SHSWL – clinic changes in light of the coronavirus epidemic

**Dear All,**

**As you are aware, we are aiming to reduce the number of patients coming in to the clinic in the context of the coronavirus epidemic. Our practice is centred on patient and staff safety as well as providing a safe service. It is important to remain aware of the ongoing pandemic and take steps to reduce any unnecessary movements of patients in the community.**

**We are therefore closing the walk-in service. Patients will be advised to phone the call centre and will be given a phone appointment or put through to the Health Advisors depending on their query. The templates for this are being set up and we will inform you when patients can be officially given this advice.**

**We are working on specific clinical pathways to guide staff during their phone consultations. These will be distributed later today.**

# General steps:

1. No walk-in clinics
2. Outreach services are cancelled
3. Spoke clinics - provision is being reviewed
4. Arrangements are being made to have security on site
5. All patients to ring the call centre
6. Phone consultations to reduce patient time in clinic
7. Cancellation or postponement of all non-essential attendances/treatments
8. Patients directed to online testing and community pharmacies as far as possible
9. Management aimed to bring future appointment past the anticipated coronavirus peak
10. Prescriptions to tide patients over past the anticipated coronavirus peak
11. Supplying prolonged supplies to cover presumed coronavirus peak
12. Clear messaging on website and via call centre
13. Clear signs on doors on the ground floor
14. Security staff on ground floor
15. Put into practice social distancing while in the clinic as much as possible
16. Specific measures for COVID19-positive or suspected patients needing to be seen: current directive is for **none** of these patients to attend in person
17. **Where a patient calls who has coronavirus symptoms or develops them before coming for an appointment/medicines pick-up, they should be advised not to attend in person and to have a phone conversation – some of these patients can be managed remotely. Where they need to be seen by a clinician, CLCH have advised that they call NHS 111. We will update you if this changes.**

**Test of cures**: online testing or supply TOC pack to patient when attends (e.g. for MGen)

**Chronic GUM clinic:** cancel and block future slots from now on, review current lists first to see who needs to be seen

**Vulval clinic:** cancel

**PrEP clinic:** no further recruitments, Amanda to await further guidance from PrEP IMPACT team – clear messaging on website about how to access PrEP

**PrEP follow-up** – phone consultation, online testing if possible; pick up PrEP from clinic and do asympto screen

**LARC:** bridging methods and blocking further bookings and go on to telephone coil assessments. If vulnerable young person or adult seek advice from senior clinician.

**Complex LARC:** continue with current contraception and need be started on bridging

**Scanning**: if has pain needs to be seen, referral guidelines being drawn up, please discuss with a senior , if no pain - postpone and offer bridging method.

**Coil assessments**: telephone consultation, start bridging contraception and delay LARC procedure for 6 months

**COC/POP:**  after telephone consultation and pick up from clinic reception

Depo-no depo will be offered in clinic unless assessed as vulnerable young person or adult. Others will need to bridge with POP until normal services resume.

**Emergency contraception:** consultation over phone – to pick up oral EC from reception – if eligible and decide for EC IUD to see in clinic. All sexually active women of reproductive age to be given advice re. accessing emergency contraception and pregnancy testing from community pharmacies as our contraception services are being reduced.

**Contraception questions/problems** – telephone consultation and advice

**Psychosexual**: cancel

**Young persons:** <18 – do not turn away, instruct security staff on ground floor to ask age and let in

**Gay Man’s Clinic:** convert to phone appointments, clear messaging on website, call centre, and clinic doors

**Vaccinations:** we are deferring most vaccinations unless absolutely necessary. See guidance below.

**Warts**: We are not treating warts unless absolutely necessary. If need to treat warts, then advise the patient to collect cream treatment – we are not doing cryotherapy for warts. See guidance below.

**Treatment**: At the moment, anyone needing injections for STI treatment will be asked to come in after a telephone consultation. This may change to dispensing second line oral treatment if pressures on the service worsen. Anyone requiring oral treatment/ contraception will be asked to attend within a specific time frame to collect their pre-arranged treatment pack. We are exploring alternative ways of dispensing treatment to reduce patient attendance further.

