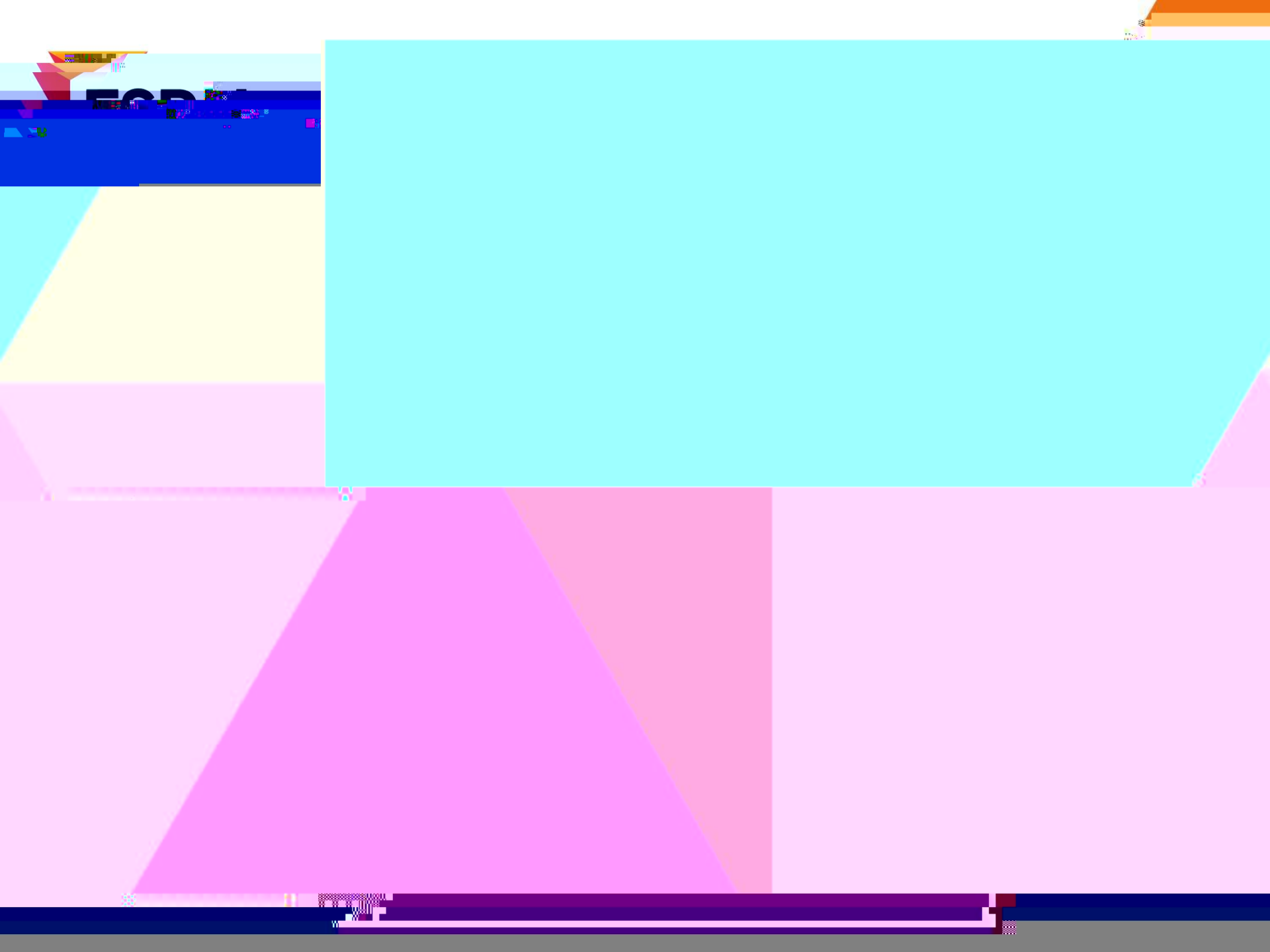








Delivering services

- ▶ Essential services should be delivered via remote/digital consultation (phone, video or online), and face-to-face where clinically necessary and/or feasible
- ▶ Services should ensure a mix of modalities of consultations is available, including face-to-face, to ensure they meet the needs of all patients
- ▶ Telemedicine for abortion care should be maintained
- ▶ Remote/electronic prescribing for contraception and Hormone Replacement Therapy (HRT) should be maintained, as well as dispense/click and collect systems for medication or delivery of medication by post
- ▶ Online contraception provision should be maintained/developed
- ▶ Patients should be provided with links to online resources
- ▶ Local pathways for urgent referral for vulnerable groups including via social services, sexual assault referral centres (SARCs), BAME groups and young



Who should be prioritised?

- ▶ 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. This includes individuals attending abortion and maternity services, under 18s, homeless individuals, commercial sex workers/women involved in prostitution, victims of sexual assault, people with language barriers, those with drug and alcohol problems, people with learning disabilities, people with serious mental illness, and those who are shielding and/or shielding members of their family



- ▶ Local services should adopt a flexible, realistic approach, with the ability to