

Sexual Health, Reproductive Health and HIV Services: Emergency COVID-19 Contingency Plan Paper for Government

Introduction

This document has been jointly produced by the professional organisations representing all sexual health reproductive health and HIV service providers in the United Kingdom. It sets out formal recommendations for the level of Government support needed to ensure these services are equipped to enact immediate short-term COVID-19 contingency measures, as well as medium and longer-term steps that also need to be taken in the coming weeks and months.

Current Scenario

Those working in sexual health, reproductive health and HIV services are facing major disruption due to the impact of COVID-19 and are having to make unprecedented service provision decisions, including temporarily suspending many 'usual' functions. Without urgently moving as many core service functions as possible to an online platform, and making immediate changes to relevant legislation and regulation, we will see serious adverse sexual health, reproductive health and HIV outcomes for the general population, including a rise in unplanned pregnancies, sexually transmitted infections (STIs) and abortions. Reduced access to essential services is already putting considerable additional pressure on primary care and other emergency settings who do not have the capacity or expertise to efficiently manage those presenting with sexual, reproductive health and HIV needs.

Key Asks

Four key areas of required Government action have been identified and are set out below. Implementation of these measures, within England and across the United Kingdom¹, will immediately and progressively support delivery of the most vital sexual and reproductive health and HIV service functions, as well as providing essential relief to the wider health sector in the response to COVID-19:

- **DIGITAL FIRST:** To facilitate the rapid introduction of a national 'digital first' sexual and reproductive health service across the UK, to provide immediate relief to services (especially within Primary Care) and to support the maintenance of access to contraception, STI and HIV testing and treatment, and abortion care. The national online service should link in with existing local provision.
- **REMOVING BARRIERS TO ACCESS:** To make urgent changes to specific legislation and regulatory frameworks that will facilitate the immediate removal of barriers to care (specific proposals set out in the Appendix)
- **ENABLING ACCESS TO EMERGENCY CARE:** Securing access to emergency elements of STI and contraception care, including free emergency contraception over the counter (further details set out in the Appendix)
- **ENABLING ACCESS TO PROTECT HEALTH AND CHOICE:** Securing access to care to prevent short, medium and long-term adverse outcomes, including maintaining access to contraception and STI/HIV care.

Maintaining High-Priority Care

Throughout this period, it is essential that in addition to maintenance of access to 'routine' contraception and management of symptom-based STIs, every measure is taken to ensure the continued delivery of following high-priority areas:

- Abortion (including the provision of contraception at abortion clinics)
- Emergency contraception
- HIV care
- Acute symptom-based STI assessment and care
- Pregnant women with genital complications
- Sexual assault care and management
- Provision of free condoms for all age groups via pharmacies
- Sexual health care of vulnerable populations.

Four-Step Process

The ambitions in this document can be achieved through the following four-step process:

- **Immediate [days]:** Deliver temporary investment into current services to ensure their continued operation / Introduce legislative/regulatory amendments to maintain access and unlock capacity.
- **Short term [weeks]:** Support to scale-up existing digital infrastructure and remote care options to facilitate significant increase in regional digital service offering.
- **Medium-term [<6 months]:** Create nationwide digital sexual and reproductive health service platform that provides single point of access for general public.
- **Long-term [6-9 months]:** Fully enabled national digital sexual and reproductive health service that is supported through all-sector collaboration and operates seamlessly with regional physical services.

Further information is included as appendixes. For questions, contact BASHH President, Dr John McSorley (john.mcsorley@nhs.net), FSRH President, Dr Asha Kasliwal (president@fsrh.org) or BHIVA Chair, Dr Laura Waters (lwaters@nhs.net)

¹ It is our belief that these recommendations, including embedding a 'digital first' approach in sexual, reproductive health and HIV, should urgently be adopted across the United Kingdom as a whole. The scope of this paper directly applies to the arrangements in England however, reflecting the devolution of health responsibilities across the four nations. Similar submissions will be made to respective policymakers in Scotland, Wales and Northern Ireland.

