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Fourth Joint Conference *of the* British HIV Association *with the* British Association for Sexual Health and HIV  
Edinburgh International Conference Centre ♦ 17–20 April 2018

# **How can primary care work more closely with sexual health services to deliver appropriate testing, prevention & care for STIs and HIV?**

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The research was funded by the National Institute for Health Research Health Protection Research Unit (NIHR HPRU) in Blood Borne and Sexually Transmitted Infections at University College London in partnership with Public Health England (PHE), in collaboration with London School of Hygiene & Tropical Medicine (LSHTM). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR, the Department of Health or Public Health England. We acknowledge members of the NIHR HPRU in STI Steering Committee: Caroline Sabin, Anthony Nardone, Catherine H. Mercer, Gwenda Hughes, Greta Rait, Jackie Cassell, William Rosenberg, Tim Rhodes, Kholoud Porter, Samreen Ijaz and Sema Mandal.



## Disclosures

- Jackie Cassell is Editor in Chief of *Sexually Transmitted Infections* journal, and part of her salary is paid through the NIHR Health Protection Research Unit in STI, HIV and BBV

# A Tale of Two Cities?

## What can and should we be doing, on both sides?

- Who are the key populations as they appear in primary care (particularly general practice)?
- Where are the practical opportunities to prioritise them?
- How can we influence primary care productively, given our different cultures?
- What do we need to be doing in sexual health and HIV services to support the primary care task?

## The world from a GP's perspective

- Integration of physical, psychological/mental and social in the approach to the patient
- Much chronic care “pushed back” to GP
- Co-morbidity & healthy ageing major part of workload
- General services & incentivised work





