



SSHA
SOCIETY OF SEXUAL
HEALTH ADVISERS
Individual and Public Health

SUMMER 2020 NEWSLETTER

SSHA Conference 2020

We are very excited to have our first online SSHA Annual Conference on Saturday 26th September entitled 'Sex in the Time of COVID'. Please check the Conference section in the newsletter for information on how to register and topics and speakers. We will also be having our Annual General Meeting at the end of the conference for registered SSHA members – we look forward to meeting you all then.



We hope to be able to return to our face to face conference in September 2021. In the meantime, we are planning 2 'webinar' SSHA educational meetings for January 2021 and May 2021. We would love to hear from any of you who would like to present an aspect of your SHA work at these on line sessions.

Ceri Evans, SSHA OPC President and Senior Health Adviser, Chelsea and Westminster Hospital NHS Foundation Trust, email: ceri.evans@chelwest.nhs.uk

SSHA Virtual Annual Conference 2020

Date: Saturday 26nd September 10.00 – 1.00

Topics: PN for Covid 19 - Preston Prison Outbreak/Wigan Council Planning
Domestic Abuse: Routine Enquiry and Disclosure during Covid 19
Life as a SHA during Covid: Telephone Consultations, PN, Treating Infections and Safer Sex
How our Service Adapted to Sexual Health Needs during Lockdown

The programme includes breakout sessions to discuss presentations

Cost: SSHA/Unite Member £15 Non Member £20

For further information and to book your place go to: www.ssha.info



SSHA
SOCIETY OF SEXUAL
HEALTH ADVISERS
Individual and Public Health

SUMMER 2020 NEWSLETTER

The Future of Sexual Health Advising

Ceri Evans, Senior Health Adviser, Chelsea and Westminster Hospital NHS Foundation Trust

Over the past 4 months of COVID, much has changed for many of us. Some SHAs have been redeployed to work on wards, some have been involved in COVID testing and partner notification and others have been attempting to do their SHA role in a very different way as sexual health clinics grappled with lockdown and how to manage patients remotely.

Now, as sexual health starts slowly to return to “normal”, there have been some concerns raised that during the pandemic, the SHA role may have become devalued or eroded, as far fewer face to face consultations have been taking place.

Because of this, many of the complex patients that SHAs routinely see such as domestic abuse, sexual assault, drug and alcohol issues, young people and CSE concerns have not been presenting, or been partly managed remotely. However, we have also heard that some SHAs feel that the SHA role of managing complex patients was more recognised during the pandemic.

The SSHA OPC would really like to hear from you about any positives or negatives you may have experienced in your role as a SHA during the pandemic. We would also like to reassure you of support from SSHA-Unite if you are experiencing any concerns or worries about your job or your role. To contact your Regional Rep go to www.ssha.info



COVID Contact Tracing and Sexual Health Advising

Quite a few SHAs have now signed up to be Covid Contact Tracers with PHE and NHS Professionals with varying degrees of success! Please let us know if you are still experiencing problems registering or being paid the correct amount (bottom of Band 6 £31.365 pro rata) by emailing ceri.evans@chelwest.nhs.uk as we should be able to put you in touch with the correct contacts.





SSHA

SOCIETY OF SEXUAL
HEALTH ADVISERS
Individual and Public Health

SUMMER 2020 NEWSLETTER

Innovative Practice: 'The Communications Team'

Hu Clarke, Sexual Health Adviser, Homerton University Hospital NHS Foundation Trust

When visiting was suspended due to Covid restrictions, senior managers realised that we needed to find alternative ways to enable patients to have contact with family and friends. So the Trust set up a 'Communications Team' to address patient wellbeing, and Sexual Health Advisers were asked to become involved as their skills were thought to be ideal for the project.



The work had a rocky start. There was initial confusion around roles and responsibilities as we were not there to change bed pans or administer medication but to achieve something quite different: to enable contact with loved ones. After the first few weeks the clinical team started to refer patients who were not IT savvy and we were able to help them use FaceTime, WhatsApp or Zoom with tablets and mobiles provided by the Trust.

A further aspect of the service evolved to address the needs of people who were gravely ill. We enabled either a member of the family or the team to visit during the last moments of patients' lives so that no one died alone. The service was managed by the palliative care team manager, so we had access to additional support.

Overall, feedback seemed positive, with family and friends feeling that they were able to stay connected with their loved ones, and one of our SHA team is currently auditing the project. It was an emotionally draining experience, but also definitely a 'good fit' for the Sexual Health Advisers' skill set.

Becoming Part of the SSHA Family

If you or an SHA in your team would like to become SSHA member please go to join.unite-theunion.org/join. Once in the form choose from the roles 'sexual health adviser/sexual health nurse' and you will be automatically allocated to a SSHA branch – we'd love to have you as part of the SSHA team! Please contact your local SSHA Rep at www.ssha.info if you have any questions.



Sign up for the SSHA e-bulletin at: www.ssha.info for the latest news in Sexual Health





SSHA
SOCIETY OF SEXUAL
HEALTH ADVISERS
Individual and Public Health

SUMMER 2020 NEWSLETTER

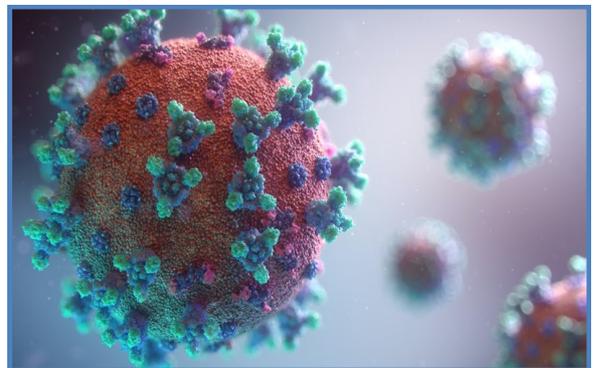
Response to the Pandemic: Regional Reps' Updates

A uniform response to the pandemic was to use telephone triage to dramatically **reduce attendances**. Asymptomatic patients were directed to online testing, whilst emergency and symptomatic patients (and new HIV and in many areas, Syphilis diagnoses) received face to face appointments. Clinics used new technologies creatively. For example, Brighton used patients' photos to confirm symptoms, and posted videos on their website to explain how to access services in lockdown.

The pandemic saw large scale **redeployment of staff** to a variety of settings ranging from hospital wards and Covid antibody testing services to local home care. There was collaboration between clinics: Wigan and Leigh retained a full complement of staff, which enabled them to offer to see patients from other localities whose clinics had only skeleton staffing.

Reps reported their clinics being Covid assessed and said that they had adequate supplies of **PPE**. All used face masks, aprons and gloves and also goggles for any exposure prone procedures. In addition, clinics required patients to wear masks on attendance.

Accepted approaches to **treatment and care** changed to minimise patient contact. Chlamydia treatment and provision of contraception was managed by issuing telephone scripts, posting antibiotics or arranging for patients to collect medication at reception. Some services also treated patients with Gonorrhoea and Syphilis with oral antibiotics. Most clinics opted for telephone rather than face to face appointments for HIV patients.



Some Reps noticed an increase in Provider Referral. There was concern that **complex consultations** could not be managed as effectively over the 'phone (see the future of Sexual Health Advising above) and some reports that patients missed face to face consultations.

Services are now beginning to increase face to face consultations within the restrictions of the '**new normal**', and there is no evidence to date that PPE is affecting the sensitive discussions SHAs need to have. Several Reps said that their services would keep both telephone consultations and telephone triage, and many felt that walk-in clinics would not continue in their previous form. A significant development has been the use of technology, and the possibility of selected consultations and meetings being held by video link in future has been broadly welcomed.