Appendix

Supporting Organisation Details

BASHH

The British Association for Sexual Health and HIV (BASHH) is the lead professional representative body for those managing STIs and HIV in the UK. It seeks to innovate and deliver excellent tailored education and training to healthcare professionals, trainers and trainees in the UK, and to determine, monitor and maintain standards of governance in the provision of sexual health and HIV care. <http://www.bashh.org/>

BHIVA

The British HIV Association (BHIVA) is the leading UK association representing professionals in HIV care. Since 1995, we have been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and we provide a national platform for HIV care issues. Our representatives contribute to international, national and local committees dealing with HIV care. In addition, we promote undergraduate, postgraduate and continuing medical education within HIV care.

FSRH

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK professional membership organisation working at the heart of sexual and reproductive health (SRH), supporting healthcare professionals to deliver high quality care. It works with its 15,000 members, to shape sexual reproductive health for all. It produces evidence-based clinical guidance, standards, training, qualifications and research into SRH. It also delivers conferences and publishes the journal BMJ Sexual & Reproductive Health in partnership with the BMJ. Please visit: <https://www.fsrh.org/home/>

Priority Recommendations

The jointly identified recommendations set out below provide further detail around the key priorities for overcoming existing barriers to care. We believe they should therefore be put in place as soon as possible:

- Rapidly facilitate whole-system buy-in to establish national 'digital first' online sexual and reproductive health service.
- Adjust current commissioning responsibilities to successfully embed nationally mandated online offering including maintenance of access to contraception for all sexually active people.
- Utilise capabilities and modelling from existing regional online sexual and reproductive health service platforms (e.g. London, Birmingham and Scotland models). The national online service should link in with existing local provision.
- Freedom for prescribing of HIV treatment from any service, for it to be delivered in any way possible (e.g. postal) and to remove the needs for wet signatures on prescriptions which do not meet the e-prescribing criteria.
- Maintain provision of essential SRH services such as ongoing contraception; and support the continued use of existing Long-Acting Reversible Contraception (LARC); condoms.
- Update legislation to relax restrictions around how and in what quantity contraception (including emergency contraception) is able to be provided (specific recommendations are listed in the appendix).
- Amend regulations so that the progestogen-only pill (POP) can be provided over-the-counter in pharmacies.
- Amend regulations so that pharmacists can provide a 6-month supply of oral contraception instead of the current one-month supply.
- Temporary transition to provide extensive range of sexual and reproductive care through remote (online/telephone/postal) ways of working.

Digital First Service Modelling

The London Sexual Health Programme have supported costing/implementation modelling for the rollout of online sexual, reproductive health and HIV services and would be well placed to advise on resource and implementation requirements.

Additional Supporting Information

Clinical Guidance on Safeguarding Access to Routine Contraception

For further clinical guidance on safeguarding access to routine contraception, please see the following:

- FSRH [Position on Essential Services in Sexual and Reproductive Healthcare](#)
- FSRH [Clinical Effectiveness Unit clinical advice to support provision of effective contraception during the COVID-19 outbreak](#)

Supporting BASHH COVID-19 Guidance: Contingency planning for out-patient Genitourinary Medicine, Contraception and Sexual Health Services (including online) and HIV services

1. Shared Priorities

A priority's position will be influenced by the presentation and needs of patients, the service specifications of individual providers and how COVID 19 is currently impacting a given service.

The recent government move to increasing levels of physical distancing aims to reduce the continued transmission of COVID 19 and if adhered to may help reduce the spread of STIs, however for some it may conversely increase the risk of sexual contact and thus infection transmission or unplanned pregnancies. The below list of priorities (not listed in ranked order) provides more detail on service contingency planning measures that will help to maintain ongoing care to individuals at risk of STIs, diagnosed with STIs and at risk of unplanned pregnancy.

