Original article

Sexually transmitted diseases and communications with general practitioners

Joseph Winceslaus, Jonathan Blount, Colin Cryer

Objectives: To devise a method of communicating with the general practitioners (GPs), overcoming the constraints imposed by patient confidentiality and the low levels of staffing in genitourinary medicine (GUM) clinics. To assess the GPs' responses to this method of communication.
Setting: GUM clinics at two centres in Kent—Maidstone and Tunbridge Wells.
Methods: Patients were recruited if they attended the clinic of their own accord without a letter of referral from their GPs; a definitive or provisional diagnosis was made and the patient was managed in the clinic; the patient's GP had received a conventional reply from the GUM clinic for other patients referred in the past. Separate GP letters were developed for male and female patients. These handwritten study letters were read by the patients who took the responsibility to deliver them to their GPs. This was followed by a questionnaire to the GPs.
Results: 75 patients were eligible. Seven patients refused to participate. All questionnaires were returned by the GPs for the 68 participating patients (100%). Seven GPs failed to receive the study letter. For these unreferred patients, this was an improvement in communication level from 0% to 80%. 79% (95% confidence interval: 67%–87%) preferred the study letter, 97% (89%–99%) would like to receive a similar letter for future patients. All GPs thought that the study letter was at least as good as the standard letter, 52% (40%–64%) thought it was better. For 82% (70%–90%) it was the preferred format for future communication.
Conclusion: The study has shown a way of establishing communication with GPs for patients who do not object to this. The results also suggest that in the study districts neither the GPs nor the majority of study patients had any objection to the sharing of information between the GUM clinics and GPs.
(*Sex Transm Inf* 1999;**75**:45–48)

Keywords: STDs; general practitioners; communication

Kent and Sussex and Maidstone General Hospitals
J Winceslaus

Mid Kent Health Care Trust
J Blount

South East Institute of Public Health
C Cryer

Correspondence to:
Dr S J Winceslaus, Department of Genitourinary Medicine, Kent and Sussex Hospital, Mount Ephraim, Tunbridge Wells, Kent, TN4 8AT.

Accepted for publication 1 October 1998

Introduction

In the United Kingdom, most patients attending genitourinary medicine (GUM) clinics, especially the large inner city ones are self referred. In Tunbridge Wells and Maidstone only 8% of new patients are directly referred by their general practitioners (GPs). GPs who have referred patients to genitourinary medicine (GUM) clinics receive a standard reply as in other specialties.

GUM clinics have now broadened their horizons and have taken on the management not only of the traditional sexually transmitted diseases (STDs), but also many other allied conditions relating to sexual health.[1 2] Because most new STDs are of viral origin,[3] often running a chronic course and are time consuming to manage, close collaboration with the GP is necessary. Additionally, to comply with the patient's charter,[4] many GPs now prefer close involvement in the care of their patients including the management of traditional STDs.

