

Do people attending a same day testing clinic discuss their need for a HIV test with their GP?

S MADGE

M JONES

A MOCROFT

H WELLS

M A JOHNSON

SUMMARY

In the United Kingdom, people with HIV infection present with advanced disease and general practitioners (GPs) are currently an underused resource for HIV testing. We describe the reasons for using an open-access clinic rather than primary care for testing for HIV. People attending the clinic were asked to complete a questionnaire asking about GP registration, access, and whether HIV testing was discussed in primary care. Despite access to GPs, HIV testing in primary care was rarely discussed. If HIV testing is to move to a general practice setting, GPs could address the issues, such as the recording of sensitive information in notes, future life insurance, and confidentiality, which this report identifies as the main barriers for using primary care.

Keywords: general practice; HIV testing; patient preference.

Introduction

IN the United Kingdom, patients with HIV present later than others in Western European countries,¹ and comparatively few people have ever tested for HIV. This has implications for the spread of HIV, especially by vertical transmission, and for an individual's prognosis, which has greatly improved due to Highly Active Antiviral Therapy (HAART). HIV testing is available theoretically throughout the health service, but occurs mainly via screening in the Blood Transfusion Service and in genitourinary medicine (GUM) clinics.²

Open-access HIV testing has been available at the Royal Free Hospital since 1989. The organization and procedures of the clinic have been previously described.³ This study investigated if people attending the same-day testing clinic (SDTC) had good links with primary care, if they had discussed HIV testing with their general practitioner (GP), and, if they had not, why?

Method

People attending the SDTC were asked to complete a semi-structured questionnaire by a researcher (HW), following a small pilot study (data not included in analysis). The questions asked cen-

tered on GP registration, satisfaction, and whether HIV testing was discussed.

Data were anonymously entered on a database. The data were analysed using descriptive statistics and appropriate statistical techniques. Data were examined for differences between those who tested HIV-positive or negative and by patients' declared sexuality or other HIV risk.

Results

The response rate was 74.1%. In total, 1465 forms were given to patients, 273 (18.6%) were not returned, 44 (3.0%) patients refused to complete a form, and 62 (4.2%) forms could not be found. Among these patients, the HIV seropositive rate was 2.8% (95% confidence interval = 1.8–3.7%). Complete data were available for 946 patients, of whom the majority was male (65.6%) and Caucasian (85.0%). Fifty per cent of men reported sexual intercourse between men as their main risk for contracting HIV. A total of 870 (92%) patients were registered with a GP, and 614 (70.8%) had seen their GP in the past six months.

A total of 85.2% of patients chose not to discuss HIV testing with their GP. Eight hundred and twenty-six (87.3%) patients gave reasons for not discussing testing with their GP:

- 534 (64.6%) wanted a same-day result,
- 313 (37.8%) were concerned about recording in medical notes,
- 234 (28.3%) were concerned about future life insurance,
- 170 (20.5%) were concerned about confidentiality,
- 123 (14.8%) had a poor relationship with their GP,
- 122 (14.7%) did not want to disclose risk,
- 114 (13.8%) did not want to disclose sexuality,
- 76 (9.2%) had insufficient time in appointment,
- 67 (8.1%) were not registered with a GP, and
- 135 (16.3%) had other reasons, including 63 who regarded testing as nothing to do with their GP.

One hundred and thirty-nine (14.8%) patients discussed HIV testing in primary care but still attended the SDTC. Of these, 69.1% talked with their GP and 30.9% with a practice nurse. Of this group, 63% wanted a result on the same day. In 46% of patients to whom the GP recommended the SDTC, concerns about future life insurance (16%) or confidentiality (14%) were the other main reasons for attending the clinic.

Table 1 compares those patients who tested HIV-negative with those who tested HIV-positive. Those who tested HIV-positive were equally likely to be registered with a GP ($P = 0.11$, chi-squared test) and have discussed testing with their GP ($P = 0.97$, chi-squared test).

Table 2 describes results by patients who declared their sexuality. Homosexual men are as likely to be registered with a GP as heterosexual men or women ($P = 0.2$, chi-squared test) but were less satisfied with their GP ($P < 0.001$, chi-squared test). Homosexual men were less likely to disclose their sexuality ($P < 0.001$, chi-squared test) or main risk ($P = 0.029$, chi-squared test). They are, however, no less likely to have discussed HIV testing with their GP ($P = 0.28$, chi-squared test).

Discussion

S Madge, MBBS, GP fellow HIV; H Wells, MSc, research assistant; and M A Johnson, FRCP, director of HIV service, Department of Thoracic Medicine, Royal Free Hospital, London. M Jones, MBBS, lecturer in general practice; and A Mocroft, PhD, lecturer, Department of Primary Care and Population Sciences, Royal Free and University College Medical School, University College London.
Submitted: 18 November 1998; final acceptance: 23 March 1999.

© British Journal of General Practice, 1999, 49, 813-815.