# Clinical pathways in the light of the Coronavirus epidemic

**General guidance:**

* Before you call a patient, please Arrive and Start them as you would normally on Lilie.
* Please call the patient and confirm name, DoB and post code
* Conduct the consultation as you normally would and refer to the guidance below for management.
* When you have finished, please Finish the patient on Lilie as you normally would
* If you cannot get through to the patient on the first attempt, leave a voicemail saying that you are calling from the clinic \*\* (whichever clinic you are at) and you will try again in about ½ hr.
* If you cannot get through to the patient on the second attempt, leave a voicemail saying that you are calling from clinic and that, as you have been unable to contact the patient twice, you are advising them to call the call centre on 0333 300 2100. Send txt advising to rebook if needed
* When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:
	1. Fever >37.8C
	2. Persistent cough
	3. Household contact with symptom 1. or 2.
	4. If they do have symptoms of coronavirus, advise they need to access 111 online or call 111 d/w senior re follow up.
	5. If they DEVELOP any of above before appointment NOT to attend appointment but to access 111 online or call 111
1. **Simple vaginal discharge**
	1. Advise patient to obtain sexual health check from SHL if sexual health risk
	2. Text patient the SHL link
	3. If symptoms consistent with thrush:
		1. advise – over the counter treatment from chemist
		2. give thrush explanation
		3. give thrush prevention advice
		4. send SMS link for thrush
		5. if patient does not get better 1/52 after treatment, phone call centre
		6. advise to patient that if STI check if positive, then phone access treatment
	4. If symptoms consistent with BV:
		1. Advise – over the counter treatment from chemist
		2. give BV explanation
		3. give BV prevention advice
		4. send SMS link for BV
		5. if patient does not get better 1/52 after treatment, phone call centre
		6. advise to patient that if STI check if positive, then phone access to treatment
2. **Bleeding (unrelated to contraception)**
	1. If IMB >45yrs old, she will need to be referred under the two-week wait
		1. Ensure all patient details on system, including GP details and do referral via Kelly as per local guidelines
		2. If STI risk, advise to have sexual health screen from SHL in the meantime
		3. If sexually active and risk of pregnancy, advice home pregnancy test in the meantime
	2. If IMB<45yrs old and bleeding has happened on more than 1 occasion
		1. If STI risk, advise to have sexual health screen from SHL in the meantime
		2. If sexually active and risk of pregnancy, advice home pregnancy test in the meantime
		3. Make face-to-face appointment
	3. Post coital bleeding:
		1. If STI risk, advise to have sexual health screen from SHL in the meantime
		2. If sexually active and risk of pregnancy, advice home pregnancy test in the meantime
		3. Make face-to-face appointment
	4. Period/s heavier than normal
		1. If STI risk, advise to have sexual health screen from SHL in the meantime
		2. If sexually active and risk of pregnancy, advice home pregnancy test in the meantime
		3. If no features of an STI e.g. change in discharge, deep dyspareunia, advise to monitor and await results of sexual health screen.
		4. Can also try to see GP
	5. Post-menopausal bleeding : see flowchart below
3. **Pelvic pain**
	1. If new onset of pelvic pain, deep dyspareunia +/- bleeding +/- fever
		1. Advise to come in same day
	2. If non-acute onset and no deep dyspareunia, bleeding or fever
		1. If STI risk, advise to have sexual health screen from SHL in the meantime
		2. If sexually active and risk of pregnancy, advice home pregnancy test in the meantime
		3. Discuss with senior whether can monitor at home and wait for results or whether need to bring in
4. **Urethral discharge**
	1. Book face to face appointment
5. **Testicular pain**
	1. Book face to face appointment
6. **Lumps/rash/ulcers on genitals**
	1. If new testicular lump, see flowchart below
	2. If previous diagnosis of warts, Advise patient that warts are not an emergency and that treatment can wait, in the context of the coronavirus epidemic. Can monitor symptoms and contact clinic again in 1 month. If bothersome symptoms, patient can pick up cream treatment
	3. If never diagnosed wart, but sounds benign can be asked to defer appointment until epidemic situation better – discuss with senior if needed
	4. If recurrence of HSV:
		1. Explain to patient that symptoms will self-resolve and may not require treatment unless very distressing
		2. Give advice re. HSV skin care and saline washing and prevention of transmission
		3. If symptoms are distressing, then attend to pick up Aciclovir 56tab box
	5. If primary HSV:
		1. Explain to patient that symptoms will self-resolve and may not require treatment unless very distressing
		2. Give HSV explanation
		3. Give advice re. HSV skin care and saline washing and prevention of transmission
		4. If symptoms are distressing, then attend to pick up Aciclovir 56-tab box
	6. Red spots or itchy rash on penis
		1. If symptoms consistent with thrush:
			1. advise over the counter treatment from chemist
			2. give thrush explanation
			3. give thrush prevention advice
			4. send SMS link for thrush
			5. If patient does not get better 1/52 after treatment, phone call centre
			6. advise to patient that if STI check if positive, then phone to access treatment
		2. If unsure, book face to face appointment
7. **Rectal discharge:**
	* 1. Book face to face appointment