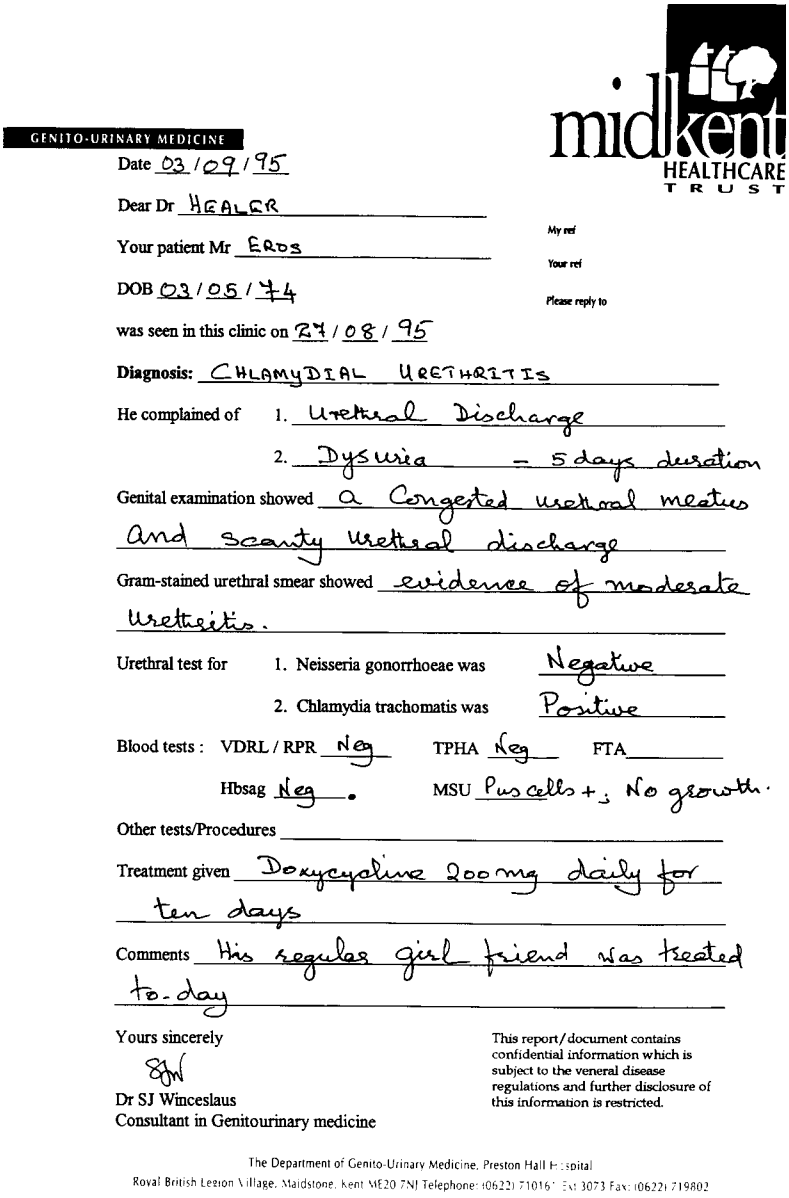
The management of patients in GUM clinics is governed by the "confidentiality act".[5] Although the act has facilitated a remarkable degree of control over STDs, it has created an atmosphere of secrecy between clinics, GPs, and their patients. This and the limited resources available to most GUM clinics[3] are the main reasons why good communication links with GPs are difficult to maintain. This is especially true for the small suburban clinics many of which still remain inadequately staffed.

Literature on referral communication between GPs and hospital consultants has in the past highlighted what should be the ideal contents of GPs' letter to consultants,[6] and consultants' letters to GPs,[7–9] some highlighting individual problems in their specialties.[10] Communication standards in GUM between consultants and GPs remain a largely neglected area. Studies on communication between GUM clinics and GPs have in the past been restricted to problems related to HIV infected patients,[11 12] but the wider issue of communication for general STDs still remains unresolved.

The purpose of the present study was to
(1) encourage better communication for general STDs with the GPs
(2) devise a method of communication that would overcome both the constraints imposed by patient confidentiality and low levels of staffing in GUM clinics
(3) assess the GP's response to this method of communication.

Materials and methods

Male and female patients attending the GUM clinics at two centres in Kent (Maidstone and Tunbridge Wells) were recruited if they met the following criteria:



midkent HEALTHCARE TRUST

GENITO-URINARY MEDICINE

Date 03/09/95

Dear Dr HEALER

Your patient Mr EROS

DOB 03/05/74

was seen in this clinic on 27/08/95

My ref

Your ref

Please reply to

Diagnosis: CHLAMYDIAL URETHRITIS

He complained of 1. Urethral Discharge

2. Dysuria – 5 days duration

Genital examination showed a Congested urethral meatus and scanty urethral discharge

Gram-stained urethral smear showed evidence of moderate urethritis.

Urethral test for 1. Neisseria gonorrhoeae was Negative

2. Chlamydia trachomatis was Positive

Blood tests : VDRL / RPR Neg TPHA Neg FTA

Hbsag Neg. MSU Pus cells +; No growth.

Other tests/Procedures

Treatment given Doxycycline 200mg daily for ten days

Comments His regular girl friend was treated to-day

Yours sincerely

Dr SJ Winceslaus
Consultant in Genitourinary medicine

This report/document contains confidential information which is subject to the veneral disease regulations and further disclosure of this information is restricted.

The Department of Genito-Urinary Medicine, Preston Hall Hospital
Royal British Legion Village, Maidstone, Kent ME20 7NJ Telephone: (0622) 710161 Ext 3073 Fax: (0622) 719802

Figure 1 Letter developed for use in the study completed for a fictitious male patient. Mid Kent Healthcare Trust version.