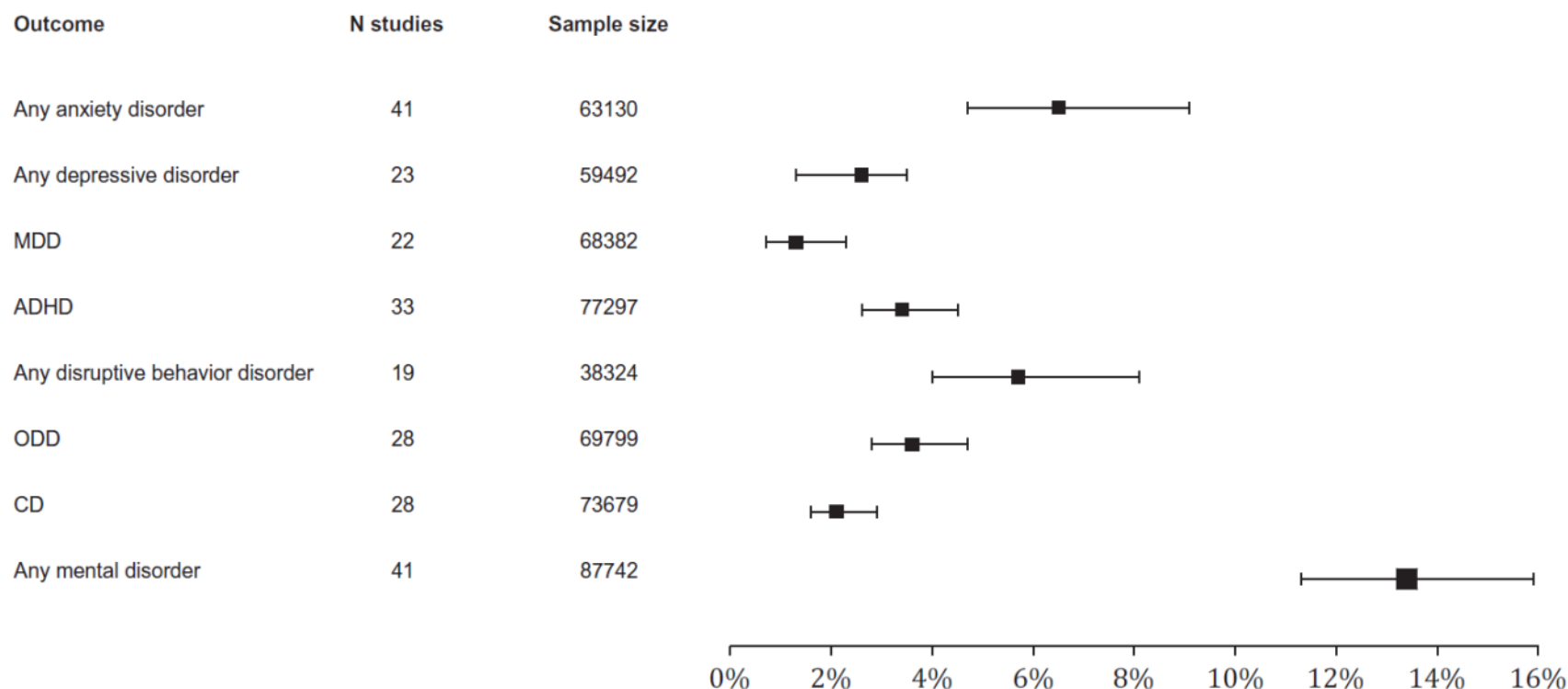
## Young people from a GP perspective



- Family context
- On a developmental journey
- A point in a long term relationship
- Mental, behavioural & physical health
- Safeguarding perspective - young carer? Substance use in family? Neglect?

# Mental health and behavioural challenges in adolescence

Guilherme, Polanczyk 2015



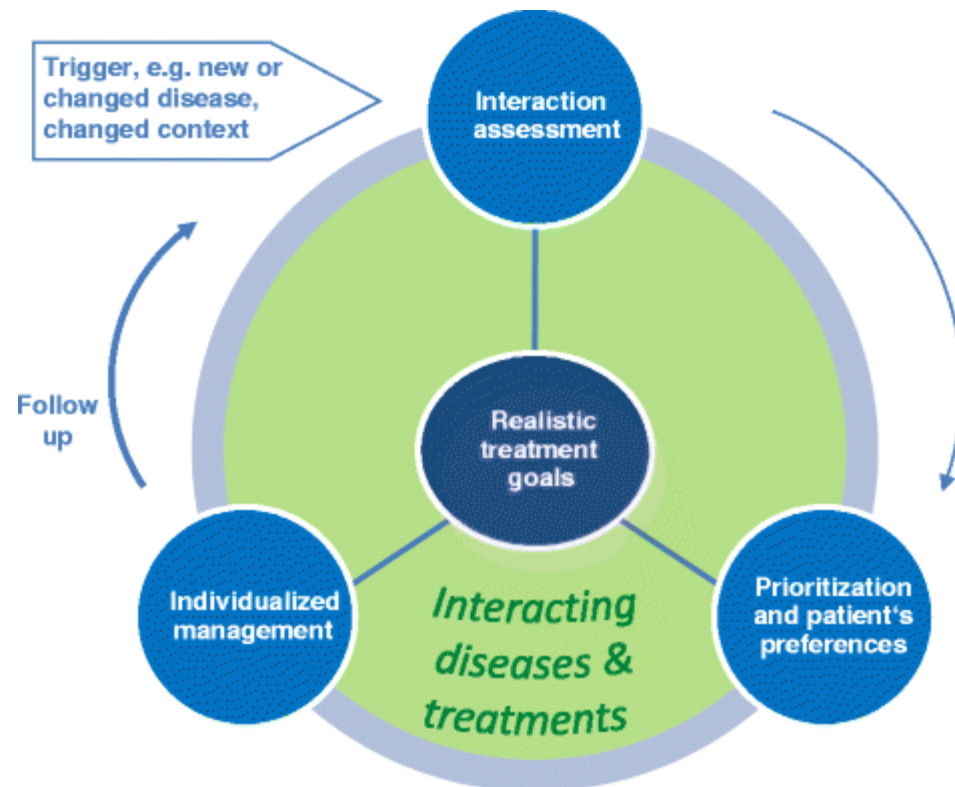
Worldwide pooled estimates of any mental disorders and specific disorders in children & adolescents. (MDD major depressive disorder, ODD oppositional defiant disorder, CD conduct disorder)



# Back to STIs and HIV – some key opportunities?

Young people early in sexual experience

Primary and secondary prevention in HIV



## **HPRU Theme B: how we are addressing “diagnosing the undiagnosed” in primary care**

- Addressing the cultural and structural aspects of primary care
- Working with the primary care holistic perspective on health
- Focus on adolescence and early sexual health encounters

# **Study 1: Facilitators and barriers to chlamydia testing in general practice - systematic review**

- Psychological theoretical model of behaviour: COM-B Model (Capability, Opportunity and Motivation, Behaviour)
- Protocol: *BMJ Open* 2017;7:e013588
- Patient, provider, service levels, and cross cutting factors
- Social context is critical, implementation should focus on:  
1) normalisation, 2) communication, 3) infection specific information, and 4) mode of testing.

## Study 2: Improving young people's health via primary care - qualitative exploration

- Chlamydia testing in general practice and development of holistic approach to adolescent health
- Participants = 27 young people, 16-24 years old
- **Acceptability:** *“I’d feel a bit weird if it felt like they were singling me out, but if they just kind of offered it as, hey, we’re just offering this for everyone type thing, I would feel absolutely fine about it”* (Lauren, 22 years).
- **Trust:** *“I would feel it’s more legit or whatever, more trusting if it’s coming from your GP. It’s somewhere you’ve been!”* (Henry, 23 years).

## **Study 3: STI testing influences for young people in primary care - online questionnaire**

- Guided by psychological model of behaviour, measured = STI knowledge, stigma, shame, medical embarrassment, injunctive norms, moral norms, perceived susceptibility and severity, self-efficacy, self-identity
- Participants = 600+ young people, 16-24 years
- Over 70% would accept STI test if offered in GP
- Self-identification, greater injunctive norms (i.e., perception of social approval), greater perceived susceptibility to infection, and fear of test results significantly predicted greater STI testing intention

## Study 4: STI testing in general practice for young LGBT+ people

- Data collection ongoing, to date,  $N = 15$ 
  - ↳ (7 women, 7 men [including 2 transgender men], 1 gender fluid; 2 lesbian, 3 gay, 8 bisexual, 2 pansexual)
- *“I just feel like sometimes it’s just they don’t really take it seriously, when like a woman has [sex] with other women primarily, because it’s just that they seem to think that it doesn’t, you don’t spread STIs that way, but you can do”. (Jo, 19, female, lesbian)*
- *“... for particularly trans people, STI tests can be quite intimate, and so can trigger dysphoria or negative feelings towards their – my anatomy, I guess.” (Tom, 18, male, trans, bisexual)*



## Ongoing studies

- **Study 5:** Approaches to young people's health in general practice - qualitative interviews and focus groups with primary care staff
- **Study 6:** Factors associated with chlamydia retesting – online questionnaire with those who tested positive
- **Study 7:** Interventions to increase chlamydia testing in general practice - systematic review of efficacy and effectiveness



# Derivation of a psychosocial clinical prediction rule to target sexual healthcare among women of reproductive age attending British General Practices