**Contact of GC (<2 weeks)**

NO

YES

Would they wait until 2 week WP is over and do online SHL test?

Symptomatic

Asymptomatic

Telephone consultation, assess for symptoms

Contact of GC <2 weeks

Book face to face appointment for NAATs,cultures + ceftriaxone treatment (aim 48 hours, if pregnancy or <18 aim same day)

Signpost to SHL

Advise test >2 weeks after contact

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2
* If they do have symptoms of COVID19 d/w senior. Advise they should contact 111. If they DEVELOP any of above before appointment NOT to attend.Needs advice re 111

If presumptive diagnosis made book for phone call from HA for PN

Book face to face appointment for examination, microscopy, NAATs, cultures and treatment

If pregnant/ <18/ symptoms of PID/epididymo-orchitis aim for same day, if not 24-48 hours

**Contact of GC (>2 weeks)**

Symptomatic

Asymptomatic

Telephone consultation, assess for symptoms

Contact of GC >2 weeks

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

 If they do have symptoms of COVID19 Advise they cannot atten Advise they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re 111 call or online

Book face to face appointment for examination, microscopy, NAATs, cultures and treatment

If pregnant/ <18/ symptoms of PID/epididymo-orchitis aim for same day, if not 24-48 hours

If presumptive diagnosis made book for phone call from HA for PN

Signpost to online SHL testing

**Contact of CT (<2 weeks)**

NO

YES

Would they wait until 2 week WP is over and do online SHL test?

Asymptomatic

Telephone consultation, assess for symptoms

Contact of CT <2 weeks

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

If presumptive diagnosis made, book for phone call from HA for PN

Book face to face appointment for examination, microscopy, NAATs and treatment

If pregnant/ <18/ symptoms of PID/epididymo-orchitis aim for same day, if not 24-48 hours

If rectal symptoms give 3 weeks of doxycycline to cover LGV

Signpost to SHL

Advise test >2 weeks after contact

Book collection slot to:

1. Take appropriate NAATs
2. collect doxycycline or extended azithromycin

Document allergies, pregnancy risk, medication advice and prescribe on proforma, if likely rectal exposure consider 3/52 doxycycline, to cover LGV.

Patient collects from reception

Symptomatic

**Contact of CT (>2 weeks)**

Symptomatic

Asymptomatic

Telephone consultation, assess for symptoms

Contact of CT >2 weeks

Book face to face appointment for examination, microscopy, NAATs and treatment

If pregnant/ <18/ symptoms of PID/epididymo-orchitis aim for same day, if not 24-48 hours

If rectal symptoms give 3 weeks of doxycycline to cover LGV

If presumptive diagnosis made book for phone call from HA for PN

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1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re 111 call or online

Signpost to online SHL testing

**Contact of M Gen (ongoing partnership)**

Contact of M Gen ongoing partnership

YES

**Contact of M gen in ex-partner**

\*\*Give fluoroquinolone leaflet and document advice if giving moxifloxacin\*\*

If presumptive diagnosis made book for phone call from HA for PN

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re 111 call or online

NO

Book collection slot to:

