

COVID-19 Essential Service Planning

Sexual & Reproductive Health

Specialist Care Settings

	Elements of Service	Commissioner	Pandemic Plan
Stop			
1	Routine Offer (Online and Clinic Based) of Asymptomatic STI & HIV Testing/ Screening	Local Authorities (LAs)	<ul style="list-style-type: none"> The routine screening of people who are asymptomatic is not an essential element of provision, and in the context of a response under the pressure of COVID-19 is low risk to the overall health of the population. Routine chlamydia test of Re-infection at 3-months.
2	Long Acting Reversible Contraception (LARC), including injectables.	LAs and Clinical Commissioning Groups (CCGs)	<ul style="list-style-type: none"> The routine supply, fitting, and removal of LARCs; as such care requires extended patient contact and invasive procedures (in relation to IUDs/ IUSs and the implant).
3	Routine Vaccinations	LAs & NHS England	<ul style="list-style-type: none"> The routine provision of Hep A, Hep B, and HPV Vaccination regimes should be suspended.
4	Cervical Screening (Opportunistic)	NHS England	<ul style="list-style-type: none"> Services delivering cervical screening should cease through the pandemic period, given the extended exposure and associated risks.

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Adapt			
5	Testing/ Screening for those Symptomatic of STIs and HIV.	LAs	<ul style="list-style-type: none"> • Symptomatic individuals should be directed online, except those most vulnerable; • The capacity created by the immediate cessation of e-service asymptomatic screening means the needs of symptomatic individuals can be resourced at pace; • Asymptomatic screening for those at highest risk and people utilising PrEP, should be made available; • T4 kits should be issued by default, varied according to assessment, and include condoms; • Those most vulnerable and/ or at highest risk should be actively managed into specialist services; • At a clinic level telemedicine should be utilised wherever possible.
6	Partner Notification	LAs	<ul style="list-style-type: none"> • Partner notification should be overseen by online service providers; • Screening/ Testing of Partners can be facilitated online; and immediate treatment considered.
7	Treatment of STIs	LAs	<ul style="list-style-type: none"> • Where ability to maintain services becomes critical, remote care should be initiated in all possible cases; • This may necessitate issuing second-line treatment; justifiable in extraordinary circumstances; BASHH is producing COVID-19 guidance on issues such as treating gonorrhoea; • In a critical scenario only the most vulnerable/ complex, should be actively managed into specialist services; • At a clinic level telemedicine should be utilised wherever possible.
8	Rollout of LA Commissioned PrEP	LAs	<ul style="list-style-type: none"> • PrEP routine commissioning will be taking a phased approach by local authorities during 2020/21 financial year due to COVID-19 pressures. • As part of this approach, PrEP for those already receiving care through the Impact Trial should be maintained.
9	Contraception and Emergency Hormonal Contraception (EHC)	LAs and CCGs	<ul style="list-style-type: none"> • FSRH guidance should be observed; telemedicine utilised; a six-month supply issued, with postal dispensing; • A core offer of POP should be made, though CHC can be continued for existing users; • For IUD/ IUS or implants due for renewal, offer advice on extended retention in line with FSRH guidance; • LARC interventions should be available, wherever safe to do so, for those from vulnerable groups and exceptional cases; with options offered being clinical determination considering too risks related to COVID-19. • An EHC core offer of EllaOne should be available, with Levonorgestrel supplied where clinically indicated. POP should be issued in conjunction – as a 6-month supply, along with condoms. An IUD should be offered where possible and appropriate.

10	Abortion Care – Early Medical Abortions	CCGs	<ul style="list-style-type: none"> The Secretary of State for Health has given temporary approval of home use for both stages of early medical abortion, where gestation of pregnancy does not exceed 9+6 Weeks at the time Mifepristone is taken; This also allows for telehealth-based consultations for the determination and initiation of treatment; Attendance to a clinical setting only for those most vulnerable or where surgical intervention is a priority such that a medical abortion could not take place.
11	Ongoing HIV Care & Treatment	NHS England	<ul style="list-style-type: none"> For those in good health remote monitoring; telehealth-based review; and issue of treatment (3-month supply) to an individual's home is recommended.
12	PEPSE & PEP	NHS England and LAs	<ul style="list-style-type: none"> Assessment and issue of PEPSE & PEP, utilising telehealth and postal services wherever possible, should be made available through specialist services.

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Continue			
13	Complex HIV Care & Treatment	NHS England	<ul style="list-style-type: none"> People living with HIV who are (i) newly diagnosed; (ii) unwell/ unstable; (iii) with complex care needs; and (iv) pregnant, should receive specialist care; though This should be telehealth based wherever possible.
14	Abortion Care – Mid to Late Trimester	CCGs	<ul style="list-style-type: none"> For women beyond 9+6 Weeks, care should be offered in line with standard guidelines.
15	Sexual Assault Services and care for women	NHS England	<ul style="list-style-type: none"> Such services should be protected and enabled to continue.