

Demographics

As people with HIV are living longer, more disease stable lives, HIV has become classified as a chronic disease. How can primary care practitioners be best supported to meet the needs of these patients? We would like to collect some information about your experience in practice.

1. Number of GPs in the practice

2. Total number of patients in the practice

3. Location of practice (please give postcode)

4. Estimated number of HIV patients on practice list

5. Estimated number of specialist HIV centres involved in the care of these patients

HIV Testing

6. Do you offer HIV testing in your practice?

- Yes
- If test indicated would send to Genito-Urinary Medicine clinic

7. If HIV testing is offered in your practice, to whom? (please tick all that apply)

- New patients
- All patients with indicator diseases
- Patients from high risk groups
- Any patient that asks for it
- Other (please specify)

8. What is the current guidance on HIV testing in your practice?

9. Please rate each statement to reflect how much of a barrier it presents to you offering HIV testing

| | No barrier | Partial barrier | Significant barrier |
|---|-----------------------|-----------------------|-----------------------|
| I don't know how to request a test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Offering an HIV test is generally not relevant to the consultation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is not enough time in the consultation to discuss testing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel uncomfortable talking about Sexual Health/HIV with patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am nervous of the patient's reaction if I offer them a test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| They are already offered a test in the new patient health check | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would feel uncomfortable if I had to give a patient a positive result | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is too expensive to do an HIV test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other

10. Please describe how you feel HIV testing could be increased in your practice

Primary Care Provision

(If you have no known patients with HIV in your practice, skip to Q4)

These questions are around the services that you would currently provide for patients with HIV as part of your routine caseload:

11. For what proportion of your HIV caseload have you received communication from the specialist in the last year?

12. How often do you communicate with the specialist HIV service?

13. If you have concerns about the potential impact on your patient's HIV of new diseases/conditions, how do you seek information?

14. What services do you currently provide for people living with HIV?

15. Do you have a mechanism to alert you to check for potential drug interactions with the patient's antiretroviral drugs?

16. Have you had any training in HIV?

Yes

No

17. If yes, how long ago?

< 1 year

1-5 years ago

> 5 years ago

18. And by whom?

19. On a scale of 5, how useful was it?

- 1
- 2
- 3
- 4
- 5

20. Do you have an anti-discrimination policy visible in the practice waiting room?

- Yes
- No

21. Do you have a confidentiality policy visible in the practice waiting room?

- Yes
- No

22. What training is offered to the practice support staff?

23. What are the key challenges to the management of people living with HIV in general practice?

Models of Care

24. How useful would you find each of the models of care described below for your HIV patients?

| | Not useful | Somewhat useful | Very useful |
|--|-----------------------|-----------------------|-----------------------|
| Regular scheduled visit to the practice from an HIV Clinical Nurse Specialist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shared care agreement with yearly follow up by HIV specialist and sharing of care plan with GP | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Proactive care planning between GP and patient that includes self management action, reviewed at regular intervals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Regular multidisciplinary team meetings to review cohort | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education update about testing and management in Sexual Health and HIV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Membership of HIV network with care pathway contacts and educational updates | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Informal collegial support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient led peer support for newly diagnosed within primary care context | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

25. In your opinion, what would be the best thing to facilitate a shared care approach?

The survey is complete

Thank you for taking the time to complete this survey. Please enter your email address if you wish to be entered into the draw for a £150 Sexual Health Foundation course grant (www.stif.org.uk).

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