

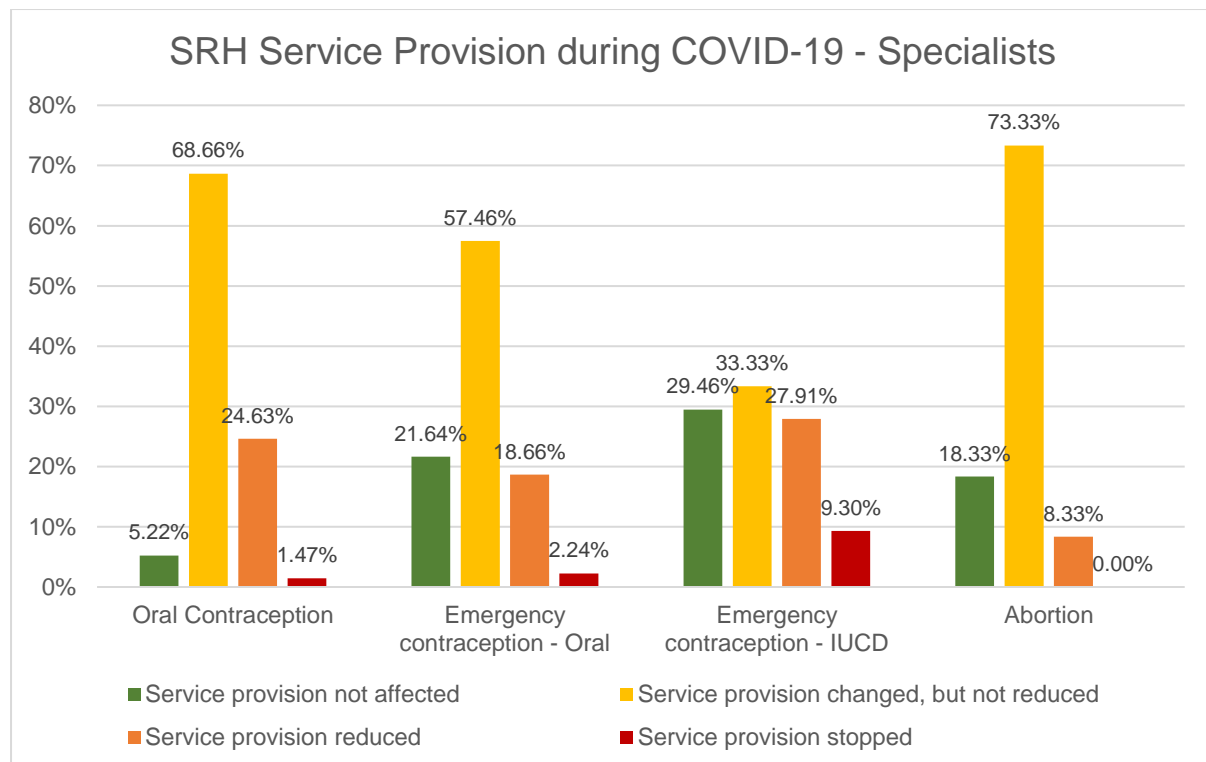
FSRH COVID-19 SRH Service Survey

Interim Survey Results 24 April 2020

Specialist SRH Service Providers

Essential Services

- Specialist SRH service providers include healthcare providers working in sexual health clinics, SRH services, integrated SRH and sexual health, or abortion care.
- 47% of specialists stated that they had ended or limited the provision of essential SRH services since the COVID-19 outbreak. Of those respondents who had been forced to end or limit the provision of essential services, 44% stated that they were not confident their patients would be able to access care elsewhere, 27% stated that they were confident their patients would be able to access care elsewhere, and 29% stated that they did not know.
- The graph below demonstrates changes to service provision during the COVID-19 outbreak:

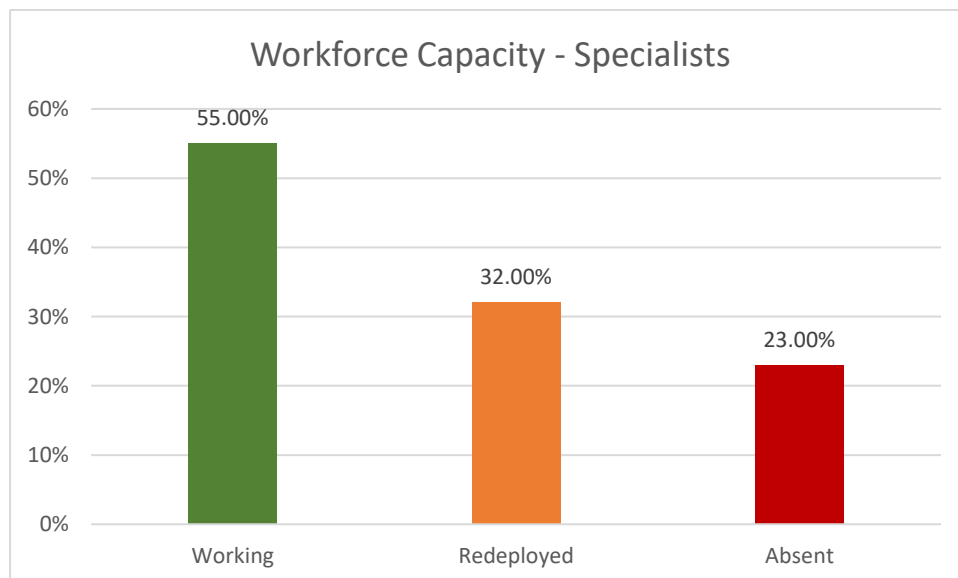


Remote Methods of Consultation

- 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.
- 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 to 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”*
- 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.

