Shared care and HIV: Is there more to say?

From Surinder Singh

Grun and Murray’s paper makes extremely interesting reading and highlights a number of issues in this vexed interface between primary and secondary care. I would however like to make the following points which I think were under-emphasized in the paper.

Firstly, as the 2nd Study day on HIV/AIDS at the Royal College of General Practitioners (GPs) clearly demonstrated, there is no consensus on shared care. The authors do their best to define this as “care which is shared between a GP and a specialist according to clear protocols” however, who drew up the protocols and on what basis are they used? In other words, GPs not party to original discussions about the establishment of shared care (whatever the term means) arrangements may naturally be reluctant to abide by them. Moreover, the central feature of any shared care scheme must surely be the sharing of clinical decision-making and this receives scant regard in the paper.

Secondly, the old chestnut about the lack of confidentiality in general practice as compared with hospitals is cited as another reason for patient’s reluctance to see GPs. I agree this is a major concern, however it is the perceived breaches of confidentiality which act as a barrier to care in general practice. There is currently no evidence which suggests confidentiality is more robust in hospital settings.

These points need to be taken into account before further schemes are initiated and encounter the problems eloquently described by Grun and Murray. This brings to the fore the inevitable question of whether the time is ripe for such innovations in primary care and HIV/AIDS.

References