

Improving patient and partner management in chlamydia and gonorrhoea: A qualitative evaluation of a pilot trial in primary care

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Background

Around half of Chlamydia and Gonorrhoea testing in England is amongst asymptomatic individuals attending primary care for unrelated reasons. GPs we have surveyed report having neither the training nor the resources to manage these infections effectively and say that they would welcome support.

We conducted a pilot randomised controlled trial. In intervention practices, when clinically appropriate, health care practitioners (HCP) could offer patients being tested for Chlamydia and Gonorrhoea the option of treatment and partner notification independent of their GP via a telephone based service led by specialist nurses. Patients in control practices received usual care. We recruited 11 GP practices - eight randomised to the intervention, three controls.

Method

This qualitative evaluation examined whether the study can be introduced successfully and whether HCP and patients find this new system acceptable. HCP in intervention practices, as well as patients who both consented and declined consent to trial participation, were interviewed about their experience and views of the study. Interviews were audio-recorded, transcribed, and analysed using the framework method.

Findings

16 HCP (11 GPs and 5 nurses) and 12 patients (8 female and 4 male, ages 22-50) were interviewed.

Views of the trial

HCP generally found that offering the intervention to patients did not negatively impact on the consultation. They occasionally found the research aspect more challenging to include – for example when they were very pressed for time, or were dealing with a complex case:

Most of the time I see people, to be honest, is often on call when you're really rushed and busy, and they're coming in acutely with like pelvic pain or this.... it's one part of the whole consultation, it's not like the main, they're not coming in saying, "Please can I have a chlamydia test?" so then I think what happened a couple of times to me is that they'd left the room. So I went to then do the request and, "Oh strewth, I haven't asked them so now I can't recruit them." (Daniel, GP)

Several patients who were interviewed did not have a clear understanding of the trial. A contributing factor may have been that for a number of patients the consultation where the test for chlamydia / gonorrhoea was carried out was in the context of stressful or emotive issues. Despite this, no patient expressed a negative view of the trial and patients in general valued research and were happy to have an opportunity to contribute:

I suffer from quite a few health issues anyway, like asthma and stuff like that, and anything that, like research-wise, that'll help anyone get better or not get things, I kind of like partaking. (Lorraine, 26)

Views of the intervention

Both HCP and patients viewed the intervention positively:

It made me feel a little bit...um 'cos I've not had an STD before and I didn't know, I didn't know much about it. So everyone was really friendly and helpful and explained things to me in a way I understood it, so I thought that was quite good. (Jessica, 37)

HCP felt the intervention would be suitable for most patients, with exclusions including those who might have more difficulty with understanding – due to language or other issues - and patients who were very anxious or unwell.

Views on partner notification

Several HCP expressed the view that specialist nurses would be better placed to manage partner notification, and that this would be a helpful service. Patients found it acceptable to be asked for details of partners should they have a positive test result. However views on the best way to manage partner notification varied, with a minority of patients having strong views. For example, Rob whose test result was negative, would have been glad to have the specialist telephone service manage this aspect:

Yeah, yeah 'cos that's easier than you doing it [laughs]. 'Cos that's just embarrassing [laughs]. (Rob, 22)

In contrast Donovan, who had tested positive for Chlamydia, felt it was better that he took responsibility for notifying partners, a view which was also expressed by a 26 year old female patient:

Well I'd rather have told 'em myself to be honest with you. That's something that you kind of break yourself; you wouldn't really want a nurse ringing them up and saying this and then it's a bit more of a shock to them innit?....I think it's more respectful to your partner (Donovan, 22)

Ben, who was 24 and who had tested negative, felt that he would have found it difficult to be asked for details of partners during the same telephone call where a positive test result was communicated – he would need time to come to terms with the result before he would be in a frame of mind to engage in a discussion about partner notification.

Suggested improvements

It would be helpful to deliver greater clarity for patients, but also for HCP, on the two possible phone calls they might receive as part of the study: A call from a specialist nurse if they have a positive test result, and a call from a researcher evaluating their experience of the study. It was possible to opt out of each part of the study, and hence each call, independently, but not all participants were clear about this.

Because of the electronic system used for enrolling patients in the study, and also for communicating test results to the practice, HCP experienced uncertainty regarding if, and how, patients had been informed of their result, and managed where appropriate.

That would be very important having that message to double...to really confirm, "This result is being managed by this person and if we have any problems we will get in touch." So, you know, you wouldn't think, "Do I need to ring the patient as well?" (Victoria, GP)

HCP retained a strong sense of personal responsibility for the patients whose tests they had initiated, and a mechanism is needed to ensure that they are kept fully informed in a timely manner regarding the care those patients are receiving.

Conclusions

- The intervention was considered acceptable and feasible by both HCP and patients.
- Patients find it important to have different options for partner notification.
- Training and support materials for HCP require further development to support their understanding, and delivery, of the intervention.
- It is important for primary HCP to be kept fully informed in a timely manner regarding how their patients are being clinically managed.

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