Teletriage for Sexual and Reproductive Healthcare Services in Response to COVID-19

Resource Directory for Telehealth Services

Document Three of Five

Developed by Mary Kyle, Senior Sexual Health Advisor at PHE National Sexual Health Helpline, *in collaboration with the Faculty of Sexual and Reproductive Healthcare, the British Association for Sexual Health and HIV, Public Health England, and Brook*

Contents

Background

As a result of the COVID-19 outbreak, the provision of Sexual and Reproductive Healthcare (SRH) services has changed significantly. One of the most striking innovations that has taken place is the expansion of telehealth and telemedicine services. These changes have been regarded positively by service users and healthcare practitioners, and many elements are likely to be adopted in the long term. Going forward, it is important that these changes accommodate the needs of the population, particularly vulnerable individuals who may not have access to digital services.

This document is part three in a suite of five documents providing advice for teletriage for vulnerable groups. These documents provide tips for setting up or expanding telehealth / telemedicine SRH services, how best to mitigate risk, how to prioritise vulnerable groups, and when to escalate. In the context of these documents, telehealth refers to telephone contact, and telemedicine refers to end to end care, either via telephone or video conferencing.

These documents have been developed by Mary Kyle, Senior Sexual Health Advisor at PHE National Sexual Health Helpline, in collaboration with the Faculty of Sexual and Reproductive Healthcare (FSRH), the British Association for Sexual Health and HIV (BASHH), Public Health England (PHE), and Brook. They are not official guidance by these organisations, but rather aim to support services to deliver high-quality, safe SRH care remotely. They highlight lessons learned from the National Sexual Health Helpline and local service provision, which SRH services should consider to support the creation of a sustainable, resilient teletriage solution that can respond to local priorities.

This suite of documents is aimed at clinical leads, safeguarding leads and managers assessing the continued use of tele triage for SRH services. Their aim is to generate discussion among those responsible for managing workflow and staff training to consider issues such as designing algorithms for triage boundaries and skills gap analysis for their local service. This will ensure that vulnerable groups are prioritised and will maximise opportunity to identify high risk and safeguarding issues. The final document in the series is aimed at healthcare practitioners and provides tips for call flows.

Aims

This document outlines the differences between telemedicine and telehealth for vulnerable groups. It also signposts to various resources relating to broader telehealth already in existence. This document may be useful for those concerned with training, standards, and governance, as well as infrastructure and practice managers responsible for the systems required to conduct remote consultations.

Tele-Medicine Versus Tele-Health Consideration for Vulnerable Groups

Given the diverse provision in SRH services across the country, each service will require a model specific to their circumstances.

Vulnerable service users, large numbers of whom will be digitally disadvantaged, are often unable to access digital services due to lack of access, language barriers, disability or safety issues, or financial restrictions. It is important that there is a distinction made between telehealth and telemedicine. Telehealth refers to telephone contact, and telemedicine refers to end to end care, either via telephone or video conferencing.

Service users' comfort with a digital platform should also be taken into consideration. Even in countries who have been using remote consultations for long periods, the research for SRH services is limited. There are complex legal issues with the sharing of any medical imaging, which can be more difficult where images may be of an intimate nature. Though video consultation may be useful and acceptable for certain groups and subject matter, it is far from clear how it best fits into supporting access for the vulnerable service users.

Electronic Tools

There are many organisations utilising diagnostic algorithm electronics that could easily be adapted to the SRH environment, e.g. NHS 111. Many services throughout the country already offer online booking systems and the ability to electronically prefill a sexual health history questionnaire prior to consultation. This can be useful as a triage tool and also to provide an easier foundation to walk-in consultations for the practitioner. There are also a range of private organisations with expertise in providing online consultations and are commissioned in some areas.

https://www.babylonhealth.com/ Offer a symptom checker and online GP appointments.

https://www.zesty.co.uk/ Commissioned in London, Manchester and Birmingham Sexual Health
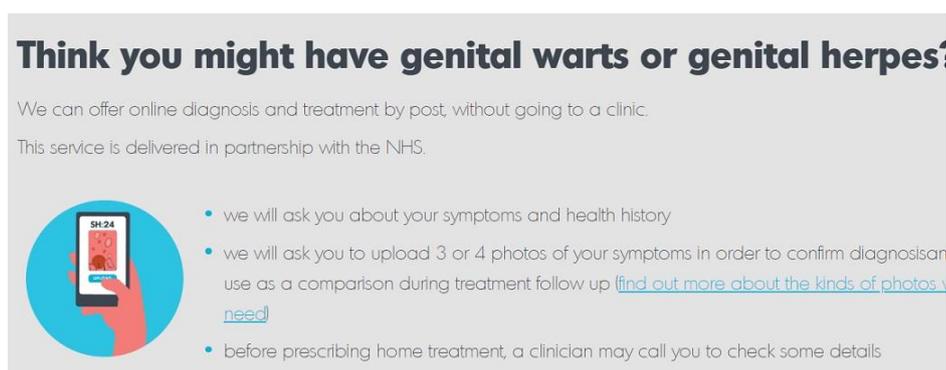
Think you might have genital warts or genital herpes?

We can offer online diagnosis and treatment by post, without going to a clinic.

This service is delivered in partnership with the NHS.

- we will ask you about your symptoms and health history
- we will ask you to upload 3 or 4 photos of your symptoms in order to confirm diagnosisan use as a comparison during treatment follow up (find out more about the kinds of photos need)
- before prescribing home treatment, a clinician may call you to check some details

SH:24 is offering diagnostics by photograph

Useful Resources

There are useful guides for the use of telehealth from various sources, to support services to decide whether a tele health model is suitable for integration into their service.

https://www.covid19-gpg.innovationlab.org.uk/topics/remote-working/total-triage-consult

https://www.england.nhs.uk/publication/using-online-consultations-in-primary-care-implementation-toolkit/

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_45016_45125_47372&programmeId=45016

All learning resources including telemedicine manual

https://fflm.ac.uk/wp-content/uploads/2014/07/Guidance-best-practice-management-of-intimate-images-which-may-become-evidence-in-court-Dr-B-Butler-June-2020.pdf useful guidance around intimate images from FFLM

https://www.rcn.org.uk/clinical-topics/ehealth Training resources and standards from RCN

https://www.hee.nhs.uk/our-work/digital-literacy Health Education England documents

This is not an exhaustive list of resources, but for those looking to imbed or enlarge their digital offer going forward, they provide guidance on the core concerns raised by local services and offer valuable directories of additional resources.