

# Health and Social Care Inquiry on delivering core NHS and care services during the pandemic and beyond

## Joint submission by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA)

May 2020

Contact: Simon Whalley ([simon.whalley@mandfhealth.com](mailto:simon.whalley@mandfhealth.com)) BASHH or Jo Josh ([jo@commsbiz.com](mailto:jo@commsbiz.com)) BHIVA

### EXECUTIVE SUMMARY

Evidence gathered by BASHH and BHIVA in recent weeks through two UK-wide surveys, with responses from more than 85% of services, clearly demonstrates that sexual health and HIV services have been significantly impacted by the outbreak of COVID-19, with new and challenging demands placed on a sector which was already overstretched and under-resourced due to years of public health funding cuts applied before the start of the pandemic.

Indeed, services entered into the pandemic against a background of the highest number of HIV positive individuals accessing care, rising contraception needs, and high levels of various sexually transmitted infections (STIs). Gonorrhoea diagnoses were at their highest in a generation, syphilis rates at levels not seen since World War 2, and the need for antimicrobial resistance monitoring placing more complex demands on clinical services.

Whilst those working in sexual health and HIV have responded brilliantly, and with huge agility, to maintain essential service provision as best as possible during this period, there are real concerns about the capacity to meet demands post-lockdown, especially as these services are already playing a crucial role in supporting both the acute inpatient sector and the wider public health effort with COVID-19, given their established experience of implementing contact tracing.

Whilst BASHH and BHIVA are fully mindful of the need to prioritise measures that can mitigate further spread of COVID-19, we are also deeply concerned about the growing evidence in our surveys underlining the disproportionate impact the situation has had on vulnerable populations, and the risks there are for severely negative physical, mental, as well as sexual health and HIV outcomes amongst these groups. It is essential that these risks are properly accounted for in the national health and social care response that is put in place, and support is provided to services to ensure that there is sufficient capacity to meet the particular needs of those most at-risk.

A key part of the solution to managing these pressures and building resilience for the future will be through investment in staff training to fully deliver the benefits of telemedicine while mitigating its limitations. The response must also include the expanded roll-out of nationally available online sexual health and HIV services, tailored to local needs. Resources must be provided to empower the expansion of digital platforms and put in place opportunistic testing, in order to recreate the space to restore provision of core functions, including face to face care. Services also need to urgently create capacity to deliver PrEP, the single most important tool in meeting the UK goal to eradicate new HIV transmissions by 2030. This is currently delayed and must be implemented as soon as possible.

There is sustained evidence that services are currently not able to meet essential, let alone intermediate or desired functions, and the disconnect from care is disproportionately borne by the most vulnerable and those with the most complex care needs.

**The British Association for Sexual Health and HIV (BASHH)** is the lead professional representative body for those managing sexually transmitted infections (STIs) and HIV in the UK. It has a prime role in education and training, in determining, monitoring and maintaining standards of governance in sexual health and HIV care. BASHH also works to further the advancement of public health in relation to STIs, HIV and other sexual health problems and acts as a champion in promoting good sexual health and providing education to the public.

**The British HIV Association (BHIVA)** is the leading UK association representing professionals in HIV care. Since 1995, it has 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 provides a national platform for HIV care issues. Its representatives contribute to international, national and local committees dealing with HIV care. In addition, it promotes undergraduate, postgraduate and continuing medical education within HIV care.

## 1. INTRODUCTION

**1.1.** The British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) jointly welcome this inquiry into the delivery of NHS care services beyond the COVID-19 pandemic and the opportunity to respond from a sexual health and HIV perspective. As set out in this joint submission sexual health and HIV services play a vital role in supporting positive public health outcomes and providing key routes of care for the most vulnerable populations in society.

## 2. OVERVIEW OF THE IMPACT OF COVID-19 ON SEXUAL HEALTH AND HIV SERVICES & POPULATIONS

**2.1** Since the start of the pandemic BASHH and BHIVA have closely monitored how sexual health and HIV services have been affected by COVID-19. Rapidly conducted surveys of lead clinicians have found that service provision has been vastly reduced, with many clinics operating on skeleton staff and only being able to offer basic services. The BASHH 'clinical thermometer survey' found that 54% of clinics had closed in recent weeks, and the majority of respondents (53%) stated that their local service was operating on less than 20% capacity for face-to-face care when compared to 'normal' functioning levels.

**2.2** Of particular concern has been the impact of the pandemic on vulnerable groups. Data gathered from BASHH members showed that almost 1 of 5 clinics were only able to offer limited, or no care at all, to vulnerable groups, despite the clear importance of the need to prioritise this. These are essential functions that must be preserved as a priority. A follow-up BASHH survey carried out in May 2020 has as yet shown no improvement in capacity, and it is likely that the adverse consequences of this capacity gap are mounting.

**2.3** There has also been worrying intelligence from partner agencies of increasing harm, deleterious behaviours and violence occurring in-person and online during lockdown, including reports of predatory sexual behaviour increasing through dating app platforms. This presents significant challenges for safeguarding.

