

Service users' experiences of a large integrated sexual health service during the SARS-CoV-2 pandemic.

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Objectives:

The SARS-CoV-2 pandemic necessitated a rapid and unprecedented shift in service delivery at a large integrated sexual health service in March 2020. Service delivery changed from predominantly face to face to telephone consultations, with minimum attendance and social distancing in clinic to reduce transmission and health care risks to staff. A service evaluation was conducted of service users after a telephone consultation to understand the acceptability and experience of this new model of care, and to capture outcomes for those aspects of care that were being provided remotely.

Methods:

Between 18th May 2020 and 30th June 2020 service users who consented to be contacted were texted a link to an online anonymised survey approximately 1 week following their phone appointment. Quantitative data was analysed in Microsoft Excel using descriptive statistics.

Results:

297 service users responded, and 295 were included in the analysis. One was excluded due to consent, and one person ticked all responses. Due to the use of skip logic, demographic data being captured at the end of the survey, and the importance of including free text responses, responders with incomplete responses were included and therefore the denominator varies. Demographics are summarised in Table 1. 75% (n=221/295) were aged between 18-44, 57% (n= 169/295) identified as female (including trans women), 62% Caucasian (n=182/295), 50% (n=158/295) were women who have sex with men (WSM) and 20% (n=59/295) were men who have sex with men (MSM).

Characteristic	N=	%
Age		
<18	6	2
18-24	60	20.3
25-34	97	32.9
35-44	64	21.7
45-54	29	9.8
55-64	18	6.1
65+	3	1
Not answered	18	6.1
Gender		
Female (including trans woman)	169	57.3
Male (including trans man)	92	31.2
Non-binary	2	0.7
In another way	1	0.3
Prefer not to say	8	2.7
Not answered	23	7.8
Gender identity the same as sex assigned at birth		
Yes	270	91.5
No	1	0.3
Prefer not to say	5	1.7
Not answered	19	6.4
Gender and Gender of sexual partners		
Men who have sex with men	59	20
Men who have sex with men & women	6	2
Men who have sex with women	26	8.8
Non-binary who have sex with men	2	0.7
Women who have sex with men	158	53.6
Women who have sex with men & women	7	2.4
Prefer not to say	12	4.1
Not answered	25	8.5
Ethnicity		
Any other Asian background	7	2.4
Any other black background	2	0.7
Any other ethnic group	18	6.1
Any other mixed background	6	2
Any other white background	84	28.5
Black African	12	4.1
Black Caribbean	6	2
Chinese	3	1
Indian	4	1.4
Pakistani	2	0.7
White and Asian	3	1
White and Black African	2	0.7
White and Black Caribbean	7	2.4
White British	89	30.2
White Irish	9	3.1
Prefer not to say	6	2
Not answered	35	11.9

Table 1: Demographic characteristics of responders

72% of responders ticked that the language spoken most often at home was English. 4% (n=219/295) of responders were living in Greater London, with 51% (n=151/295) of responders living in boroughs or areas commissioned by the service.

39% (n=115/294) were first time service users. Reasons for accessing the service are summarised in Figure 1, and outcome of responders' telephone assessments are summarised in Figure 2:

