

Respondents are working across the sector, and across the UK:

- General Practice: 45%
- Integrated Sexual Health services: 27%
- Contraception &SRH services: 19%
- Abortion Care: 4%
- Other: 5%
Workforce Capacity & Safety

- 65% of GP respondents stated that their service had been supplied with adequate PPE, compared to 74% 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.

- Of respondents who had BAME colleagues (71% of GPs, 66% of specialists), 8.5% of GPs stated that BAME staff members were being advised to self-isolate, compared to 10% of specialists.
Essential Services

- 69% of GPs and 57% of specialists stated that they had 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:

**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
Care for Vulnerable Groups

SRH Service Provision 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, 29% said they were confident, 39% said they were not confident, and 32% said that they did not know.

• 14% of respondents stated that they provided outreach services prior to the COVID-19 outbreak. Of these, 39% stated that they were no longer providing outreach services, and 61% stated that they were still providing outreach.

• Examples of continuing outreach services included proactive telephone calls to vulnerable populations, and using a reconditioned ambulance for outreach services in areas where service provision is no longer available.

• A number of respondents stated that they were no longer providing routine IUS / IUD to vulnerable populations, while others stated that their satellite sites had closed.

Impact of Changes to Service Provision on Vulnerable Groups

• Respondents noted that sexual health clinic closures disproportionately impact the most vulnerable patients. They worried that patients may be afraid to attend their local GP:

  “The young people we see are usually very reluctant to attend their own GPs for contraception and feel that a drop in service is most appropriate as they can attend without their parents/carers knowing”

• Respondents stated that in some areas there is a “walk-in culture”, and that online services can be particularly difficult for vulnerable patients who have weak computer literacy, or for whom English is a second language.

• Respondents worried about situations of domestic abuse in particular. They stated that they worried about issues of contraceptive coercion, and about their limited ability to identify signs of domestic abuse through remote consultations:

  “I worry that many vulnerable groups will have had reduced access, either because they do not know services remain open, or because they are not allowed out to visit the service, or do not have the privacy to contact services if others in the house may be listening”

  “Concerned that remote methods are more likely to miss domestic violence and safeguarding concerns.”

  “Women who can manage to contact us, travel to collect contraception and can manage a user dependent method may just be inconvenienced. Others may end up without effective contraception. There is also a potential impact on safeguarding, hidden abuse and domestic abuse.”
Remote Methods of Consultation – Specialist SRH Service Providers

- 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 88% since the outbreak.

- Specialist respondents stated that 14% of patients were referred to face to face consultation following telephone / video triage.

- Positives of remote methods of consultation include being able to reassure patients who do not need to be seen, reducing wait times, and some patients feeling less self-conscious over the phone.

  “Very positive form of communication with patients and waiting times reduced. Only see patients who really need to be seen”

  “Can provide oral medication for dual populations without needing to travel long distances, able to plan for complex patients before they physically attend e.g. for abortion care, staff able to work from home”

  “I have been trying to move to remote consultations for years - suddenly the red tape has vanished - suits the majority of patients”

  “I think it has worked well for some parts of service - ie. asymptomatic online STI screens, repeat pills, chlamydia treatments. Staff have on the whole been positive towards telephone consultations, but I think it provides greater challenges to working as a team when staff are mainly working from home.

  “Approx 25-33% of calls taken are not appropriate for our service. These people would normally have sat and waited to be seen.”

- Respondents also noted positives of medication collection systems. They noted that this was particularly beneficial for repeat pill prescriptions.

- Respondents stated that telephone consultations did result in missed visual cues, and reduced capacity for holistic treatment. They recommended increasing video consultation capacity, which would allow them to better interact with patients and conduct consults for genital skin conditions.

- One respondent stated that remote consultations create issues with the commissioning of services:

  “Difficulty is how do the commissioners know that we are dealing with patients in area, in UK or outside the UK? i.e. are they eligible for free care. We limit online by postcode.”
Remote Methods of Consultation – General Practice

- 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, and that clinicians are exploring different forms of contraception:
  
  “Actually positive - wasn’t using any Sayana press but women are really embracing this method.”

  “I prefer phone consults and they’re more convenient for patients that live far away”

- 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

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

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 is legislation to enable POP over the counter
- Guidance around safeguarding using remote methods of consultation