DRAFT BASHH Recommendations for inclusive, structured asynchronous online consultations within sexual health care

Prof Claudia Estcourt, Prof Paul Flowers, Dr Jo Gibbs, Dr John Saunders, on behalf of the SEQUENCE Digital research programme.

INTRODUCTION

Sexual healthcare continues to shift online and now includes clinical management through online clinical consultations. One type of online consultation, known as an asynchronous consultation, involves the user completing a health questionnaire online. A clinician then reviews the user's responses and if appropriate, prescribes medication or arranges alternative care. Contemporary examples of this are for chlamydia treatment and provision of oral contraception and HIV PrEP.

Overarching national guidance on safe remote prescribing, emphasises the need for appropriate knowledge of the patient [1]. However, little is known about the optimal design and content of asynchronous online consultations, on which a prescribing or clinical management decision is made. This is particularly important for people with lower digital and/or health literacy as they might struggle to use online consultations, leading to inaccuracies in providing health information – or even exclusion from online care if it is perceived as too complex [2,3]. Furthermore, people with lower digital and/or health literacy are among those who already experience health inequalities, and who in turn bear a disproportionate burden of sexually transmitted infections (STIs) [4].

Within the SEQUENCE Digital programme, the NIHR has funded extensive research into development and evaluation of ambitious online clinical care pathways with maximal inclusion and reach (sequencedigital.org.uk). This includes the optimisation and evaluation of an eSexual Health clinic which enables a person with chlamydia to obtain treatment online and refer their sex partners for online testing and treatment. Detailed pre-trial work focussed on the needs of people who are underserved by current online and in person services [2,3]. Findings suggested that digital sexual healthcare is acceptable to people from underserved groups but there are potentially modifiable barriers to use, which might amplify health inequalities[2,3].

Drawing on the research findings, the SEQUENCE Digital team proposed to develop evidence-based recommendations for the optimal design and deployment of inclusive, structured asynchronous online consultations within sexual health care on behalf of BASHH. This report describes the development process and the resulting recommendations.

PROCESS

We used a highly collaborative, evidence-based, iterative process with an emphasis on involvement of the full range of stakeholders.

1. We undertook a rapid literature review to determine current evidence on the design, content, and barriers and facilitators to use of asynchronous online consultations within any branch of medicine. We also reviewed digital health UK governmental / NHS policy standards for relevant content. We particularly focussed on evidence relating to the needs of people with lower digital and health literacy. Literature on specific design elements to enhance the user experience was very limited, further emphasising the need for evidence-based recommendations. The only study relating to sexual health was Estcourt et al 2026 in which the behaviour change wheel was used to generate evidence-based recommendations for online sexual healthcare within a robust qualitative study with 36 people, underserved by current provision. We combined recommendations from Estcourt et al with relevant
additions from the literature to create a long list of 19 draft recommendations.

2. We convened and consulted with a panel of experts. The panel consisted of sexual health practitioners, commissioners, academics, providers, public health experts, community group (NGO) representatives, and two early career doctors, to ensure that input from a wide range of stakeholders.

3. We circulated the draft recommendations, along with the rationale, to all panel members as an online survey ahead of an online group meeting. Members voted on whether they liked the recommendation as it is, wanted to adapt it, or remove the recommendation altogether, and commented on their decisions. The survey allowed us to hear all voices and reduced any possible reticence which individual members may have felt about speaking up during the panel meeting. This step also gave us an indication of which recommendations would benefit most from in depth
group discussion subsequently.

4. We held an online panel meeting in which we discussed each recommendation until agreement was reached, using a modified Delphi technique [8]. The Delphi expert consensus-based approach used here is most appropriate for under-researched areas such as this.

5. We redrafted the recommendations following the advice gleaned from the panel. The panel was then invited to comment in writing on these recommendations, prior to their final iteration in which 12 recommendations were created.

Recommendations for inclusive, structured asynchronous online consultations (online forms) within sexual health care

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R1: Some people do not know asynchronous online consultations exist.

Increase awareness of asynchronous online consultations by providing information about them in offline spaces, such as within in-person clinics, general practice and through voluntary sector organisations, and encourage word-of-mouth recommendations, as well as in online spaces (e.g., social media).

R2: Some people are unsure what an asynchronous online consultation entails, and this could discourage use. Some people worry about not being able to complete asynchronous online consultations without help and others will need help and support to use them.

Provide instructions and demonstrations for completing asynchronous online consultations, e.g. provide brief and accessible explanations, screenshots or a short video about what will be involved in completing the questions (step by step), the types of questions people will be asked, and brief explanations of why these questions are needed; sign post people to voluntary sector organisations who could also provide support. A clinical helpline may also be useful.