1. Take NAATs
2. collect doxycycline +extended azithromycin

Document allergies, pregnancy risk, medication advice and prescribe on proforma

Patient collects from reception

Book collection slot to:

1. Take NAATs
2. collect abx matched with partner’s \*\*

Document allergies, pregnancy risk, medication advice and prescribe on proforma

Patient collects from reception

Book face to face appointment for examination, testing and treatment

Aim same day appointment

If NSU/ nil on examination give same abx\*\* as contact (if known) or doxy + extended azithro if not

If PID/epididymo-orchitis give moxifloxacin\*\* (? + ceftriazxone if high risk GC)

Partners antibiotic treatment or resistance pattern known?

Symptomatic

Asymptomatic

Telephone consultation, assess for symptoms of PID/ urethritis/ epidiymo-orchitis

Contact of M Gen in ex-partner

Symptomatic

Asymptomatic

If presumptive diagnosis made book for phone call from HA for PN

Book face to face appointment for examination, testing and treatment. Aim same day appointment

Send sexual health screen

If NSU/ nil on examination, give same abx\*\* as contact (if known) or doxy + extended azithro if not

If epididymo-orchitis give moxifloxacin\*\* (? + ceftriaxone if high risk GC)

If PID give moxi\*\*/doxycycline/metronidazole

\*\*Give fluoroquinolone leaflet and document advice if giving moxifloxacin\*\*

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Telephone consultation, assess for symptoms of PID/ urethritis/ epidiymo-orchitis

Signpost to online SHL testing for general screen, advise no specific test for M Gen needed

**Contact of TV**

Contact of TV

Symptomatic

Asymptomatic

**New testicular lump**

Book collection time slot for:

1. NAATs + TV PCR
2. Metronidazole

Document allergies, alcohol advice and prescribe on proforma

Direct to SHL for bloods

Patient collects from reception

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Book face to face appointment for examination, sexual health screen, treatment

Give treatment with metronidazole +/- indicated treatment according to clinical assessment

Telephone consultation, assess for symptoms (urethritis/ vaginal discharge/ PCB)

If presumptive diagnosis made book for phone call from HA for PN

New testicular lump

Follow as per lumps/bumps pathway, bleeding/sore need to be prioritised

Testis/ unsure

Skin

Telephone consultation:

Is lump attached to skin or to testis?

Book face to face appointment for urgent examination (same day/next day)

If lump attached to testis refer urgently under 2WW rule with letter via Kelly/Stella and CC GP +/- patient

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2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

**Positive PT**

Positive pregnancy test at home

Asymptomatic, no PV bleeding, no constant lower abdominal pain (no symptoms suggestive of ectopic), (suggest repeat home PT to rule out false positive result)

1. if sure of termination decision, give contact details for Central Booking Service
2. If decided to continue with pregnancy, folic acid, smoking, alcohol advice and ask to see GP

(If under 18 years, suggest HA will contact over the phone to discuss further, HA to make appointment with CBS)

Symptomatic with PV bleeding, constant lower abdominal pain, (symptoms suggestive of ectopic) advise to attend local AE or make contact with local hospital EPAU to rule out Ectopic pregnancy and further management (contact details are in the Clinical guidelines; Referrals folder on the main drive)

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2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Telephone consultation; ask for LMP, any PV bleeding, constant lower abdominal pain (symptoms of ectopic), discussion regarding current contraception and future

Contraception, pregnancy options – continue pregnancy, termination, adoption.

**Postmenopausal bleeding**

Postmenopausal bleeding (new onset bleeding 1yr after LMP)

**Psychosexual (including vaginismus/Erectile dysfunction)**

This need referral to urgent 2 WW as part of investigation to rule out endometrial pathology

Reassure women that this referral and investigation is to be on safe side and not to miss any serious outcome.