**2.4** The impact of social distancing on people living with HIV (PLWH) is also expected to be significant, particularly as this group are already more likely to suffer from social isolation, stigma and mental health problems. They are also likely to have other co-morbidities, and so the impact on their general health could be greater, as they are less likely to leave the house to seek medical care. The financial toll amongst this cohort may also be higher as many are in low paid jobs or have zero hours contracts. This is particularly acute in black, Asian and minority ethnic (BAME) populations, where the incidence and severity of COVID-19 has been reported to be greater.

### 3. KEY MEASURES THAT NEED TO BE PUT IN PLACE

**3.1. SUPPORT FOR REACHING VULNERABLE GROUPS:** It is vital that local health system responses for managing during and beyond the pandemic prioritise meeting the needs of their vulnerable populations. Reaching vulnerable and at-risk groups when service capacity has been diminished and normal routes of access stripped away has been particularly challenging, and resources need to be put in place to address physical and mental health needs.

Whilst the continued emergence of digital services and telemedicine represents very welcome developments and should be fully embraced, they provide benefits for those who are often already the most enabled. Online support is not enough to minimise the risks for more vulnerable groups, who often have less access to IT skills and technology but more complex needs. Face to face support and other innovative solutions are therefore necessary, potentially through the use of specialist community nurses who can link with these individuals and provide more in-home care. As part of this clear PPE guidance will be needed for both patients and nurses.

**3.2. ROLL-OUT OF ONLINE AND DIGITAL SERVICES:** The potential to extend systems for virtual clinic care has been powerfully illustrated by the COVID-19 crisis. Whilst many services have rapidly expanded their digital offering, data collected from our members shows that current provision varies hugely across the country, creating a postcode lottery and inequitable access and outcomes as a result. We welcome the opportunity to eradicate geographic inequalities, but recognise that many other inequalities remain, and may in fact be exacerbated by any wholesale switch to digital or telemedicine, without due regard for maintaining in-person care

Ultimately, successful digital services can only be achieved consistently if the relevant technology is available to both NHS staff and patients. IT should therefore be upgraded so that patient video or WhatsApp consultations are possible (taking security issues into account), and other basic measures addressed, such as the fact that in many Trusts very few people currently have access to a laptop with a camera. Provision of sim cards and/or phones should also be considered for patients in vulnerable groups who need them.

**3.3. INCREASING WORKFORCE CAPACITY:** Prior to the COVID-19 pandemic sexual health and HIV services were already facing unprecedented pressures, with many areas at 'breaking point' due to the damaging impact of persistent funding cuts. This situation has been exacerbated due to the impact of COVID-19 and staff being unavailable or reallocated to other parts of the system. It is vital that investment in capacity takes place to ensure the maintenance of core sexual health and HIV care functions, more so in order to take advantage of the unique ability of sexual health and HIV staff to play a leading role in COVID-19 contact tracing efforts.

**3.4. STRENGTHENING WORKFORCE RESILIENCE:** The pandemic has led to significant disruption for workforce education and training, with many important modules and courses having been postponed or moved online. This cannot fully replace face to face training, or substitute for interaction at physical conferences, meetings and courses. Whilst prioritisation of the response to COVID-19 has been the right course of action, it is crucial that this disruption is temporary, so that vital staff development opportunities are not jeopardised. Now more than ever there is a real need to increase skills among the sexual health and HIV workforce, particularly to help upskill staff in the delivery of increased telemedicine and virtual services.

**3.5. OPPORTUNISTIC HIV & HCV/HBV TESTING:** The testing of large populations for SARS-CoV-2 could also provide an opportunity for blood-borne viruses such as HIV/HCV/HBV and STIs such as syphilis, to be tested, treated and controlled, if not eradicated. Indeed, the consequences of the lockdown response to COVID-19 simultaneously offers an unprecedented opportunity to

interrupt the transmission of all STIs including gonorrhoea and chlamydia. There is an opportunity to transform the sexual health of the nation.

**3.6. SAFEGUARDING PrEP PROVISION:** There have been issues with the provision of PrEP via the IMPACT trial, as a number of sites have stopped recruitment and the anticipated NHS roll-out of PrEP may be delayed. The IMPACT trial is currently set to end in July 2020. As life in the UK, including sexual life, returns towards normality, it is vital that the unintended consequence of the COVID-19, lockdown - a period of a probable large reduction in the number of partners and frequency of partner change - is followed by provision of the maximal level of protection for those of our population most at risk of acquiring HIV. The provision of universal access to PrEP to those who need it in England needs to be implemented immediately. This will require planning, resource and capacity and full use of all new technologies currently being incorporated into services.

#### **FURTHER INFORMATION**

For any further information on this submission, please contact [simon.whalley@mandfhealth.com](mailto:simon.whalley@mandfhealth.com) BASHH or [jo@commsbiz.com](mailto:jo@commsbiz.com) BHIVA.