(1) attendance at the clinic of their own accord without a letter of referral from their GPs
(2) a definitive or provisional diagnosis made and managed in the clinic
(3) their GP had received a conventional reply from the GUM clinic for *other patients* previously referred by them (to facilitate comparison)
(4) patient consented to participation in this study.

Separate GP letters were developed for male and female patients. These study letters contained information that is routinely presented in standard letters to GPs, but in a completely structured format. The letters were completed by hand and given to the patient for approval. Any information found unacceptable to the patient was deleted. Note was also made of any pending laboratory investigations. Two such letters for fictitious patients are shown in figures 1 and 2.

It was made clear to the patients that the clinic would be subsequently approaching the GPs for their views about this new style of communication. This gave the patients a second chance to opt out of the study if they had any misgivings about their clinic details being sent to their GP. Patients were asked to take the letter to their GP after a copy had been filed.

After an interval of 2–3 weeks, a questionnaire and blank male and female study letters were sent to the GP accompanied by a letter explaining the purpose of the study. If no reply was received after 2 weeks, the GP was telephoned and encouraged to return the questionnaire even if the patient had failed to hand in the study letter.

Results

Seventy five patients were recruited, seven of whom refused to participate, leaving 68 patients in the study. None of them made any changes to the information contained in the study letters. Seven of the GPs did not receive the study letter from the patient. All the questionnaires were returned for the participating 68 patients by the GPs (100%).

The results are summarised in table 1. All 61 GPs who received the study letter thought the

Table 1 Summary of GP responses to questionnaire

	n	*Yes*	*No*		*%*	*95% CI*
GP received the study letter	68	61	7		90	
GP preferred the study letter	61*	48	11		79	67%–87%
GP would like to receive similar letter for future patients	61	59	2		97	89%–99%
GP always reads entire contents of the standard letter	61	55	6		90	80%–95%
	n	*Better*	*Same*	*Worse*	*% Better*	*95% CI*
GP thinks that information provided by the study letter better than standard	61	32	29	0	52	40%–64%
	n	*Preferred study*	*No preference*	*Preferred standard*	*% Preferred study*	*95% CI*
Future communications to use the study rather than standard letter						
From GUM clinics	61	50	2	9	82	70%–90%
From other specialties	61	10	0	51	16	9%–28%

*Two GPs had no preference.

KENT & SUSSEX WEALD NHS TRUST

Our Ref:
Your Ref:
Please reply to

Kent and Sussex Hospital
Mount Ephraim,
Tunbridge Wells,
Kent TN4 8AT
Tel: (01892) 526111
Fax: (01892) 528381
Ext:

Date 07 / 08 / 96

Dear Dr COUNSELLOR

Your patient ~~Ms~~/Miss/~~Mrs~~ VENUS

DOB 05 / 05 / 72 was seen in this clinic on 05 / 08 / 96

Diagnosis: CANDIDAL VULVO-VAGINITIS

She complained of 1. Increased vaginal discharge
2. Genital soreness and itching – for 1 week.

Genital examination showed Vulval and Vaginal erythema and moderate white vaginal discharge.

Bimanual examination showed No abnormalities

Results of Gram-stained smears: Microscopy of Vaginal discharge showed mycelia and spores.

Genital test for 1. Neisseria gonorrhoeae Negative
2. Chlamydia trachomatis Negative 3. Candida isolated from HVS
4. Mixed Anaerobes Negative 5. Trichomonas vaginalis Negative

Blood tests: VDRL Negative TPHA Negative FTA ____
Hbsag ____ Anti HBS ____ Hep C Ab ____

Other tests/Procedures Cervical Cytology – Negative (PR: 7138612)

Treatment given Canesten Vaginal pessary 500 mg x 1
Canesten Cream 30 g.

Comments Regular boyfriend to use Canesten cream on the penis before resuming sex

Yours sincerely

Dr SJ Winceslaus
Consultant in Genitourinary medicine

This report/document contains confidential information which is subject to the veneral disease regulations and further disclosure of this information is restricted.

Figure 2 Letter developed for use in the study completed for a fictitious female patient. Kent and Sussex Weald version.

information provided was adequate (one thought that there was too much information). No additional information was thought necessary and no improvement suggested. Seventy nine per cent (95% confidence interval: 67%–87%) preferred the study letter, 97% (89%–99%) would like to receive a similar letter for future patients, and all thought that the study letter was as good as the standard letter, with 52% (40%–64%) saying it was better. For 82% (70%–90%) the study letter was the preferred format for any future communication from the GUM clinic.