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

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2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Telephone consultation; confirm LMP over 12 months, not on any contraception ,HRT, recent onset of vaginal bleeding

Psychosexual (including vaginismus/Erectile dysfunction)

**Coil assessment**

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

 If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Advice HA will call back to discuss this further over telephone. Give patient contact details to HA

HA to discuss this further over the phone and consider telephone counselling/support.

Patient to contact service once PS clinics resumes in near future.

Telephone consultation; confirm no other possible cause for symptoms, likely underlying psychosexual issues and need psychosexual input months, not on any contraception, recent onset of vaginal bleeding

Coil assessment

**Contraception assessment**

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1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

If considering IUD/IUS, advice no procedures clinics at the moment,

Contact service in next 6mts time, continue with current contraception.

1. If already on reliable contraception like COC/POP continue with same(if need further supply, follow COC/POP pathway)
2. If not on a reliable contraception, want to go on COC/POP, follow contraception pathway
3. If using condoms, want to continue using them , advice not a reliable contraceptive method, high failure rate, mention EHC and encourage to go on COC/POP

Telephone consultation. Advise no routine fitting at present Menstrual history, medical history, any recent risk of pregnancy, advice home PT if needed and repeat 3 weeks after UPSI, current and previous contraception history, decision on future contraception

Minimise patient attending clinic for face to face contact other than picking up pills (COC/POP), oral EC, EC IUD

Advise home PT as and when required can be put in with pills to be collected

If at risk of pregnancy and need EC due to recent UPSI, follow EC pathway

Contraception assessment

**Emergency Contraception assessment**

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Minimise patient attending clinic for face to face contact other than picking up pills (COC/POP), oral EC, EC IUD, and Injectable contraception. Advice home PT when clinically indicated, include PT with pills for pick up if needed

After discussion if considering IUD/IUS or contraceptive implant, advice no procedures clinics at the moment,

Contact service in next 6mts time to book into procedure clinics once reopened.

1. If wanting to go on COC/POP

follow COC/POP pathway and issue as per PGD

If using condoms and want to continue using them, advice not a reliable contraceptive method, high failure rate, encourage to go on COC/POP

If decided to go on COC/POP and want to pick up supply from clinic, advice to attend pick up slot either at FR or Spoke. Issue as per PGD

If at risk of pregnancy and need EC due to recent UPSI, follow EC pathway.

Advice home PT as and when required and clinically indicated give on pick up

Telephone consultation, menstrual history, medical history, any recent risk of pregnancy, advice home PT if needed now and repeat 3 weeks after last UPSI, current and previous contraception history, explore knowledge and understanding about various contraceptive methods, discuss LARC, decision on future contraception

Requesting EHC

Telephone consultation, menstrual history, medical history, any recent risk of pregnancy, advice home PT if needed now and repeat 3 weeks after last UPSI, current and previous contraception history, explore knowledge and understanding about various contraceptive methods,

If not eligible for or declining EC IUD, discuss oral EC options either with Ella one or Levonelle. Encourage to pick up EC from local pharmacy as far as possible Advice home PT before taking oral EC and repeat home PT 3 weeks after UPSI. Pregnancy tests can be given in clinic

Discuss future contraception + consider quick starting.

 Assess need for EC : recent UPSI or missed contraception

If need EC, assess if eligible for EC IUD and discuss this further.

If decided for EC IUD, book a slot to attend for EC IUD either on the day or next day. (See rota for IUD fitter availability and book slot accordingly).

Need home PT 3 weeks after EC IUD insertion give PT following fitting

Book a clinic slot either on the same day or next day (as early as possible) to pick up oral EC either from clinic

If decided to quick start either on COC/POP and supply this along with oral EC as per PGD can start straightaway after Levonelle **but need to wait 5** **days if taken Ellaone .**

Minimise patient attending clinic for face to face contact other than picking up pills (COC/POP), oral EC, EC IUD, and Injectable contraception. Encourage to pick up EC from local pharmacy as far as possible. Advice home PT when clinically indicated.

(No subject)

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2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

**New oral contraception** **assessment -**

New oral contraception assessment

**Oral contraception-** **follow up**

Advise patients needing BP check to use self-check machine and present printout to clinician.