Workforce

- Workforce capacity for specialist services is lower than general practice. On average, specialist respondents stated that 32% of their staff was redeployed, compared to 8% among GPs.



Vulnerable Groups

Specialists 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 in GP services as well as specialist services commented on the need to protect vulnerable groups, and the ways in which remote methods of consultation was not suitable for these groups:

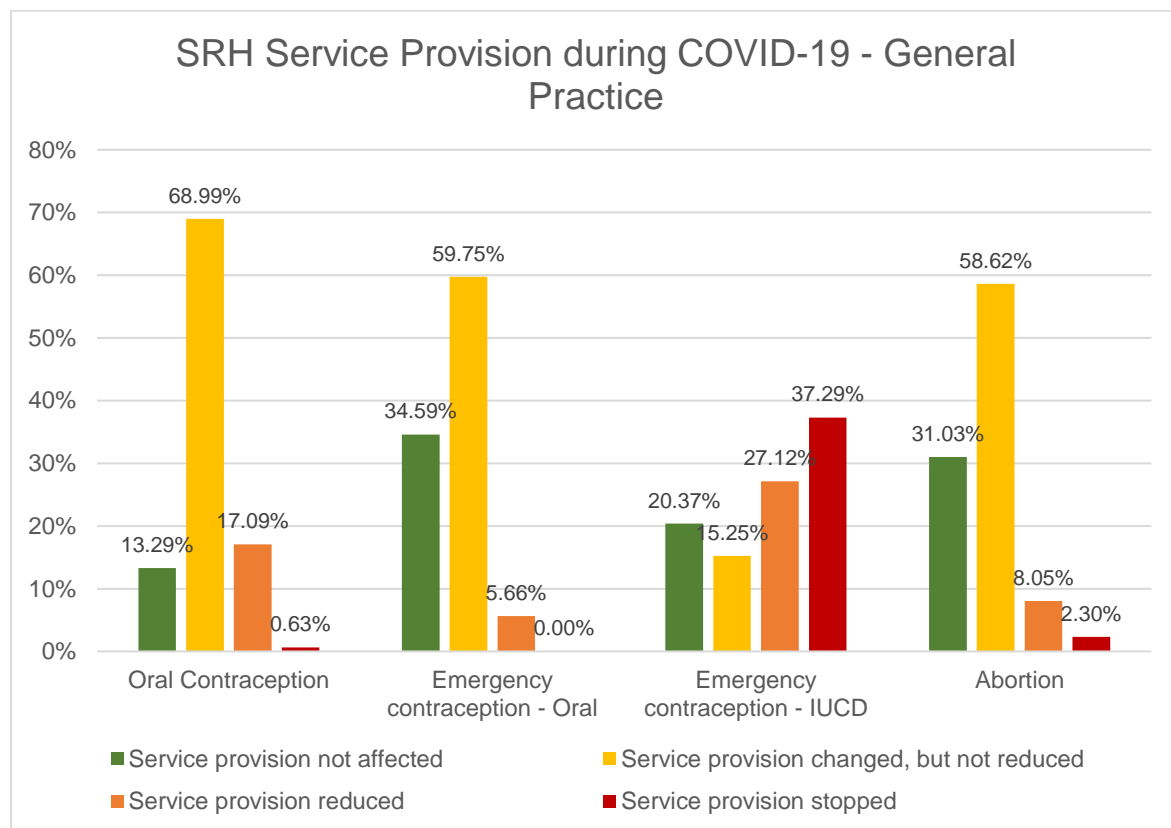
“Concerned that remote methods are more likely to miss domestic violence and safeguarding concerns.”

“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.”

General Practice

Essential Services

- General practitioners made up 55% of respondents.
- 62% of GP respondents stated that they had ended or limited the provision of essential SRH services since the COVID-19 outbreak. Of those respondents who had been forced to end or limit the provision of essential services, 37% stated that they were not confident their patients would be able to access care elsewhere, 28% stated that they were confident their patients would be able to access care elsewhere, and 36% stated that they did not know.
- The graph below demonstrates changes to service provision during the COVID-19 outbreak:



Remote Methods of Consultation

- On average, GP respondents stated that 21% of their consultations were carried out remotely (over the phone or over video) before the COVID-19 pandemic. This has risen to 90% since the outbreak.
- 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 in 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.

Workforce

- Workforce capacity for GP respondents appears strong, as depicted by the graph below:

