1. Sexual health update

A recent update provided by BASHH (British Association for Sexual Health and HIV) estimated the capacity of sexual health and HIV clinics as of September 2020. While a fuller report is due mid-September, the overall picture suggests a significant return to capacity compared to previous surveys but one which remains significantly below expected levels.

- The key figures are that sexual health service activity remains at 31% of expected baseline on average (mean), with HIV at 29%, contraception at 25%, and overall remote activity at 48%.

- For HIV, sexual health and contraception these figures suggest a doubling of clinical activity since May 2020.

These numbers come at the same time as the Public Health England statistics which saw an increase in gonorrhoea and syphilis, particularly among men who have sex with men, younger people, and people from BME communities. It is also likely that the redeployment of sexual health clinic staff, which led to such low service capacity early in the COVID-19 epidemic, will result in another downturn in access to sexual health services. NAT has been calling for a sexual health strategy which is fit for purpose given these new challenges and will continue to work with government and voluntary partners to ensure that this is a priority.

2. Community testing toolkits

NAT worked with HIV Prevention England on 26 August 2020 to launch its Community Testing Toolkits, designed to help those involved in HIV community testing plan and evaluate their work. There is an intervention design toolkit and an evaluation toolkit available to read online now. For the period of COVID-19 these should be read in conjunction with HIV Prevention England's updated framework for providing HIV and sexual health services during COVID-19.

For a more detailed outline of community testing barriers, solutions and activity, please consult the previous briefing.

3. APPG on contraception during COVID-19

The All-Party Parliamentary Group on Sexual and Reproductive Health launched the findings of its inquiry into women's access to contraception on 10 September 2020. Its main findings were that:

- While COVID-19 has exacerbated the extent of unmet contraception need, this was underpinned by 13% cuts to the contraceptive budget between 2015 and 2018, leaving many women unable to access long-acting reversible contraceptives through primary care.

- Concerns that the cost of resuming or adjusting LARC provision post-lockdown will deter primary care practices from increasing access as is needed.

- Lack of access to walk-in clinics during COVID-19 may cause deeper inequalities in contraception access, given that people from BAME communities are more likely to access walk-in services. There are also concerns around the inability of telemedicine to detect domestic violence and abuse: clinicians reported while some women are more forthcoming about their situation over the phone, there can be difficulty detecting ‘non-verbal cues’ or securing adequate privacy.
3. APPG on contraception during COVID-19 cont.

Among its recommendations are to “use learnings from the COVID-19 pandemic response to improve provision of SRH care, delivering accessible care via a collaborative approach using new and innovative means of delivery”. Our Policy and Campaigns Manager, Cheryl Gowar, recently wrote a blog on how these lessons might be applied in HIV care.

Check it out: guide to menopause for women living with HIV

» Are any of your service users currently going through menopause? The Sophia Forum recently paired up with Dr Louise Newson to create a guide to menopause for women living with HIV. Co-created by women living with HIV on a residential weekend, it answers their questions.