Minimise patient attending clinic for face to face contact other than picking up pills (COC/POP), oral EC, EC IUD, and Injectable contraception

Encourage to go on either COC/POP which can be issued for 12 months as LARC clinics currently cancelled

Advice home PT as and when required

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Book Medicines pickup slot

If decide to go on POP, issue for 3 months, can be issued without BP recordings

If decide to go on COC, issue for 3 months, **need BP check and clinical decision before picking up**

Telephone consultation, menstrual history, medical history (FH DVT, self DVT, Migraine),Use UKMEC as needed, any recent risk of pregnancy, advice home PT if needed and repeat 3 weeks after UPSI, current and previous contraception history, assess knowledge and understanding on various contraceptive methods contraception

Book Medicines pickup slot and add in appointment details: *Needs BP check and clinician review before given medicines Needs PSD if not seeing same nurse at pick up*

If at risk of pregnancy and need EC due to recent UPSI, follow EC pathway and consider EC IUD or quick start COC/POP with oral EC

If decide to go on oral pills, discuss both COC and POP. Specific questions regarding COC and make sure no CI for COC.

Continuation of current oral contraception

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

Advise patients needing BP check to use self check machine and present printout to clinician.

Minimise patient attending clinic for face to face contact other than picking up pills (COC/POP), oral EC, EC IUD, and Injectable contraception. Encourage to go on either COC/POP which can be issued for 12 months as LARC clinics currently cancelled. Advice home PT when clinically indicated.

If on COC and wishes to continue with the same, can issue 12 months’ supply if BP within normal limits in the last 6 months

Book Medicines pickup slot

If on POP and would like to continue with the same, issue for 12 months.

Telephone consultation, any issues with oral contraception, any missed pills recently, discuss LARC for future

Book Medicines pickup slot and add in appointment details: *Needs BP check before given medicines*

**Pain during sex**

Pain During sex

Telephone consultation, assess for symptoms

Superficial dyspareunia only

Vulval pain

Pelvic Pain or deep dyspareunia

Book face to face appointment for PT, microscopy, NAATs, bloods, and examination

Ulcers present – see Ulcers pathway

Discharge present

No

Yes

Follow discharge pathway

Sign post to SHL for testing

**Positive CT test**

Positive CT test

Telephone consultation (incl. assessment of pregnancy risk)

Refer to HA for PN or do PN over phone and give pt details to HA

All patients with syphilis or a rectal infection coming to clinic and who have not already had an HIV test online, should be encouraged to have a blood test in clinic.

Other patients can be directed to online testing for bloods.

Book collection slot for:

1 week Doxycyline or Extended Azithromycin for throat/urine/vaginal CT

**or**

3 weeks Doxycycline if rectal CT and include NAAT and paper request form for rectal LGV in medicines pack

**Positive GC test**

Positive GC test

Telephone consultation

Refer to HA for PN or do PN over phone and give pt details to HA

All patients with syphilis or a rectal infection coming to clinic and who have not already had an HIV test online, should be encouraged to have a blood test in clinic.

Other patients can be directed to online testing for bloods.

Book face to face appointment for:

GC culture and IM Ceftriaxone

**or**

offer collection slot for PO cefixime & azithromycin if declines injection

Direct to SHL for TOC and bloods if not already done

**Positive STS tests**

Positive STS test

Telephone consultation, assess if treated before

New infection or cannot remember previous test result

Previously fully treated and no or < 2 fold increase in RPR

Previously treated and >2 fold increase RPR

NO further action

Give advice on window period for Syphillis

Book face to face appointment for assessment, examination and treatment

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Other patients can be directed to online testing for bloods.