Natalie Edelman

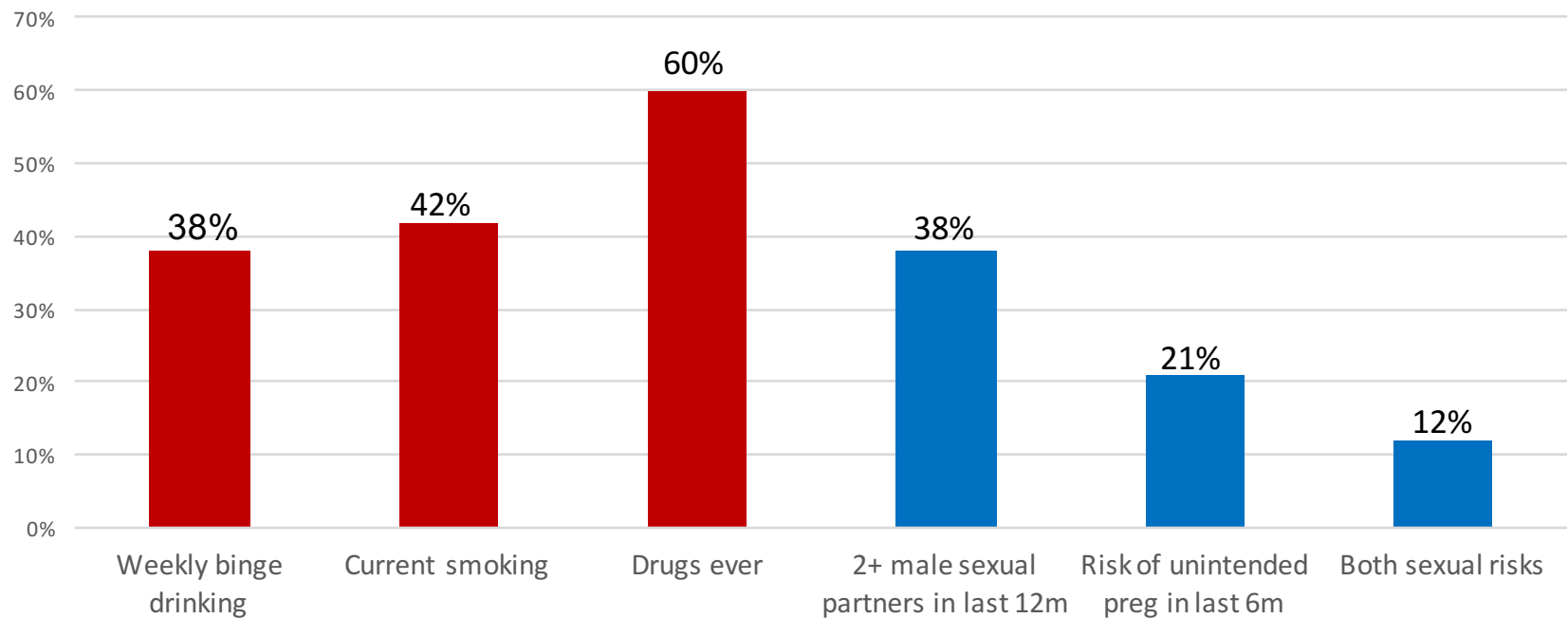
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This is a summary of independent research funded by the National Institute for Health Research (NIHR)'s Doctoral Research Fellowship programme. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

## Sexual risk and substance use among 16-24 year old women (n= 269) attending General Practices



\*Women were allocated as 'at risk of unintended pregnancy in last six months' if during that time period they reported 1+ male sexual partners and failed, inconsistent or non-use of contraception, and that they had wanted to avoid getting pregnant

# How can we help primary care be more adolescent-welcoming, especially for sexual minorities?



- The waiting room
  - The website
  - The contraception/sexual health session offer
- 
- Leaflet & online materials – a BASHH role here?
  - Education – the needs of male-attracted males
  - Modify chlamydia test offer to address minority needs

