Restoration of services: The new world of SRH delivery post COVID-19

FSRH COVID-19 Webinar
Wednesday 10 June 2020
Welcome

➢ Thank you for attending

➢ Thank you to all our panellists

➢ Thank you to our sponsors, Bayer and Gedeon Richter who have had no influence on the content.
Housekeeping

- All participant cameras and microphones will automatically stay off for the duration of the webinar.

- Chat is open for discussion with your peers but we will not be answering questions via the chat.

- You can ask live questions to the panel during the Q&A using the Q&A button.

- For any technical issues, please message technical support using the chat.

- The webinar is due to finish at 20:30.
Today’s agenda

- Welcome
- Overview of easing document
- Four country perspective
- Q&A
- Close
Speakers

- Dr Asha Kasliwal, Consultant in Community Gynaecology and Reproductive Healthcare, Clinical Director, Manchester University NHS; and FSRH President

- Dr Diana Mansour, Consultant in Community Gynaecology and Reproductive Healthcare, New Croft Centre, Newcastle upon Tyne; and FSRH Senior Vice President

- Dr Jane Dickson, Consultant in Sexual and Reproductive Healthcare, Aneurin Bevan University Health Board; and FSRH Vice President, Strategy

- Dr Alison Scott, Consultant Gynaecologist in Sexual Health, Edinburgh; Medical advisor to Scottish Government; and FSRH Scotland Chair

- Dr Amanda Davies, Consultant in Gynaecology and Sexual and Reproductive Health and Lead for Abortion Services, Wales, & Chair of the Welsh Committee of the FSRH

- Dr Siobhan Kirk, Associate Specialist in Gynaecology and Sexual & Reproductive Health, Belfast HSC Trust
Overview of COVID-19 restoration of services guidance
General principles for restoring SRH services

- Phased, realistic approach according to local need / service capacity
- Adherence to general measures
  - handwashing; physical distancing; testing and isolation policies; correct use of PPE; environmental cleaning of surfaces
- While social distancing remains, initial consultations should be carried out remotely
Priority groups and vulnerable populations

- Ensure that individuals at highest risk of unplanned pregnancy have access to the most effective, acceptable contraceptive method.

- Local pathways for referral for vulnerable groups should be maintained and/or restored - including via social services, sexual assault referral centres (SARCs), BAME groups and young peoples’ outreach.
Recovery Phases

- Essential services should continue to be prioritised as per *FSRH guidance on essential SRH services during COVID-19*

- Other SRH services should be restored via a phased approach…
Suggested Approach

Recovery Phase 1
Long-acting reversible contraception (LARC)

- Prioritise where possible when:
  - benefit outweighs risk of COVID-19
  - capacity exists
  - patient is a member of a vulnerable group

- Progestogen-only injectable (with initial phone/video consultation), face-to-face Depo injection, first self-injection of Sayana Press

Refer to FSRH clinical guidance on contraceptive provision after changes to lockdown for extended use of LARCs and replacement
Combined hormonal contraception

- Combined hormonal contraception for both contraception and managing bleeding problems
- Phone/video consultation; face-to-face consultation if blood pressure and BMI not known

Menopause care

- Easy access to repeat prescriptions of HRT via remote consultation, especially women experiencing no problems
Postpartum contraception

- Contraception provided prior to discharge from maternity services
- 6-month supply of the progestogen-only pill offered to all women after giving birth (unless they have a medical contraindication)
- IUD/ IUS can be inserted at a caesarean section
- Provide women with clear information

Refer to FSRH guidance on provision of contraception by maternity services after childbirth during the Covid-19 pandemic
Suggested Approach

Recovery Phase 2
Easing of lockdown restrictions can be an opportunity for individuals on bridging contraception to access their contraceptive of choice when it is safe to do so.
Long acting reversible contraception (LARC)

- Routine LARC: phone/video consultations; restore procedure clinics
- Face-to-face management of all LARC problems as appropriate
- Complex LARC procedures

Other specialist clinics

- Psychosexual counselling
Positive changes that should remain

► Home use of mifepristone and telemedicine for early medical abortion

► Easy access to POP

► Provision of post-partum contraception in maternity services to be introduced consistently across the UK

► Development and scaling of digital infrastructure to provide digital access and remote consultations
Beyond the pandemic

- Develop more collaborative approaches to the commissioning of SRH services across local systems, including specialist services, primary care, maternity and abortion services
- Reclassification of POP to become a pharmacy drug
- Opportunities to reset and review SRH provision in primary care and the community improving access for all in the four nations
- Ensure access to a mix of consultation modalities to meet the needs of current and potential users
Four country perspective

Dr Amanda Davies – Wales
Dr Siobhan Kirk – Northern Ireland
Dr Alison Scott - Scotland
Q & A
Next steps

Next webinars

- **24 June** The global impact of Covid-19 on SRH and rights
- **8 July** Vulnerable communities and SRH during COVID-19

Please fill out the short feedback survey.

Covid-19 Facebook group

The recording of this session will be hosted on our YouTube channel within a week.
With thanks

- To our speakers
- To all of you for attending
- To our sponsors

This virtual meeting has been sponsored by Gedeon Richter. Gedeon Richter has had no involvement in, or influence over, the content of the rest of the meeting.

Sponsored by Bayer with no influence on the content.
Thank you for joining us

This virtual meeting has been sponsored by Gedeon Richter. Gedeon Richter has had no involvement in, or influence over, the content of the rest of the meeting.