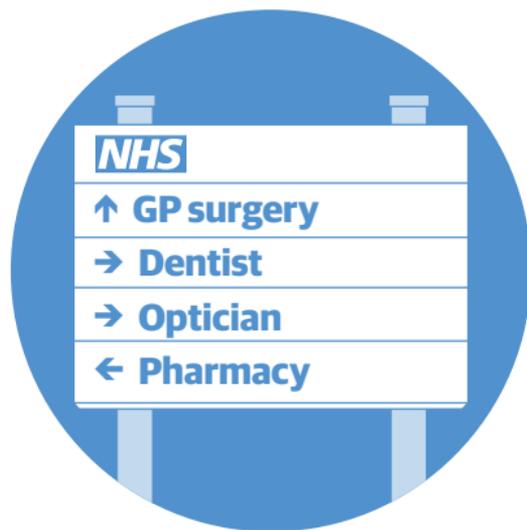


HIV, GPs & other primary care

2012 First edition



In collaboration with:



Written by Emma Standley and Selina Corkery

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Contact NAM to find out more about the scientific research and information used to produce this booklet.

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Dr Ian Williams, Chair
Garry Brough
Sheena Castelino
Dr Hilary Curtis
Dr Martin Fisher
Dr Philippa James

Dr Ranjababu Kulasegaram
Angelina Namiba
Dr Ewen Stewart
Dr Fiona Thompson
Shaun Watson
Dr Ed Wilkins

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South West London HIV & Sexual Health
Clinical Services Network

Gus Cairns

Wendy Majewska, Clinical Services Manager
and Senior Health Adviser, Courtyard Clinic,
St George's Healthcare NHS Trust

Janine Railton, Network Development Manager,
South West London HIV & Sexual Health Clinical
Services Network

Allan Reid, Dentist and Specialty Registrar in
Public Health

Roy Trelvelion



HIV, GPs & other primary care

Effective treatment means that, for many people, HIV is now a long-term, manageable medical condition. Primary care services – those provided by general practitioners (GPs, or family doctors), dentists and other community-based medical services – can offer important services for people with HIV, providing long-term health care and support. This booklet explains the services they offer, how this care fits with HIV specialist care, and how to make the most of primary care services.

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What is primary care?

Primary care is a term used to refer to the services provided by general practitioners (GPs, or family doctors), practice and community nurses, dentists, opticians and community pharmacists.

GP practices play a central role in diagnosing and treating illness, in helping people manage their health and in co-ordinating access to other health and care services. Using primary care services can help you to stay well and improve your health, as they often have a focus on preventing health problems, as well as treating them.

What role can primary care play in my overall health care?

Whilst you may currently receive much of your care from your HIV clinic, a GP is also likely to be important when it comes to your long-term health.

GPs are experienced in the prevention and management of a wide range of long-term conditions, including some that are common in people with HIV, especially as they get older (see *Other long-term conditions and GP management* on page 40). They also have an important role in helping people to avoid developing health problems, and can give advice and help on making changes to your lifestyle.

What is primary care?

GP surgeries often provide a range of services, and are an important gateway to others.

GPs can also prescribe drugs for a range of common issues; many of these drugs may not be available through your HIV clinic (see *GP services* on page 27).

In the past, HIV clinics have been the access point for other health services as well as HIV care. Some people with HIV may have felt that care from their HIV clinic removed any need to register with a GP.

Effective HIV treatment has transformed the outlook for people living with HIV. HIV is now considered a long-term, chronic medical condition that can be managed with the right treatment and care. Many people with HIV have

a near-normal life expectancy. As people live longer, they may develop other health issues. Conditions associated with ageing are becoming more common in people with HIV and they are more likely to need long-term health care and support, including from primary care.

GPs complement the care you receive from your HIV clinic, addressing non-HIV-related health problems. Your HIV clinic and your GP should work together to ensure you get the best possible care. Your GP will leave HIV treatment decisions to your HIV doctor, and your HIV clinic can discuss (with your permission) other aspects of your health with your GP.

In order to get the full benefit of GP services, it's best for your GP and HIV clinic to liaise

What is primary care?

about your health. Therefore, it is important to disclose your HIV status to your GP, and to tell them what HIV and associated treatment your clinic is providing (see *Making the most of your GP* on page 15).

For non-HIV related health problems:

- Your GP surgery may be more convenient than your clinic – open longer hours. GP surgeries have out-of-hours services if you need to see a doctor during the night or at a weekend, and they can arrange for you to go to hospital if necessary.
- Your GP surgery may be closer to home or easier to reach – important if you are unwell.
- GPs can do home visits if you are too ill to come to a clinic or surgery, and they may also do telephone consultations.
- GPs can provide immediate prescriptions for a wide range of medication, including many that may not be available through your HIV clinic.
- Many GP surgeries provide a range of health services, for prevention, screening and management of conditions. They often provide specialist clinics for long-term medical conditions, such as asthma or diabetes.
- GPs are able to refer you to a wide range of specialist care.