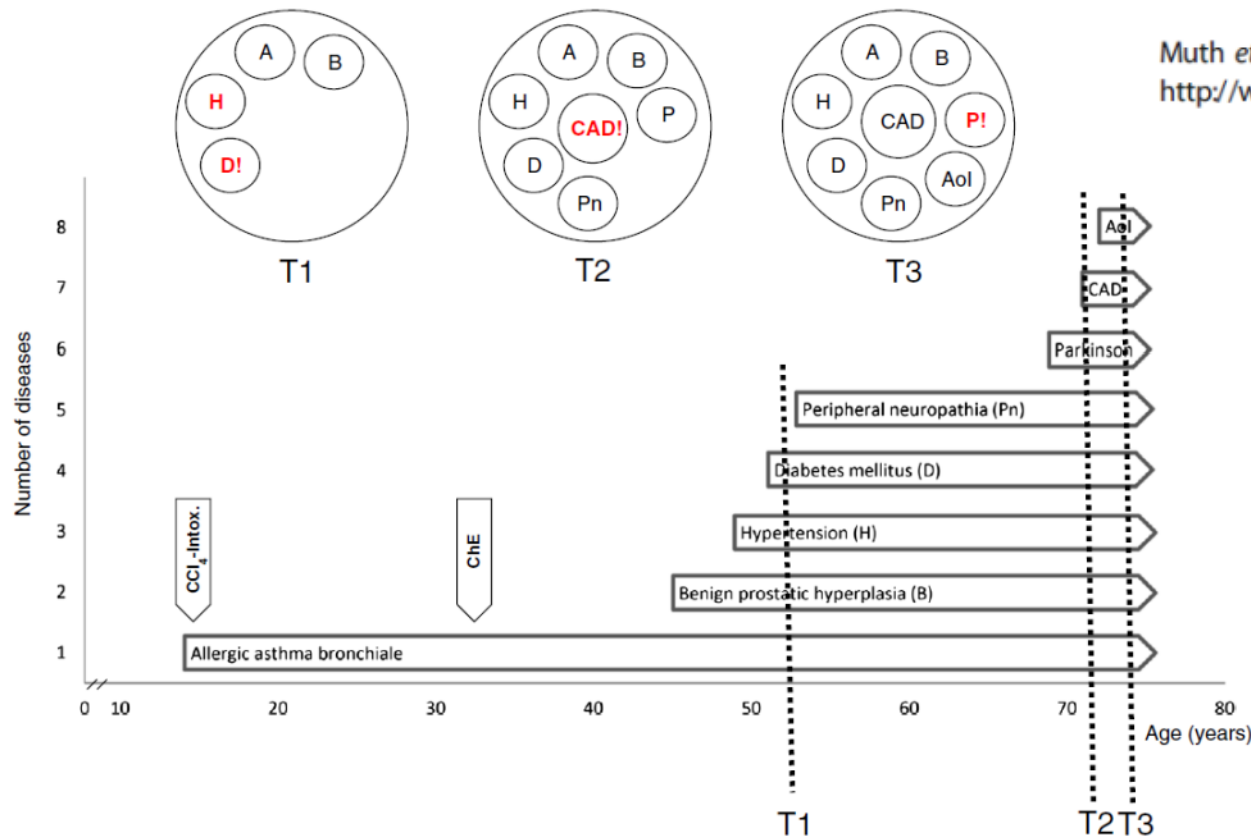
# Taking us into HIV prevention and management

## Primary prevention

- A key opportunity is signposting & educating young (perhaps not yet) MSM
- Well placed to have the first prevention conversation – how to do without stigma?

## Secondary prevention

- How can we play to primary care strengths?
- Chronic disease and ageing are core business – but need specialist support



Muth et al. BMC Medicine 2014, 12:223  
<http://www.biomedcentral.com/1741-7015/12/223>

- GP information systems capture both longitudinal & cross-sectional perspectives
- Comorbidity is normalised & addressed through sophisticated yet familiar prompt systems



## What do GPs say they want, to provide better HIV care?

- Bypass numbers for advice on HIV patients in their care – need a quick response to make a decision that does not send patient in
- BASHH/BHIVA guidelines that include guidance for the primary care setting, and its interface with specialist care
- Integration and push back to GP has allowed GPs to be more experienced in HIV – these partnerships must draw on GP experience in healthy ageing to educate & support specialists

## **Gaps in research and practice for the sexual health and GP communities to address**

- Recognising adolescence as a transitional time when mental health, behavioural problems and family context can have a major impact on sexual health. Interventions?
- Vulnerability of adolescents beyond sexual and partner violence safeguarding. How can sexual health services engage and support?
- Supporting GPs and other services to welcome & signposts sexual minority needs early in life
- Making the GP portfolio career a two-way opportunity for sexual health

## Acknowledgements

- Greta Rait (Co-lead, Theme B), HPRU
- Lorraine McDonagh, HPRU, UCL
- John Saunders, HPRU, UCL & PHE
- Cath Mercer, HPRU, UCL
- All colleagues in the HPRU STI, HIV, BBV
- Gordon Harold, Director, Sussex Rudd Centre, University of Sussex