

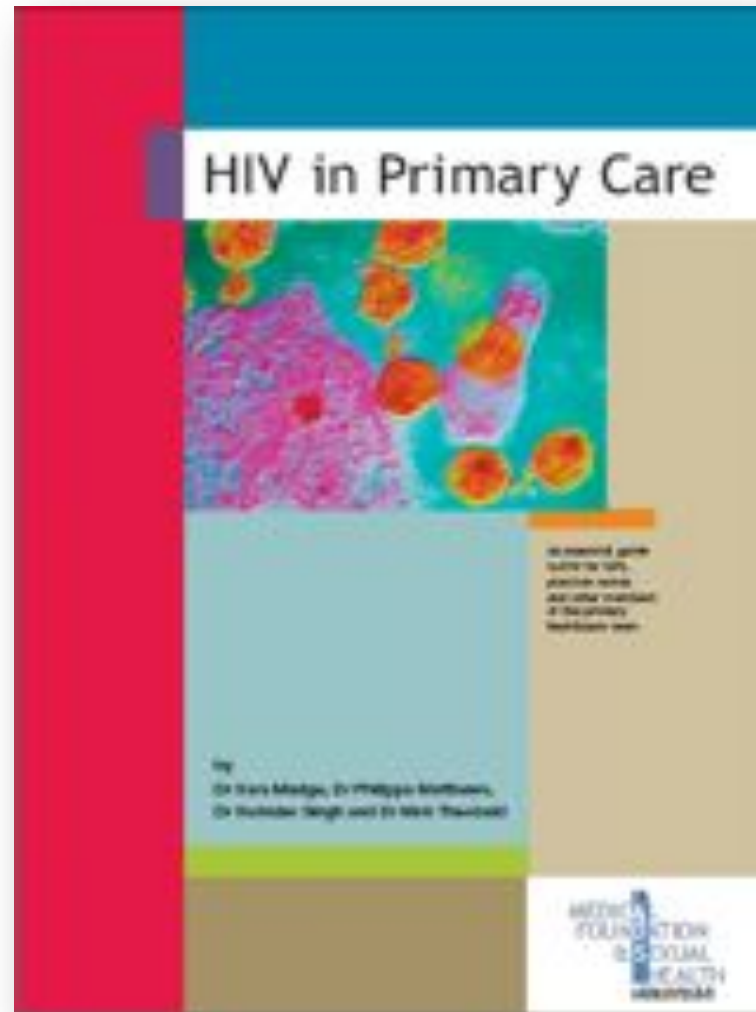
# GENERAL PRACTICE AND HIV/AIDS



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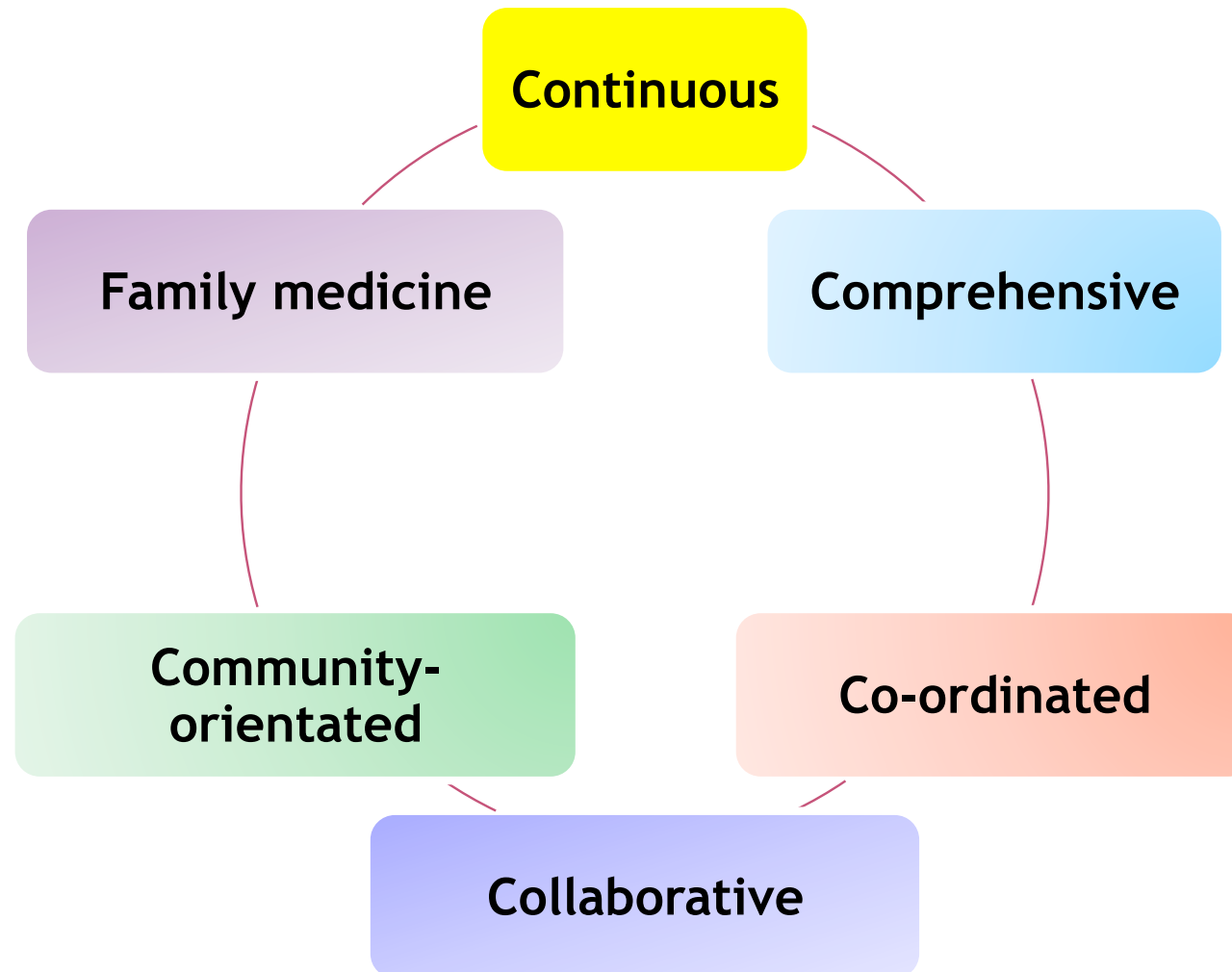
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# WE BELIEVE.....



