Yonder

Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Case finding, HIV testing, trainee inductions, and waiting rooms

Case finding. If you find yourself on an NHS medical ward this winter, the chances are that a significant number of the patients will have chronic obstructive pulmonary disease (COPD) exacerbations. In order to reduce the human and economic costs of COPD, including hospital admissions, early diagnosis has been a key national priority in the UK. Although there is no evidence for population screening, there is some evidence to support targeted case finding in symptomatic individuals. A research team from Southampton recently sought to find out what primary care clinicians and managers from 34 practices thought of this approach.[1] Most of those interviewed were practising opportunistic case finding in some form. Lack of time and resources were unsurprisingly the perceived barriers, whereas financial incentives, specialist support, and comprehensive guidance were considered facilitators. Although the case-finding approach was conceptually accepted by primary care staff, there was (understandable) scepticism about the value of identifying mild disease.

HIV testing. UK guidelines recommend performing a 'routine offer of HIV testing' in primary care where HIV prevalence exceeds 2 in 1000. Depending on where you work, you may find yourself considering this anywhere from once a day or more to once a year or less. It has been suggested that offering HIV tests to newly registered patients and to all those having laboratory blood tests may help to normalise their use. A Dutch research team sought to find out what GPs thought of this, completing interviews and focus groups across the country.[2] Various barriers were found, including competing priorities in real-world general practice, uncertainty about when to repeat the test, and the fears about stigma and financial costs. Many GPs considered sexual risk assessment important regardless of the strategy and there was a tendency to favour the old patterns of risk-based testing.

Trainee inductions. Anyone involved in NHS general practice specialty training will be very familiar with the controversy about MRCGP underperformance in doctors who have trained outside the UK. Various contributing factors have been identified, including lack of knowledge of the NHS, difficulties appreciating the psychosocial aspects of illness, and poor grasp of English. Following a judicial review brought by the British Association of Physicians of Indian Origin, greater expectation is now being placed upon relevant national organisations to identify doctors who may benefit from educational support at an early stage. A recent study explored the experiences of non-UK trained doctors who attended an enhanced induction programme.[3] Participants expressed initial negative emotion towards their inclusion in this group, but following attendance were pleased that they were being offered help. The workshops were considered valuable and especially helped the doctors develop their understanding of cultural differences and practise their communication skills in a safe and supportive setting.

Waiting rooms. One of the key challenges for vulnerable patients and populations is that they often struggle to articulate their feelings and emotions to outsiders. In New Zealand, the indigenous Maori population is widely considered to be a vulnerable group and a research team recently sought to understand their experiences of general practice waiting rooms using a participatory visual methodology.[4] This involved using elicited drawings to provide the framework for conversational interviews. Colour, materials, symbols, and metaphors were jointly explored through a process of shared analysis of images created. Through this process, participants reflected on, and conceptualised, ideas that addressed disempowerment, discrimination, and racism. Not only does the study describe a fascinating and inventive methodology, but it also serves as a reminder that we cannot underestimate the importance of seemingly unimportant clinical spaces like waiting rooms.

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DOI: https://doi.org/10.3399/bjgp17X693341

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