What is primary care?

If you haven't already registered with a GP

Many people have close ties with their HIV clinics. Being registered with a GP doesn't mean you lose this relationship, as you will continue to visit your clinic for specialist HIV care.

Don't wait until you are ill to find a GP.

Registering with a GP as soon as possible makes good sense, as it enables you to get to know your practice and its services, and find a doctor you're comfortable with. Seeing your GP when you are unwell or have a health query will enable them to build up a picture of your overall health and increases the likelihood that any emerging conditions are detected and treated early.

You may be concerned about the quality of care from a doctor who hasn't had specialist

training in, or experience of, treating people with HIV, or be worried about the possibility of being treated differently because of your HIV status. See *Finding and choosing a GP* on page 9 for more information on finding a GP you feel comfortable with.

It's important to know that GPs and all practice staff, like all healthcare professionals, are bound by strict legal standards of behaviour, including anti-discrimination legislation and confidentiality guidelines (see *GP confidentiality* on page 23 for more information).

If you are already registered with a GP

You might already be registered with a GP, but rarely or never see them, assuming that you

What is primary care?

will be able to receive all the health monitoring, treatment and care you need – for any cause – via your HIV clinic.

However, this won't always be the case. GPs provide health care, prescription drugs and related services that many HIV clinics can't. You can find out more about the wide range of services your GP might offer later in this booklet.

And you don't need to stay with a GP practice if you are unhappy with the standard of care. See *How to change a GP* on page 54 for more information.

Other primary care services include:

- **Community ('high street') pharmacies** (see page 46). As well as dispensing prescription

medications, pharmacists can offer advice and assistance about how to take medicines. They can also provide advice about how to lead a healthier lifestyle, contraception, and treatment for minor health problems. As well as the traditional chemist's shop, community pharmacies can now be found in all sorts of settings, including supermarkets and even some large employers. The green cross sign identifies a pharmacy.

- **Opticians** (see page 60). An optician (sometimes called an optometrist) provides sight tests and checks the health of your eyes. They will provide you with a prescription if you require glasses or contact lenses. Your optician may refer you to your GP or for specialist treatment, if necessary.

You may be eligible for help with the cost of eye tests, glasses or contact lenses (see *NHS optician services, prices and exemptions* on page 62).

- **Dental care** (see page 54). A dentist provides a number of services essential to maintain the health of your mouth, teeth and gums. You may be eligible for help with the cost of dental treatment (see *NHS dental services, prices and exemptions* on page 59).

Eligibility to access GP services

GP services are provided free of charge to everyone in need of care. Your immigration status should not affect your ability to register with a GP. For more information, see *Overseas visitors and GPs* on page 13.

Registering as a permanent patient (more than three months). If you are planning to be in one area of the UK for more than three months, you can register as a permanent patient with a local GP. This will enable you to build a relationship with a GP practice, and allow the GP(s) to become familiar with you and any medical conditions you may have.

Eligibility to access GP services

Registering as a temporary patient (less than three months). If you are visiting an area of the UK for less than three months, you are eligible to register with a GP as a temporary patient.

Urgent treatment without registering (up to 14 days). If you need to see a GP for urgent treatment, you can receive care without registering with the practice for a period of 14 days, after which you will need to register as a temporary patient. A GP should provide urgent treatment even if you have been refused permanent or temporary registration with the practice.

Eligibility to register as a permanent patient
While everyone is entitled to see a GP, there are a few conditions that affect which GP you can

register with as a permanent patient. These conditions apply to everyone receiving primary care.

Do you live within the GP catchment area?

The main condition when registering with a GP is that you must live within a GP's *catchment area*. This is a defined location that surrounds every GP practice in the UK. Currently, GPs will only register patients who live within their catchment area. However, this requirement may change in the future. See *Finding and choosing a GP*, page 9.

Is the GP practice currently accepting new patients? GP practices do not accept new patients all the time. One of the most common reasons why someone will be unable to

Eligibility to access GP services

register at a particular GP practice is because its patient list is full. It can sometimes be difficult to find a GP practice that is accepting new patients.

Registration is at the discretion of the GP.

A GP practice can refuse the registration of a patient, if it has reasonable grounds for doing so. If it decides to do this, the practice must notify you in writing, telling you the reason for refusal. Other than occasions where someone lives outside the catchment area for the practice, it is rare for this to happen.

It is important to remember that, under the *Equality Act 2010*, GPs are not allowed to refuse care to someone on the basis of disability (which includes HIV), race, sex, age,

religion or belief, sexual orientation, gender reassignment, pregnancy or maternity.

