General Practice

COVID-19 Essential Service Planning

Sexual & Reproductive Health

| | Elements of Service | Pandemic Plan |
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| Stop | | |
| 1. | Targeted HIV Screening (for example for newly registering patients) | • Routine, targeted screening for General Practices in higher prevalence areas should be suspended during COVID-19 response. |
| 2. | Test of Reinfection (Chlamydia) | Routine chlamydia test of Re-infection at 3-months. |
| Adapt | | |
| 3. | Contraception – including Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) | <u>FSRH guidance</u> should be observed; telemedicine utilised wherever possible; and a six-month supply issued; Utilise postal dispensing wherever feasible; A core offer of POP should be made, though CHC can be continued for existing users; For IUD/ IUS or implants due for renewal, offer advice on extended retention in line with revised <u>FSRH guidance</u>; LARC interventions should be available, wherever safe to do so, for those from vulnerable groups and exceptional cases; with options offered being clinically determined and with consideration of the risks related to COVID-19. An EHC core offer of EllaOne should be available, with Levonorgestrel supplied where clinically indicated. POP should be issued in conjunction – as a 6-month supply, along with condoms. An IUD should be offered where possible and appropriate. |
| 4. | Testing/ Screening and Treatment of STIs | Chlamydia Screening kits should continue to be offered, especially when suppling emergency contraception; Telemedicine and postal services should be utilised, wherever possible; Only those aged under 16 years; most vulnerable; or the highest risk, including those with recurring infection, should be actively managed into specialist services. |