- A consistent desire to do the best for all patients with available resources within the current and rapidly changing pandemic situation.
- A continued undertaking to ensure the appropriate management of young and vulnerable individuals, sex workers and those experiencing domestic or sexual abuse.
- Appropriate testing of symptomatic individuals and those at high risk (?) of infection.
- A TEMPORARY suspension of some 'low priority' activity to help manage capacity and priorities resources to 'essential' needs.
- Timely treatment of individuals diagnosed with an STI with specific regard for GC (increasing antibiotic resistance), MGen (emerging STI also with antibiotic resistance), STS and chlamydia (implicated in future chronic pain, ectopic pregnancies and subfertility).
- Further prevention of onward STI transmission by sufficient access to prophylaxis and preventative medications (PEPSE, PrEP and post exposure vaccination).
- Continued commitment to partner notification to further reduce the spread and negative impact of infections.
- Sufficient access to contraception – it was acknowledged that individuals may not be able to access their preferred method (specifically LARCs) at this time but that highly effective methods should continue to be easily accessible. To reduce provision barriers The Faculty have recommended POP becomes a pharmacy drug and pharmacies provide a 6 month, as opposed to 1 month, emergency supply of oral contraceptives. The Faculty are also undertaking to support the extended use of LARCs within effective window periods.
- Timely access to emergency contraception through sufficient triage to determine an individual's risk, coupled with easy access to emergency hormonal pills and continued access to emergency IUDs (as can be maintained safely with respect to staffing levels).

2. Shared Pressures

Services providing genitourinary (GUM) and contraception and sexual health (CASH) care across the country differ significantly with respect to models of patient and staff management as well as having a varied access to, and uptake of, emerging virtual and remote care models. However, common themes are hypothesised with respect to the pressures services are likely to experience during the current pandemic.

Triage -

To reduce the spread of COVID-19 healthcare services across specialities have reduced face to face consultations and GUM/CASH providers have widely implemented increased triage processes, by telephone or online pathways. Such triage will help assess the appropriate priority of a patient's concerns and if management can occur external to the clinic, allow services to manage their daily capacity with respect to staffing levels and also ensure patients with suspected or confirmed COVID-19 are seen, where appropriate, with appropriate levels of protection provided to staff. However, the potential need to speak to and assess all individuals contacting a service will have a significant impact on staff availability to see patients.

Access –

All services are being asked to support the NHS's action on COVID-19, therefore once triaged, services may still lack the staff to see any but the most urgent cases due to redeployment or staff sickness. This situation may be partially mitigated by neighbouring services coordinating capacity and skill mix and thus signposting patients to the appropriate service. However, the resultant need to continually assess and manage capacity and demand is likely to place a further pressure on services' time and resources.

Testing –

Many testing services currently serving physical providers are under increased pressure due to both the high levels of COVID-19 tests and the increased testing required for critically ill COVID-19 patients. Clinicians are therefore being asked to be mindful of the clinical significance of the testing that they request as well as considering how delayed resulting may impact the need for syndromic treatments. While syndromic treatment may be appropriate the need for specific tests, such as resistance tests, remains important to ensure the appropriate management of infections, the correct treatment of contacts and to guard against increasing levels of antibiotic resistance.

As clinic attendance has been restricted many services are diverting their asymptomatic patients to online testing platforms where available. Online testing is not, however, available in all areas and this may leave individuals with no asymptomatic testing offer.

Online testing platforms have therefore witnessed an increased demand for asymptomatic screens. This increased demand may also coincide with online providers being asked to extend their service offer to symptomatic patients that clinics have triaged and deemed to be at low risk of an STI or considered appropriate for online test of cure. However, online provider capacity is not finite and they are also likely to be impacted with respect to staff shortages due to self-isolating and sickness.

Treatment / Contraception provision–

With physical services instructed to reduce the flow of patients to their service, (many of which are on acute hospital sites) and the public being encouraged to reduce travel, the traditional model of attending a service to collect free contraception or medication following examination or diagnosis, is difficult to preserve. Individual services have differing existing processes, or have speedily implemented changes in response to the current situation, to provide patients with medication:

Links with online pharmacies – staffing levels and supply of the correct levels of medication within the community may impact the ability for these services to manage demand. Only certain treatments are currently available via these services.

Provision of medication via post – staffing levels to manage the process, supply of medication within services and the potential impact of COVID 19 on mail services may impact the effectiveness of this strategy.

Provision of FP10 to local pharmacy or via post – staffing levels to manage the process, supply of medication within services and the potential impact of COVID 19 on mail services may impact the effectiveness of this strategy.