

testing in the community becoming a con-founder to monitoring of this aim.

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## Letters from beyond: do patients attending Genitourinary Medicine clinics want their general practitioner to know?

Communication standards between physicians in Genito-urinary Medicine (GUM) and general practitioners (GPs) remain a vital but largely neglected area of study.<sup>1</sup> As a result of historical statutes many clinics still communicate with GPs only when patients are formally referred from general practice, but this policy may not reflect current patient or GP preferences.<sup>2</sup>

All patients attending the GUM clinic in the Scottish Borders complete a registration form that includes a section concerning communication with their GP; therefore, a retrospective analysis was performed on a random sample of 630 case notes (43% male and 57% female) from patients attending between 2002 and 2006.

Overall, 54% of patients requested no contact be made with their GP, but 36% of patients

**Table 1** Factors affecting GUM attendees' preference regarding GP contact

	Overall no.	No. (%) declining GP contact	p value
Patient sexual preference			
Heterosexual	600	312 (52%)	p ≤ 0.01
Homo-/bisexual	26	20 (77%)	
Reason for attendance			
STI screen, no symptoms	153	105 (69%)	p ≤ 0.001
Symptoms	349	155 (44%)	
Known contact of infection	103	68 (66%)	
Mode of referral			
GP no letter	197	84 (43%)	p ≤ 0.001
GP with letter	65	8 (12%)	
HIV test undertaken			
Yes	317	195 (62%)	p ≤ 0.001
No	313	144 (46%)	

Data analysed using Microsoft Excel and statistical analysis performed using the  $\chi^2$  test.

expressed a definite preference for communication with their GP. Patient age did not influence the wish for communication with their GP as patients younger than 20 years old were no more likely to refuse GP contact than those over 20 (57% vs 53%,  $p = 0.52$ ). Similarly, gender had no significant effect (females 53% vs males 56%  $p = 0.43$ ).

Patient sexual preference, however, did influence whether patients wished communication between GUM and their GP with patients being significantly more likely to decline GP contact if self-identified as homo- or bisexual (table 1). Reason for attendance at the GUM clinic was also an important factor, with patients more likely to decline GP contact if they attended for an asymptomatic STI screen or as a contact of infection than if they had symptoms (table 1).

Forty-two per cent (262/630) of patients were referred by their GP, and 35% of patients self-referred to the GU Medicine clinic (215/630). Self-referred patients were more likely to decline GU Medicine contact with their GP than those initially referred by a GP (65% vs 36%) ( $p \leq 0.001$ ). Of those referred by a GP, patients were more likely to consent to contact between the GU clinic and their GP if referred to the clinic with a GP letter (table 1). Finally, patients who undertook HIV testing were significantly less likely to agree to contact with their GP (table 1).

There is an unwritten assumption that most patients attending GUM clinics would not wish their GP to be made aware, but evidence from this large study refutes this. Providing GP letters for patients may be an addition to the workload for already overstretched GU services but is consistent with other disciplines and may reduce stigma attached to sexual health. Standard letters and electronic systems may reduce the work involved.<sup>1</sup> Many patients initially attend GPs for sexual-health-related issues<sup>3</sup>; therefore GUM physicians must be aware of the importance of correspondence with colleagues in primary care. Future possibilities include the adoption of an "opt out" clause for patients regarding communication with their GP. Previous work has also highlighted the difficulties both GPs and patients face concerning life-insurance considerations with reference to STIs, and further education is needed in this area.<sup>4,5</sup>

The potential benefits of increased communication between GUM and GPs include better

relationships between primary care and GU medicine, and more importantly improved overall patient care, a common goal for both community and hospital practitioners.

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## CORRECTION

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Several authors' names were omitted from a letter published in the October issue of the journal (Menon-Johansson AS. The extent of self-initiated STI and HIV prophylaxis (auto-PEP) and treatment in MSM attending GUM and HIV clinic services. *Sex Transm Infect* 2007;**83**:498–9.). The full list of authors is as follows: Menon-Johansson AS, Randell P, Mandalia S, Asboe D, Boag FC. Chelsea and Westminster NHS Foundation Trust, London, UK.