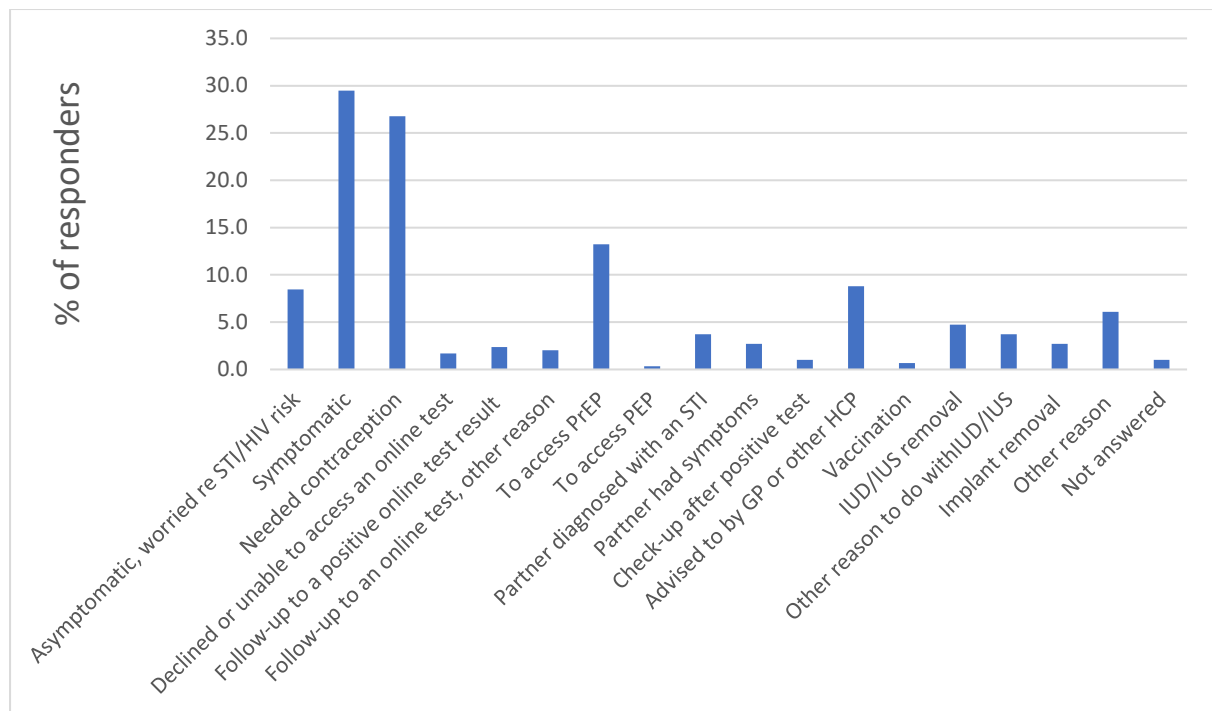


Figure 1: Summary of responses to 'Why did you contact this sexual health service (tick all that apply)?'

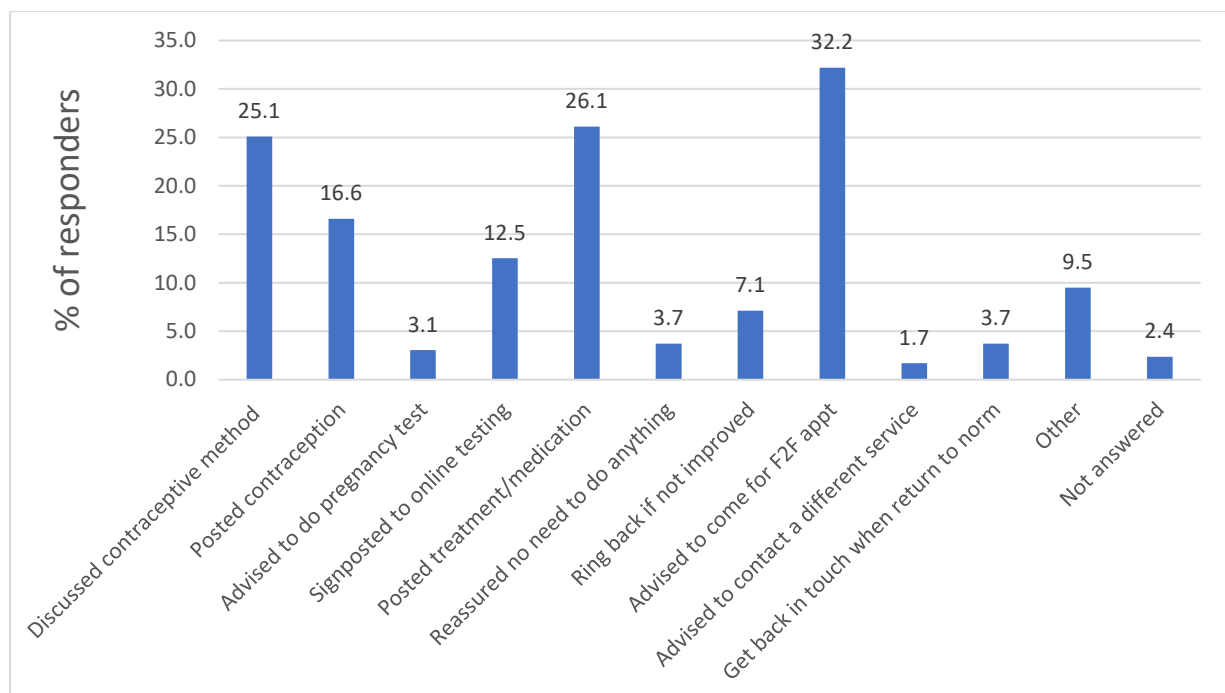


Figure 2: Summary of responses to 'What was the outcome of your phone assessment (Tick all that apply)?'. F2F – face to face

