FSRH The Faculty of Sexual & Reproductive Healthcare

Ensuring provision of Sexual and Reproductive Healthcare (SRH) services during the second COVID-19 wave and beyond in the UK

Guidance for UK commissioners and healthcare providers in primary care and specialist services

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Essential services during a second COVID-19 wave and beyond irrespective of the COVID-19 restrictions in place

- Clear, up-to-date provision of information for patients requiring SRH care, including what services are available and how these can be accessed
- Emergency contraception (oral and the copper intrauterine device - IUD)
- Provision of new contraceptive methods and support for ongoing contraception, including Long-Acting Reversible Contraception (LARCs)
- Contraception provision for vulnerable groups
- Management of complications with existing contraception including LARC
- Abortion and post-abortion care
- Post-pregnancy contraception including LARC
- Management of the menopause
- Sexual assault care

Delivering services

- Essential services should be delivered via remote/digital consultation (phone, video or online), and face-to-face where clinically necessary and/or feasible
- Services should ensure a mix of modalities of consultations is available, including face-to-face, to ensure they meet the needs of all patients
- Telemedicine for abortion care should be maintained
- Remote/electronic prescribing for contraception and Hormone Replacement Therapy (HRT) should be maintained, as well as dispense/click and collect systems for medication or delivery of medication by post
- Online contraception provision should be maintained/developed
- Patients should be provided with links to online resources
- Local pathways for urgent referral for vulnerable groups including via social services, sexual assault referral centres (SARCs), BAME groups and young people's outreach should be maintained/established.

Who should be prioritised?

- Those reaching the end of extension period for LARCs, who might require a bridging method or renewal of the LARC (see our updated clinical guidance)
- Those reaching the end of prescription period for combined hormonal contraception
- Those requiring LARC removals to plan for a pregnancy
- Those on LARC waiting lists (backlogs originating from the outbreak of the COVID-19 pandemic earlier in the year)
- Individuals at highest risk of unplanned pregnancy. This includes individuals attending abortion and maternity services, under 18s, homeless individuals, commercial sex workers/women involved in prostitution, victims of sexual assault, people with language barriers, those with drug and alcohol problems, people with learning disabilities, people with serious mental illness, and those who are shielding and/or shielding members of their family

Adopting a flexible approach

- Local services should adopt a flexible, realistic approach, with the ability to move between different levels of provision according to:
  - Changes in local prevalence of COVID-19 and the resulting risk of COVID-19 transmission associated with face-to-face procedures
  - Changes in Government policy, including the introduction of local restrictions
  - Service and workforce capacity
- Services should adhere to general safety measures including handwashing, physical distancing, testing and isolation policies, correct use of PPE, environmental cleaning of surfaces and proper ventilation
- If a local service does not have capacity to provide LARCs, the local commissioner should be informed so that resources are diverted to those who can