GPs were asked for their comments upon the study letter, and 27 replies were received. Seven GPs felt that the letters should be posted and not hand delivered by the patient. Eight GPs provided positive comments on the study letter and particularly liked the format, clear reporting, ease of reading, and clarity. Five GPs wanted further follow up letters for patients whose treatment was continuing at the clinic. Three GPs had minor concerns about information from GUM clinics entering patient's records. Four GPs commented that the study letter should not be seen as replacing standard letters.

Discussion

In the absence of this study, for the 75 patients initially recruited and who were not referred to the clinic by their GP, there would have been no communication between the clinic and the GP. As a result of the study, however, for 61 of the 75 patients the GPs received information about the relevant conditions and management. This represents an improvement in the level of communication for unreferred patients from 0% to 80%.

The other principal findings of this work are that 79% of GPs preferred the GP letter developed for this study to the standard letter, with 97% requesting similar letters for their future patients attending the GUM clinic. For information provided, all GPs thought the study letter was as good as the standard letter, with 52% showing a preference for the study letter. For 82% it was the preferred format in future communications (table 1).

The results of the present study are in conflict with the long held belief that patients do not like their GPs to know about their attendance at GUM clinics. Only seven of the original 75 eligible patients refused to take part in the study. A further seven agreed to participate but did not take the letters to their GPs. However, it cannot be assumed that the reason for this was to keep the information from their GPs as they had already consented to the clinic sending a questionnaire to the GP about the study letter.

Six per cent of GPs admitted that they did not always go through the entire contents of the standard replies sent from clinics. A letter that is quick to read and easy to assimilate would overcome these problems for the GP, provided that it contained all the important information.

Will completing these letters further impinge on clinic time of the already extremely busy GUM consultant? Most of the study letters took approximately 4–6 minutes to complete. However, as the need to communicate with GPs will be used selectively, this represents a relatively small amount of clinic time which is well spent.

In conclusion, in the two districts the study has shown a way forward in establishing effective communication links with the GPs for patients who do not object to this. This can be achieved within the current resources available to most clinics and to the satisfaction of the majority of GPs. An improvement in the level of communication with GPs, which is within the grasp of all GUM clinics, is highly desirable in view of the GPs' need for information in the new primary care led NHS.

One of the authors (CC) was supported by the NHS Executive (South Thames).

Contributions: SWJ, the principal investigator for this project, planned, initiated, and conducted all of the material research and data collection. JB participated in formulating the research letters and questionnaires, wrote database for collection of data, and helped with editing the paper. CC was responsible for the interpretation and analysis of data as well as helping with the writing and editing of the paper.

1 Sonnex C, Carne C, Edwards S. Rethinking sexual health clinics: patients prefer to have non-descriptive titles (letter). *BMJ* 1995;**310**:1194–5.

2 Stedman Y, Elstein M. Rethinking sexual health clinics. *BMJ* 1995;**310**:342–3.
3 Monks Working Party. *Report of the working group to examine workloads in genitourinary medicine clinics.* London: Department of Health, November, 1988.
4 Department of Health. *The patient's charter: raising the standard.* London: HMSO, 1991.
5 Department of Health. *National Health Service (Venereal Diseases) Regulations 1974 (SI 1974129) regulation 2.* London: HMSO, 1974.
6 Newton J, Eccles M, Hutchinson A. Communication between general practitioners and consultants: what should their letters contain? *BMJ* 1992;**304**:821–4.
7 Rawal J, Barnett P, Lloyd B. Use of structured letters to improve communications between hospital doctors and general practitioners. *BMJ* 1993;**307**:1044.
8 Lloyd B, Barnett P. Use of problem lists in letters between hospital doctors and general practitioners. *BMJ* 1993;**306**: 247.
9 Cornwall P. Communication between general practitioners and child psychiatrists. *BMJ* 1993;**306**:692–3.
10 Hodge JAH, Jacob A, Ford MJ, *et al.* Medical clinic referral letters. Do they say what they mean? Do they mean what they say? *Scott Med J* 1992;**37**:179–80.
11 Guthrie B, Stinton F, Barton S, *et al.* Communication with general practitioners by hospital based HIV units (letter). *Int J STD AIDS* 1994;**5**:458–9.
12 Guthrie B, Barton S. HIV at the hospital/general practice interface: bridging the communication divide. *Int J STD AIDS* 1995;**6**:84–8.