UK-CAB Meeting Oct 2010

# GP AS A PROVIDER OF SERVICES



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# THE CHALLENGE:

**Patients desire**

- Effective, quality care; ? local

**Hospital departments**

- “gold-standard treatments”, excellent care...but is it sustainable??

**GPs**

- Not expert, some interested and lots of work/little time
- Still suffering from the position 20yrs ago when ‘counselling’ was in vogue.....

# MY PATIENTS

## ○ **Complex and with real need:**

- Mum who is struggling with her child - who has physical ailments...
- Medication - statins given
- Follow-up following eye surgery
  - He has epilepsy, drinks too much and doesn't always take his meds!!

## ○ **HIV infection and other conditions:**

- Thyrotoxicosis (over-active thyroid gland)
- Mental health problems
- Sleep apnoea syndrome

# COULD WE DO MORE?

- **Nursing team**
  - **Opportunities for discussion of sexual health matters**
  - **Cervical screening; almost at top target (but inner city!!)**
    - Chlamydia screening
    - Partner notification is an issue - responsibility/ accountability??

## The ABC of Sexual Health:

- **A - Awareness**
- **B - Basic knowledge**
- **C - Confidence + communication**
  - Communication is 3-way (Mansfield S and Singh S. Who should fill the care gap in HIV? Lancet 1993;342:726-28)

## CASE HISTORY (A)

- ▶ 40 year old man from Ukraine, single, smoker, known to me for the past 10 years
- ▶ Now on ARV - and the transition has not been easy
- ▶ Other conditions:
  - Mental health conditions (under local community psychiatric team)
  - Insulin-dependent diabetes mellitus (specialists)
  - Chronic obstructive airways disease (specialists)
  - Osteoporosis (me!)
  - Mouth ulcers/chronic candida (specialists)

**Genuinely complicated patient!**



## CASE HISTORY (B)

- ◉ 35 year old lady, registered in 2006 (born in Africa)
- ◉ By mid 2007, she was under gynaecologists, rheumatologists and also ENT - recurrent tonsillitis
- ◉ ENT - routine tonsillectomy, biopsy showed KS
- ◉ Soon after admitted with intestinal obstruction - widespread KS and treated by HIV doctors/ oncologists
- ◉ De-registered with the practice soon after???
- ◉ Not atypical for our the locality (SE8/SE14).....

# GENERAL PRACTICE

## Big Issues for us:

- ▶ Patients 'engaging' with us.....
- ▶ The issue of confidentiality
  - Collusion with hospital services??
- ▶ 3-way communication with hospital/the patient and us
- ▶ Providing good quality care for patients affected by HIV/AIDS



# CAN GPS HELP?

- ◉ *Yes...undoubtly!!*
- ◉ *Patients and GPs need to engage (as a policy we don't treat 'virtual patients')*
- ◉ *Areas we are quite good at include:*
  - *Managing "lots of complex conditions"*
  - *Family considerations (?holistic approach)*
  - *Ensuring access to community nursing & services*
  - *Sign-posting*
  - *Rules around confidentiality*



# QUESTIONS?