**Positive HIV test**

Positive HIV test

Ask HA to call patient for referral to St Georges and PN

**Positive Hep B/Hep C**

Positive HBV/HCV test

Arrange to come in for HCV RNA test

If HepB non-immune, give one shot HepB

If HepA non-immune, give one shot HepA

Ensure has had an up to date HIV/Syph test

Refer to Hepatology at St Georges

Ensure full patient contact details, address, GP details are on Lilie

Telephone consultation, assess if new result, for symptoms and if unwell

See local guidelines for HepB/HepC new diagnosis in the Clinical guidelines>Referrals folder on the main drive

*Hepatitis B*

*Hepatitis C*

**Positive TV test**

Positive TV test

Book collection slot for:

Metronidazole 400mg po bd 7/7

No follow-up needed if symptoms resolved

If symptoms persist, phone call centre

Telephone consultation with HA (including allergies)

**Positive M gen test**

Positive M Gen test

\*\*Give fluoroquinolone leaflet and document advice if giving moxifloxacin\*\*

Book collection slot for Doxycycline + extended course azithromycin **or** Moxifloxacin\*\* depending on MRAM resistance result

Include swab and request form for TOC

Symptoms of PID

Follow PID managment

Arrange face to face consultation same or next day

No symptoms of PID

Telephone consultation (incl. for allergies, pregnancy risk and clear explanation of how to take the course of antibiotics)

**HPV vaccination**

HPV vaccination

MID-COURSE

Defer until services return to normal (reassure they have 1 year)

UNLESS having a face to face consultation for another reason

NEW

To defer until services return to normal

**HBV vaccination**

* Only offer new vaccination for patients requiring rapid accelerated course (0, 7, 21 days) due to sexual assault, PEP or contact of HBV
* Do not offer new vaccination if requiring other courses, including routine (0, 1 month, 6 months) or accelerated (0, 1 month, 2 months & booster after 12 months) courses
* Stop all vaccination schedules that have been started for routine or accelerated courses

When booking patients for face-to-face appointments after phone consultation REMIND them of symptoms of COVID 19. Check that they do not currently have:

1. Fever >37.8C
2. Persistent cough
3. Household contact with 1 or 2

 If they do have symptoms of COVID19 Advise they cannot attend and they should contact 111. Discuss with a senior to ensure follow up. If they DEVELOP any of above before their appointment, they should NOT to attend. Needs advice re calling 111 or 111 online

**PEP**

PEP

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Provide 28 days PEP

If needs STI screen in 2 weeks and asymptomatic, direct to SHL

Follow-up HIV testing to be done via SHL

Telephone consultation for history, book face-to-face appointment for tests (PEP bloods, STI screen) and treatment (PEP, HBV vaccination, emergency contraception)

Transfer to health advisor

**PrEP**

* Awaiting further guidance from PrEP regarding whether 6 months can be prescribed
* Awaiting further guidance on when NHS England commissioned PrEP will be rolled out (due to be 1st April 2020 but unlikely to occur)

PrEP

New recruitment into IMPACT has stopped effective immediately; redirect to buy PrEP online

New starter

Existing patient on IMPACT

Telephone appointment for history

Encourage patient to go on Event-based PrEP if possible to stretch out supply

Those needing PrEP bloods to have them taken when attending for drug collection

Those not needing PrEP bloods and asymptomatic, advise to have STI screening via SHL

Book collection slot to:

1. Collect PrEP medication
2. Have samples taken for renal function (blood and urine)
3. Consider self-taken NAATs if cannot access SHL

Document allergies, medication advice and prescribe on proforma

Patient collects from reception

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**Genital warts**

* If currently having treatment, all treatment to stop unless warts are causing pain-related symptoms
* No further cryotherapy appointments
* If new diagnosis in clinic, consider cryotherapy and starting topical treatments (podophyllotoxin, imiquimod)

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**Molluscum contagiosum**

* Not for ongoing treatment if already diagnosed
* If patient is unsure of condition, conduct telephone consultation and manage accordingly

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\*\*Give fluoroquinolone leaflet and document advice if giving moxifloxacin\*\*

**Positive HSV diagnosis**

* Discuss with health advisor via telephone consultation
* No need for treatment unless symptomatic with HSV ulcers

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**Contact of syphilis**

* Assess history via consultation
* Only need face-to-face consultation if symptomatic
* If contact within last 3/12 and asymptomatic, book collection time slot for benzathine penicillin injection and tests
* If contact >3/12 and asymptomatic, advise to do STI screen via SHL

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