Responders who ticked that they were advised to do a pregnancy test, and/or were signposted online, were asked follow-up questions to establish the outcomes of this advice (Table 2).

	n=	%
Of those advised to do pregnancy test (n=9)		
Pregnancy test negative	3	33.3
Did not do one as period started	1	11.1
Did not do one as unable to access	2	22.2
Waiting to do one at the time advised	1	11.1
Not answered	2	22.2
Of those signposted to order online postal self-sampling kit (n=37)		
Ordered kit	24	64.9
Decided they did not need to be tested	3	8.1
Unable to order kit online as none available	0	0.0
Unable to order kit online as unable to access the website	2	5.4
Not ordered kit as yet, but planning to do so	1	2.7
Other response	4	10.8
Not answered	5	13.5
Of those who ordered an online postal self-sampling kit (n=24)		
Kit arrived, and samples posted back	17	70.8
Kit arrived, samples taken, not posted back yet	0	0.0
Kit arrived, and planning to take samples and post it back	3	12.5
Kit arrived, but not going to post it back	0	0.0
Kit not arrived yet	3	12.5
Other	1	4.2

Table 2: Summary of outcomes for those advised to do a pregnancy test or were signposted to online postal self-sampling

Of the 168 women who responded to the survey, 81 ticked that the outcome of their phone assessment was either one or both of:

- Discussed which contraceptive methods using or wanting to use (n=61)
- Posted contraception (n=43)

These 81 women were then asked further questions about their contraceptive use. Their contraceptive use in the past 3 months is shown in Figure 3. Of those reporting no method, 3 had not been sexually active and 2 forgot. Outcome of their contraceptive assessment is shown in Figure 4. Of those that ticked other (n=25), 10 were IUD/IUS related, and 7 were related to the removal (n=6) or replacement (n=1) of an implant. 69% (n=56/81) of these women ticked that they had received their first-choice contraception.

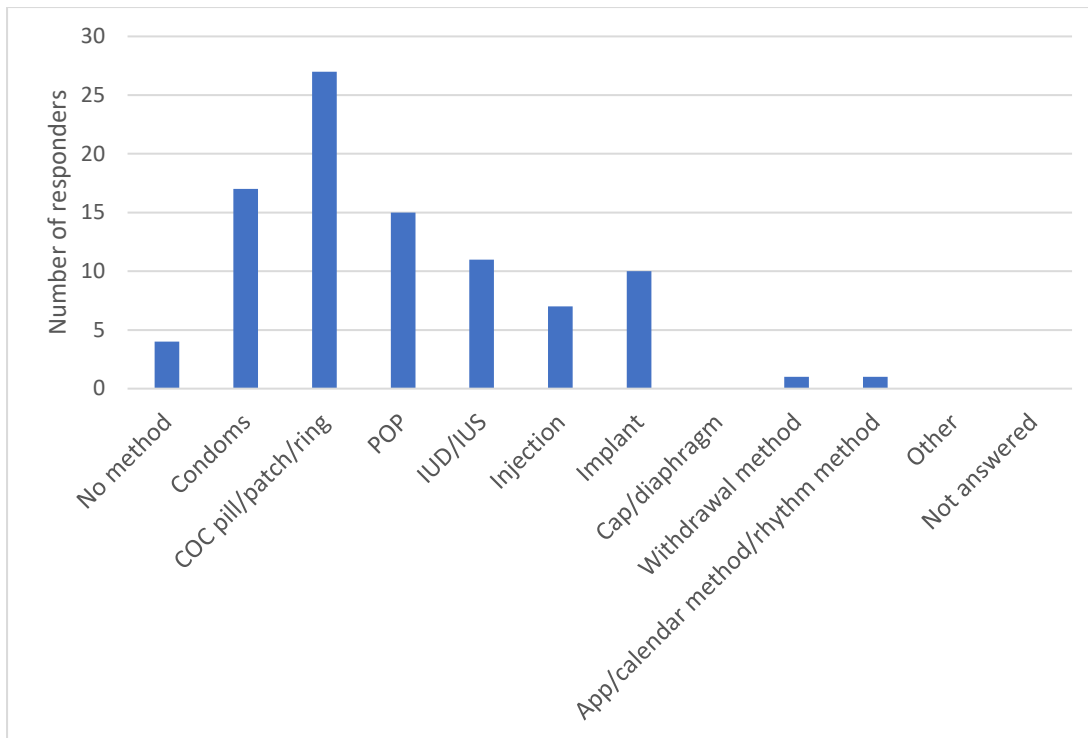


Figure 3: Contraceptive use in the past 3 months. COC – combined oral contraception.