R3: Some people experience discomfort answering questions they perceive to be personal and not medically relevant (e.g., about their gender or ethnicity).

At the beginning of the asynchronous online consultation, explain that all questions are clinically necessary to get the correct medical care and reassure people that the questions are very similar to what would be asked in-person. For example, throughout, provide an optional "Why are you asking this?" drop down box to explain further why particularly sensitive questions are being asked.

R4: Some people assume that their health care needs could not be met online (because they believe they would automatically need to see a healthcare professional in person). As such they could miss out on the benefits of asynchronous online consultations (e.g. speed, convenience).

Provide clear information to inform and reassure people about when it is medically appropriate to use asynchronous online consultations and when in person care is likely to be needed, and how to access in person care if people encounter issues within asynchronous online consultations.

If appropriate, signpost the option of asynchronous online consultations and their convenience and likely time and resources saved by using them when compared to attending typical in-person services.

Embed affirmative messages, accessible written testimonies or videos from diverse patients on their eventual successful use of the asynchronous online consultation.

R5: Some people are worried about who has access to their information because they fear it could be used against them e.g. migrant people have a specific concern about disclosure of medical information to the Home Office.

Explain any privacy and confidentiality features, including how people's personal data will be used and stored.

R6: Some people worry about experiencing judgement, discrimination, or stigma within health services.

Reassure people for whom asynchronous online consultations are appropriate by highlighting that their care can be self-managed and privacy maintained, allowing them to take their care into their own hands without necessarily needing to see a healthcare professional.

R7: Some people lack confidence in their ability to complete an asynchronous online consultation correctly.

Provide accessible instructions and "how to" demonstrations for completion of asynchronous online consultations. Embed supportive messages or accessible written testimonies or videos from diverse patients who have completed the consultation and achieved the care they need online successfully.

R8: Some people worry about misunderstanding/misinterpreting questions or not knowing the answers to questions (particularly health related questions).

Provide options for accessing information (e.g., brief and accessible explanations, screenshots, or a short video) to help people interpret questions and select the most accurate responses.

R9: Some people struggle with reading.

Provide easy-read and audio options for completing the asynchronous online consultation, according to relevant NHS England and or devolved nation guidance [5,6]

R10: Some people struggle with attention and reading complex or large amounts of text.

Ensure the layout of the online consultation is straightforward and stepped - i.e. in small 'chunks' to be completed piece by piece. Use simple headings; ensure page(s) are not overly busy, especially for viewing on Smartphones, and focus primarily on questions and responses. Optional information should be hidden and selectable, but easy to access on screen.

R11: Many people struggle with complex medical information.

The asynchronous online consultation should be simple and easy to understand. Ensure language is as jargon-free as possible. Clearly and simply explain medical terms if/when it is necessary to use them. Consider providing a list of medical terms and their meanings that can easily be referred to throughout the online consultation.

R12: Some people worry about their ability to complete an asynchronous online consultation correctly.

Ask questions in order of increasing complexity (e.g. from simple questions about people's identities, to more complex health questions about other medications) to build confidence in their ability to complete all sections.

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Members of the expert panel

Name	Role
Prof Claudia Estcourt (Chair)	Professor of Sexual Health & HIV, Glasgow Caledonian University, Honorary Consultant in Sexual Health and HIV NHS Greater Glasgow & Clyde and Central and North West London NHS Trust
Sarah Aston	Public Health Specialist, Torbay Council
Jodie Crossman	Clinical Nurse Specialist, University Hospitals Sussex NHS Foundation Trust. Doctoral Fellow, University College London
Dr Nathan Dean	Resident Doctor, Manchester University NHS Foundation Trust
Prof Paul Flowers	Professor of Heath Change, University of Strathclyde
Dr Jo Gibbs	Associate Professor, Institute for Global Health, UCL and Honorary Consultant in Sexual Health Central and North West London NHS Trust
Dr Emma Hawke	Resident Doctor, Countess of Chester Hospital NHS Foundation Trust
Mr Ese Johnson	Minority Ethnic Communities Manager, Waverley Care
Prof Margaret KIngston	Consultant Genitourinary Medicine, Manchester University NHS Foundation Trust
Dr John Saunders	Deputy Head of Programme Delivery and Service Improvement, Blood Safety, Hepatitis, STI & HIV Division, UK Health Security Agency
Dr Jonathan Shaw	Consultant Physician in Genitourinary & HIV Medicine, Devon Sexual Health
Dr John White	Medical Director Preventx. Consultant in Sexual Health & HIV Medicine, HSCNI and HSE Ireland
Mr James Woolgar	Advanced Public Health Practitioner (Sexual Health), Public Health Department, Liverpool City Council. Current Chair of English HIV and Sexual Health Commissioners' Group (EHSHCG)

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