



Topic Exploration Report

Topic explorations are designed to provide a high-level briefing on new topics submitted for consideration by Health Technology Wales. The main objectives of this report are to:

1. Determine the quantity and quality of evidence available for a technology of interest.
2. Identify any gaps in the evidence/ongoing evidence collection.
3. Inform decisions on topics that warrant fuller assessment by Health Technology Wales.

Topic:	Virtual examination of patients requiring sexual health services
Topic exploration report number:	TER205

Introduction and aims

Health Technology Wales researchers searched for evidence on virtual sexual health service consultations or evidence on any type of virtual examination. Sexual health services in Wales have now moved away from face-to-face consultations to either telephone or video consultation. However, these services do not allow examination of genital lesions, for example, by digital photo upload or live video.

Summary of evidence

Limited evidence was identified and this either had limited relevance or used study designs that may result in low reliability. No evidence was found which looked specifically at virtual examination of patients in the context of sexual health.

Secondary evidence

The British Association for Sexual Health and HIV (BASHH) published standards for online and remote providers of sexual and reproductive health services in 2019. These standards were published in response to a report by the Care Quality Commission in 2018 into online providers of primary healthcare. The report found that many providers offered testing and management of both STIs and contraception in remote and non-face-to-face settings and raised concerns around safe prescribing practices, consent and capacity, proof of identity, and safeguarding of children and vulnerable adults. The standards were set using Stakeholders group discussion without systematic review of the evidence base. They cover five areas: safe care, effective care, treating people with kindness, respect and compassion, ensuring provision is responsive, and questions of governance and leadership.

No other secondary level evidence was found.

Primary evidence

Some primary studies were identified, including one provided by the Topic Proposer.

Two RCTs were identified, however, it was unclear whether virtual examinations took place as part of these. Symonds & Sarnar (2016) undertook a thematic analysis of a random sample of telephone consultations for new attendances for STI care. However, the findings were that the majority of calls did not require a consultation and of those that did, most sought advice and reassurance. Seguranyes et al. (2014) looked at videoconferencing and telephone compared to standard post-partum care of recent mothers. This resulted in fewer visits to a health centre with similar levels of satisfaction.

Four studies were identified which looked at the acceptability of telemedicine for sexual health services. Nadarzynski et al. (2020) looked at reported acceptability of video consultations via Skype, live webchats with a health advisor, and artificial intelligence chat bots as sources of advice. Garrett et al. (2012) surveyed the acceptability of a telemedicine sexual health service among 25 rural youths in Australia and reported that online video consultations for sexual health may not be acceptable. Prior to this, Garrett et al. (2011) undertook a national survey of young people's views on telephone and webcam consultations for sexual health and found that 29% were willing to have a webcam consultation. The usefulness of the latter two studies is likely to be hampered by how long ago they were undertaken, as use of technology has become more widespread, and the location. One other study interviewed patients who had used a system to access chlamydia results online followed by an online clinical consultation (Aicken et al. 2018).

Virtual examination is a digital health technology and was determined to be a Tier 3b technology within the classification of *Diagnose* (using data to diagnose a condition in a patient or to guide a diagnostic decision made by a healthcare professional) according to the [Evidence Standards Framework for Digital Health Technologies](#). For technologies of this classification, it is recommended that the minimum evidence standard used is high quality intervention studies (experimental or quasi-experimental design) showing improvements in relevant outcomes. Best practice standard would use high quality RCTs or studies done in a setting relevant to the UK health and social care system, comparing the interventions with a relevant comparator and demonstrating consistent benefit using validated condition-specific outcome measures to demonstrate effectiveness of the technology.

Areas of uncertainty

Initial scoping searches suggest there is likely to be a lack of evidence around the clinical or cost-effectiveness of virtual examinations, for use in sexual health or other clinics. There does seem to be some evidence available on the acceptability of this approach to patients, but data on how they affect any other outcomes was not found.

Independent of the effectiveness of the available technologies to provide virtual examination services, it is impossible to clearly ascertain whether they would overcome information governance, consent and data sharing and storage concerns. These will be unique to Wales and require in-depth knowledge of the current legalities and processes in place. These legalities and processes may currently be changing rapidly to adapt to the healthcare response to COVID-19.

Conclusions

No evidence was found which looked specifically at virtual examination of patients in the context of sexual health. There is some limited evidence on the acceptability of virtual consultation for sexual health services to patients, but it is often of a low quality study design, for example, small surveys.

Brief literature search results

Resource	Results
HTA organisations	
Healthcare Improvement Scotland	No relevant evidence identified
Health Technology Assessment Group	No relevant evidence identified
Health Information and Quality Authority	No relevant evidence identified
UK guidelines and guidance	
SIGN	No relevant evidence identified
NICE	No relevant evidence identified
Secondary literature and economic evaluations	
ECRI	No relevant evidence identified
EUnetHTA	No relevant evidence identified
Cochrane library	No relevant evidence identified
PubMed <i>Ovid website not available</i>	No relevant evidence identified
Primary studies	
Cochrane library	<p>Symonds M, Sarnar L. Patient telephone consultations in a sexual health service. What do they tell us about service efficiency and patient need?. Sexually transmitted infections 2016; 92(null): A91-A92. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01213957/full?highlightAbstract=health%7Cvirtual%7Csexual</p> <p>Seguranyes G, Costa D, Fuentelsaz-Gallego C, Beneit JV, Carabantes D, Gómez-Moreno C, Palacio-Tauste A, Pauli A, Abella M. Efficacy of a videoconferencing intervention compared with standard postnatal care at primary care health centres in Catalonia. Midwifery 2014; 30(6): 764-771. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01158039/full?highlightAbstract=health%7Cvirtual%7Csexual</p>

PubMed	<p>Nadarzynski T, Bayley J, Llewellyn C, Kidsley S, Graham CA. Acceptability of artificial intelligence (AI)-enabled chatbots, video consultations and live webchats as online platforms for sexual health advice [published online ahead of print, 2020 Jan 21]. <i>BMJ Sex Reprod Health</i>. 2020;bmjsrh-2018-200271. doi:10.1136/bmjsrh-2018-200271</p> <p>Patel R, Munro H. Standards for Online and Remote Providers of Sexual and Reproductive Health Services. <i>Sex Transm Infect</i>. 2019;95(5):315-316. doi:10.1136/sextrans-2019-054130</p> <p>Aicken CRH, Sutcliffe LJ, Gibbs J, et al. Using the eSexual Health Clinic to access chlamydia treatment and care via the internet: a qualitative interview study. <i>Sex Transm Infect</i>. 2018;94(4):241-247. doi:10.1136/sextrans-2017-053227</p> <p>Garrett CC, Kirkman M, Chen MY, et al. Clients' views on a piloted telemedicine sexual health service for rural youth. <i>Sex Health</i>. 2012;9(2):192-193. doi:10.1071/SH11022</p> <p>Garrett CC, Hocking J, Chen MY, Fairley CK, Kirkman M. Young people's views on the potential use of telemedicine consultations for sexual health: results of a national survey. <i>BMC Infect Dis</i>. 2011;11:285. Published 2011 Oct 25. doi:10.1186/1471-2334-11-285</p>
Ongoing primary or secondary research	
PROSPERO database	No relevant evidence identified
Clinicaltrials.gov	No relevant evidence identified

Date of search:	April 2020
Concepts used:	virtual examination; live examination; remote examination; virtual sexual health; digital sexual health; video sexual health consultation; remote sexual health; telemedicine sexual health