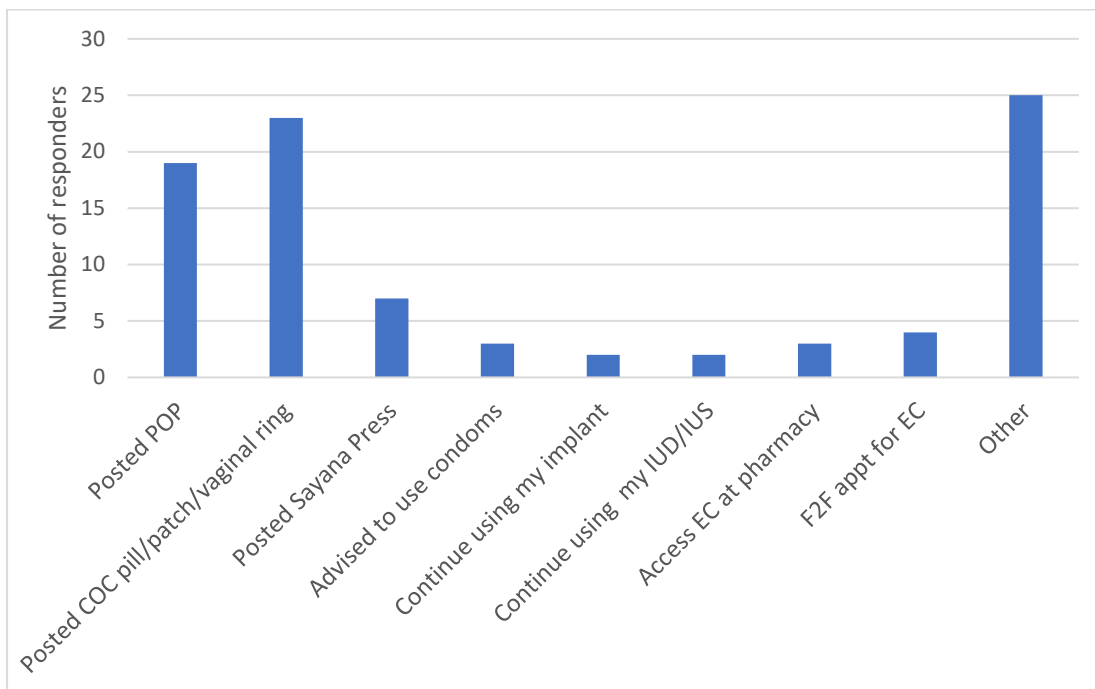


Figure 4: Outcome of contraception assessment for those women who had ticked that they had discussed contraception on the phone assessment and/or been posted contraception. POP – progesterone only pill, COC – combine oral contraception, EC – emergency contraception

88% (n= 247/280) of service users rated their care as excellent or very good (see Figure 5). 84% would definitely, and 9% would probably, recommend the service to friends.