Table 1. Comparison of HIV positive and negative patients

	All patients		HIV-negative patients		HIV-positive patients		P-value
	n	%	n	%	n	%	
Total	946	100	917	96.9	29	3.1	
Sex of patient							
Male	621	65.6	593	64.7	28	96.6	0.001
Female	325	34.4	324	35.3	1	3.5	
Risk of HIV infection							
Heterosexual	609	64.4	607	66.2	2	6.9	0.001
Homosexual	308	32.6	282	30.8	26	89.7	
Other ^a	29	3.1	28	3.0	1	3.4	
Attendance of STD clinic							
No	492	52.2	485	53.1	7	24.1	0.002
Yes	450	47.7	428	46.9	22	75.9	
HIV testing discussed with GP	96	10.2	93	89.7	3	10.3	0.97
Registered with GP (no)	76	8.0	76	8.30	0	0	0.11
Last appointment with GP							
<1 month	313	36.1	300	35.8	13	44.8	0.59
1 to 5 months	301	34.7	294	35.0	7	24.1	
6 to 11 months	134	15.4	130	15.5	4	13.8	
12+ months	120	13.8	115	13.7	6	17.2	
Age (years)							
Mean (SD)	30.7	(8.3)	30.6	(8.3)	34.7	(8.0)	0.0020

^aOther includes injecting drug use and occupational exposure.

Table 2. Comparison of three main groups of patients at risk of HIV infection.

	Homosexual men		Heterosexual men		Heterosexual women		P-value
	n	%	n	%	n	%	
Total	301	33.1	301	33.1	308	33.9	
Registered with GP							
No	26	8.6	29	9.6	18	5.8	0.20
Yes	275	91.4	272	90.4	290	94.2	
Last appointment with GP							
<1 month	96	34.9	84	31.0	122	42.2	0.001
1 to 5 months	96	34.9	90	33.2	103	35.6	
6 to 11 months	44	16.0	42	15.5	42	14.5	
12+ months	39	14.2	55	20.3	22	7.6	
Satisfaction ^a							
1	37	13.5	14	5.2	32	11.1	0.001
2	37	13.5	24	8.9	29	10.0	
3	43	15.6	35	12.9	59	20.4	
4	58	21.1	78	28.8	53	18.3	
5	45	16.4	73	26.9	55	19.0	
6	55	20.0	47	17.3	61	21.1	
HIV testing discussed with GP	23	7.6	33	11.0	34	11.0	0.28
Attended STD clinic							
No	102	34.0	175	58.5	194	63.2	0.001
Yes	198	66.0	124	41.5	113	36.8	

^aSatisfaction was described on a visual scale from 1 to 6, where 1 was least satisfied and 6 was most satisfied.

With current low levels of HIV testing in England and Wales, this study shows that SDTC provides a service that appears to be a valuable route for patients seeking an HIV test. In this study, 14.8% of patients had discussed HIV testing in primary care. Many were concerned about recording information in notes, life insurance, and confidentiality. Such issues could be addressed in practice leaflets or displayed in the practice.

The issue of releasing confidential medical information to insurance companies and whether truly informed consent is

obtained needs to be revisited. It appears to be an important factor in determining how people in this group use health services. A conflict of interest arises in encouraging patients to divulge sensitive information that may be disclosed to a third party for payment, consequently the patient may be denied or have loaded life insurance. Wider use of current British Medical Association guidelines, whereby no information on lifestyle or HIV risk is speculated upon and such questions are referred to the applicant, is needed.⁴

This study took place in a specialist centre and data were self reported. The population are not representative of general practice. They are young and half of the men are homosexual. However, they may represent a cross-section of those concerned about HIV. HIV tests are requested by GPs; however, in the study period, only 1.7% of all tests performed in this hospital (81/4730) came directly from GPs (personal communication: G Clewley, 1998). HIV may be raised in the context of prevention in primary care, but relatively little testing actually occurs. However, in one large study in Scotland, 31% of tests were requested by GPs.⁵ This may be explained by greater involvement of Scottish GPs in patients with HIV and the history of the epidemic in injecting drug users.

HIV is an increasingly treatable, yet chronic, condition. Keeping GPs up-to-date with an ever-changing subspecialty, where most have few infected patients, is unrealistic. However, discussions about the benefits of knowing one's HIV status because of effective treatments and reducing vertical transmission are within the realms of a brief focused consultation. The Department of Health's recommendation that a HIV pre-test 'discussion' takes place rather than 'counselling'⁶ is helpful as it implies HIV testing is not necessarily time-consuming. The findings of this study could be followed up with investigation into GPs attitudes to HIV testing and studies based in primary care.

References

1. Knowledge of HIV sero-positivity before AIDS diagnosis. *HIV/AIDS Surveillance in Europe* 1996; **52**: 41-47.
2. Johnson MA, Wadsworth J, Wellings J, Field J. Who goes to sexually transmitted disease clinics? Results from a national population survey. *Genitourinary Medicine* 1996; **72**: 197-202.
3. Bor R, Lipman M, Elford J, *et al.* HIV sero-prevalence in a London same day testing clinic. *AIDS* 1994; **8**: 697-700.
4. Association of British Insurers and the British Medical Association. *Notes for Guidance of Doctors Completing Medical Reports for Life and Permanent Health Insurance Purposes*. London: ABI and BMA, 1992.
5. Ross J, Goldberg D. Patterns of HIV testing in Scotland: a general practitioner perspective. *Scottish Medical Journal* 1997; **42**: 108-110.
6. Department of Health. *Guidelines for Pre-Test Discussion in HIV testing*. [PL/CMO(96)1.] London: HMSO, 1996.

Acknowledgements

The study protocol and questionnaire were reviewed and approved by the local ethics committee (RFHSM Ethics Committee). AM was funded by a grant from the Royal College of General Practitioners Scientific Foundation Board. SM is employed as a GP Fellow for the HIV service.

Address for correspondence

S Madge, Department of Thoracic Medicine, Royal Free Hospital, Pond Street, London, NW3 2QG.