Prioritising patients

The following patients should continue to be prioritised during a second COVID-19 wave:

- Those reaching the end of extension period for LARCs, who might require a bridging method or renewal of the LARC (see our updated clinical guidance)
- Those reaching the end of prescription period for combined hormonal contraception
- Those requiring LARC removals to plan for a pregnancy
- Those on LARC waiting lists (backlogs originating from the outbreak of the COVID-19 pandemic earlier in the year)
- Individuals at highest risk of unplanned pregnancy:
  - Individuals attending abortion and maternity services
  - Under 18s
  - Homeless
  - Commercial sex workers/women involved in prostitution
  - Victims of sexual assault
  - People with language barriers; drug and alcohol problems; learning disability; serious mental illness
  - Those who are shielding and/or shielding members of their family

Local pathways for urgent referral for vulnerable groups including via social services, sexual assault referral centres (SARCs), BAME groups and young people outreach should be maintained/established.

Flexible approach

Local services should adopt a flexible, realistic approach, with the ability to move between different levels of provision according to:

- Changes in local prevalence of COVID-19 and the resulting risk of COVID-19 transmission associated with face-to-face procedures
- Changes in Government policy, including the introduction of local restrictions
- Service and workforce capacity

Other considerations

- Services should adhere to general safety measures including handwashing, physical distancing, testing and isolation policies, correct use of PPE, environmental cleaning of surfaces and proper ventilation
- If a local service does not have capacity to provide LARCs, the local commissioner should be informed so that resources are diverted to those who can

Scaling up digital services

Increased investment into digital infrastructure is required across the UK. We support the development of a national digital service platform for SRH in England, Wales and Northern Ireland*, which will serve as a one-stop point of access for the general public and will support the maintenance of access to essential SRH care.

This service should operate seamlessly with regional and local face-to-face services, providing effective triage and a referral pathway for those requiring face-to-face treatment.

*A national SRH IT system (NaSH) is already in place in Scotland allowing online booking for services.

Further guidance

FSRH 2020. Provision of contraception during the COVID-19 pandemic: FSRH update and overview statement

FSRH 2020. FSRH guidance on planning for LARC Procedures following the publication of the NICE COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services

FSRH 2020. FSRH guidance on PPE and the easing of services when delivering SRH care during COVID-19 (version 3)

FSRH 2020. Restoration of SRH Services during Covid-19 at a Glance

FSRH 2020. FSRH CEU: information to support management of individuals requesting to discontinue contraception to plan a pregnancy during the Covid-19 outbreak 26 March 2020

FSRH, RCOG & RCM 2020. Provision of contraception by maternity services after childbirth during the Covid-19 pandemic

FSRH & BASHH 2020. Teletriage for Sexual and Reproductive Healthcare Services in Response to COVID-19

About us

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK multidisciplinary professional membership organisation representing more than 15,000 doctors and nurses working at the frontline of SRH care.

For our latest COVID-19 resources, visit: www.fsrh.org/covid19. You can also follow us on Twitter and Facebook.