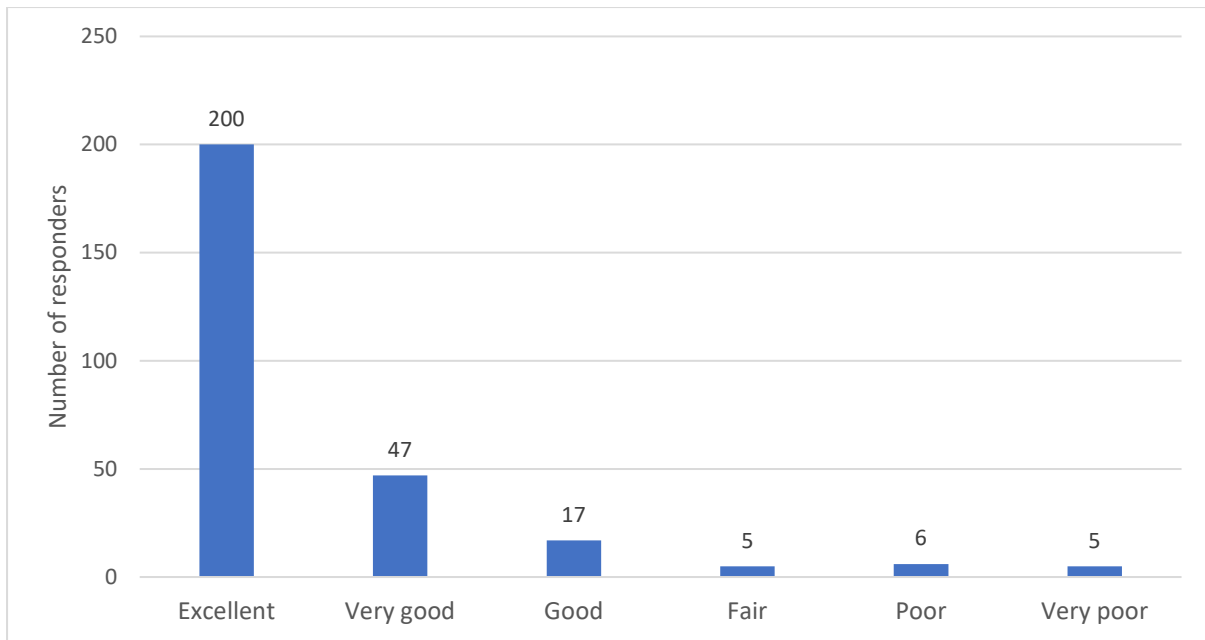


Figure 5: Responses to 'Overall, how would you rate the care you received'

66% (n=185/279) were happy to have future phone assessments (see figure 6):

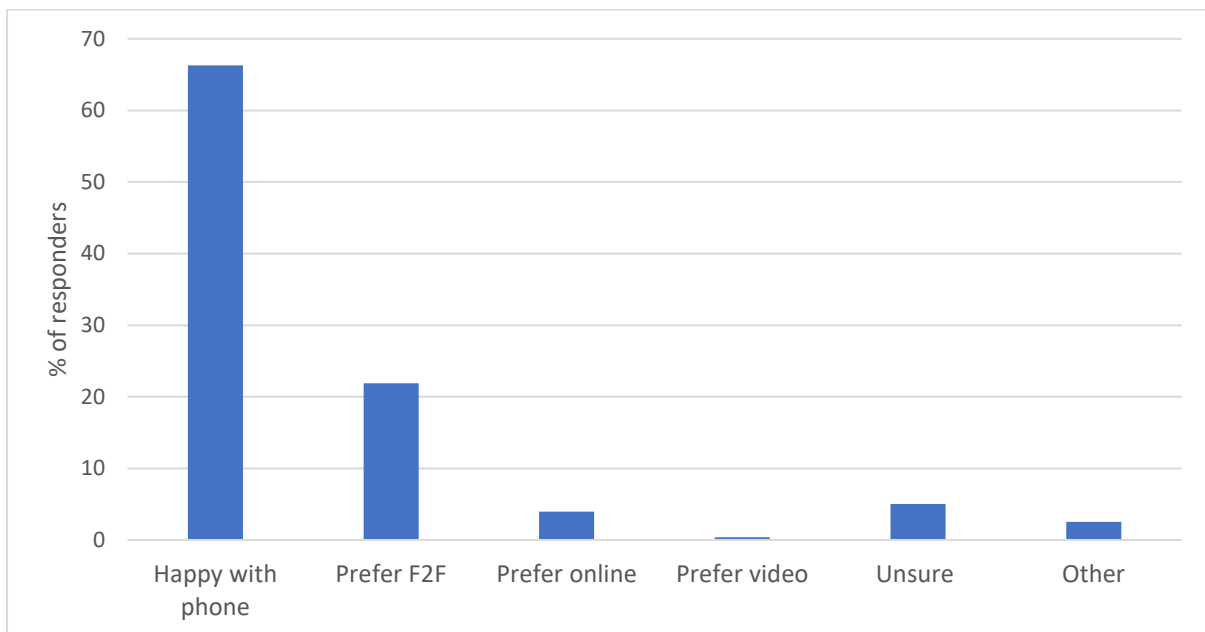


Figure 6: Responses to 'Would you be happy to be assessed by phone in the future?'

Conclusions:

Overall, most service users found the new model of service delivery acceptable with the majority rating the care they received highly, would recommend the service to friends, and 2/3rd would be happy to have a phone assessment in the future. Further work is required to improve uptake, and use of, online postal self-sampling services when managing service users remotely. 69% of female service users received their first choice contraception. Current measures to increase F2F attendance where indicated is likely to improve this and access to long acting methods of contraception.