

MINUTES OF THE MEETING HELD TUESDAY 11TH AUGUST 2020

12:00 – 13:00, ZOOM

PRESENT: Jenny Rathbone MS (Chair), Mia Rees (on behalf of Suzy Davies MS)

IN ATTENDANCE: Rachael Clarke (BPAS), Bharti Attili (Cwm Taf), Sara Bodey, Ro Cutmore (BPAS), Bronwen Davies (ARC), Amanda Davies (Swansea Bay), Jane Dickson (Aneurin Bevan), Faye Farthing (Endometriosis UK), Iona Gordon (ARC), Angela Gorman (ARC), Kirti Jain (Betsi Cadwaladr), Sally Kidsley (Hywel Dda), Craig Lawton (BMA), Laura McAllister (BPAS), Vivienne Rose (BPAS), Caroline Scherf (Cardiff & the Vale), Alison Scouller (ARC), Debbie Shaffer (FTWW), Rishu Tandon (Hywel Dda), Judy Thomas (Community Pharmacy Wales)

1. WELCOME AND INTRODUCTIONS

Jenny Rathbone (JR) opened the meeting.

2. MINUTES OF THE MEETING HELD 18TH JUNE 2020

The minutes for the last meeting were not yet available.

3. MATTERS ARISING

Expanding representation outside Cardiff – Alison Scouller raised the issue of expanding representation outside Cardiff now we are meeting virtually, particularly in relation to user/patient representatives. It was **agreed** that members of the group should contact JR and RC with any suggestions.

4. CONTRACEPTION DURING AND BEYOND COVID-19

Dr. Sara Bodey – Sara Bodey introduced her experience of providing contraception during Covid-19 and beyond, from the perspective of a GP and as a member of the BMA's Welsh GPs' committee. Her practice is in Flintshire (Betsi Cadwaladr), and specific issues raised included:

- Prior to Covid-19, GPs were providing a full range of contraception and emergency contraception, in conjunction with specialist clinics and/or hospitals;
- When Covid-19 began to impact services, there was a rapid switch to remote-first consulting;
- Community pharmacies struggled during the initial period because of increased pressure and lack of availability of safe (socially distanced) consultation spaces within shops;
- Community sexual health clinics closed and are not yet re-opened, alongside hospital clinics (which are now largely open);
- Initial national advice on providing a 28-day supply of medication was unhelpful for non-LARC contraception, where FSRH guidance recommends provision of a year's supply;
- Procedural long-acting options were initially converted to oral contraception to avoid the requirement for face-to-face visits and have only recently restarted;
- With the closing of specialist sexual health clinics, the contraception workload of GPs increased significantly;

A specific request from Dr. Bodey was for Wales to make an effort to move towards electronic prescription systems as are in place in England – making it easier for prescriptions to be redirected when individuals were not close to their usual pharmacy, or were unable to collect their prescription. There was also a request to consider whether it would be possible to share patient record data from sexual health clinics with GPs (with patient consent) – which would enable GPs to provide contraceptive repeat prescriptions where appropriate.

Dr. Amanda Davies – Amanda Davies spoke about the experience of specialist sexual health clinics and staff in line with her role as Chair of the Welsh Committee of the Faculty of Sexual and Reproductive Health, and as the integrated sexual health service lead in Swansea Bay.

- Sexual health clinics had lost buildings, rooms, wards, and staff to redeployment during Covid-19, reducing the services it was possible to provide;
- Remote consultation will continue for the foreseeable future, with face-to-face consultation and treatment when needed;
- Services are being reintroduced in a phased approach – firstly by prioritising LARC, then addressing women who were provided with bridging methods during the pandemic;
- Postpartum contraception should be provided before the patient is discharged from maternity services – this was not always happening during ‘normal’ times, but has further suffered under Covid;
- Home use of mifepristone for abortion services has been revolutionary for care during Covid;
- There is a need as services rebuild to work more collaboratively between specialist and primary care services, including pharmacy services; and
- The progestogen-only pill should be made a P medicine so that it can be easily purchased from pharmacies without a prescription.

5. DISCUSSION OF ISSUES RAISED BY SPEAKERS

Discussion including waiting times, the role of pharmacies, self-referral into abortion services, the ways in which information is provided to GPs, STIs, and work undertaken by staff that were self-isolating or shielding. Specific topics included:

- Jane Dickson shared that Aneurin Bevan were undertaking a ‘coilathon’ to address a waiting list of 400 for coils and 600 for implants, in which she and her staff were fitting around 40 coils a day;
- The benefits of telephone and remote consultation for the use of staff who were shielding and would otherwise have been unable to work;
- The spread of asymptomatic STIs where routine testing was not easily available for much of lockdown – and the benefits of ‘Frisky Wales’ where individuals can access online tests;
- The importance of providing accessible care to new mothers before they leave hospital – in order to avoid waiting lists, walk-in clinics, or other time restrictions which may put them at a disadvantage once they are in community care; and the over-arching health need to avoid unwanted pregnancies shortly after a new birth.
- The funding and training related to postpartum contraception that may be preventing its effective operation;
- Discussion of the best ways in which to highlight information for GPs and GP practices when they receive significant amounts of information with little prioritisation;

- The potential for Emergency Hormonal Contraception to be reclassified as a GSL medication so that it doesn't have to be purchased from a pharmacist; and
- The benefits of independent prescribers and PGDs to accessibility of contraception from community pharmacies;

It was **agreed** that a decision would be made offline on how to further the suggestions around postpartum contraception.

6. FUTURE MEETINGS (TOPICS, FORMAT, AND DATES)

Next meeting: late September/early October 2020, Zoom, Covid-specific topic tbc