If you are having problems registering with a GP, or feel you have been discriminated against, then you can complain to the GP practice in question. See *What to do if you're unhappy with your GP practice* on page 51 for more information.

If a GP practice has refused to register you, they are still required to provide any urgently needed treatment and care for up to 14 days.

Finding and choosing a GP

Friends, family, local HIV organisations, your HIV clinic or other people with HIV living locally might be good starting points for finding out about GP practices. There are also a number of services available to help you find and register with a GP. See *Getting more information* on page 66.

Visit your local NHS website and enter your postcode in the *Health services near you* section. You will need to contact the practice to find out if you are in its catchment area.

If you live in a catchment area, and the practice is accepting new patients, you have the right to register with it.

If you prefer to see a GP outside your local area (for example, one near where you work), you can visit an NHS walk-in centre or GP-led health centre.

GP-led health centres

These new health centres are currently opening across England. They offer routine GP services from 8am to 8pm, 365 days a year, either on a walk-in basis or by booking an appointment. You can either register with the health centre, or stay registered with your own GP but use this centre when it's more convenient.

You can find your nearest GP-led health centre in the service finder of your NHS website.

Finding and choosing a GP

Assessing a GP practice

To ensure the GP you choose is right for you, there are a few things you should consider.

- Firstly, do you live within the catchment area for this particular GP? If not, you will not be allowed to register.
- Where is the surgery? Will you be able to access it easily; for example, if you will be driving there, are there car parking spaces, including disabled spaces, outside? Are there public transport routes nearby?
- Check the surgery opening hours. Do you need it to be open outside normal working hours and on which days?
- How does the appointment system work? Can same-day appointments be made for urgent issues? How far in advance can you book an appointment with the doctor of your choice (if, for example, you'd like to see the same doctor at each appointment)? Are telephone or email consultations available? If you would like to see a doctor of a particular sex or ethnic background, can the practice provide this?
- Does the practice offer the services you need? (See *GP services* on page 27.) Do any of the GPs have a particular interest in HIV or any other long-term condition of concern to you?
- First impressions might influence your decision. Does the practice have a relaxed

Finding and choosing a GP

and organised atmosphere? Do the front desk staff appear polite, helpful and discreet? Does the practice seem accepting and non-discriminatory?

- Personal recommendations from other patients may help you decide.

Phoning or visiting the practice in person can be a good way to assess it.

You can also find out how a practice has been rated by its patients, by visiting sites such as **iWantGreatCare** (see <https://tht.iwantgreatcare.org>, which encourages recommendations from people living with HIV) or your local NHS website (see *Getting more information* on page 66), and entering in the

name or postcode of a practice. NHS websites provide detailed information on practices, including services offered by the practice, parking, appointment systems and information on their performance. Many GP practices also have their own websites.

Registering with a GP

Once you think you have found a practice you'll feel comfortable with, the next step is to register with it.

Visit the practice and ask to register as a new patient. It may be worth phoning first to find out if the practice is currently accepting new patients and whether you need to bring any documentation with you. If it is not currently accepting new patients, find out when it will

Finding and choosing a GP

next be doing so and return on that date, or choose another surgery.

When you register, you will be required to fill out a simple registration form (GMS1). This can either be taken away to be filled out, or completed at the practice. You will need to provide:

- Name and address.
- Date of birth.
- NHS number if you know it (not essential).
- The name and address of your previous GP, if you know it.
- Ethnicity (not essential).

You may also have to provide photo identification (for example, a passport or

driving licence) and proof of your address (for example, a recent utility or council tax bill). Talk to the reception staff at the practice if you will have difficulties providing this paperwork. See *Eligibility to access GP services* on page 6 and *Overseas visitors and GPs* opposite.

If you do not have a permanent address you may find it difficult to register permanently with a GP practice. You may only be able to register as a temporary patient. You do not need a permanent address to do this; you can use a 'care of' address, such as a friend or day centre. You can also use NHS walk-in centres.

If you have been refused registration, ask the surgery's practice manager to explain why that has happened, and ask what you should do

Finding and choosing a GP

next. You may need to come back when the practice is accepting new patients. If you are unhappy about the reason for being refused or want to follow it up, ask for the reason for the refusal to be given to you in writing.

Overseas visitors and GPs

GPs can register new patients at their discretion, regardless of immigration or residency status. There is no obligation or expectation that they will check someone's immigration status. There is no minimum period that you need to have been in the UK to be eligible.

The regulations covering healthcare arrangements for overseas visitors (which include people going through the immigration

process, as well as people visiting the UK) say that charges only apply to services provided in a hospital. Primary care and other community services do not charge overseas visitors.

See *Eligibility to access GP services* on page 6 for more information on accessing GP services.

However, there may be reasons why you find it difficult to register with a GP. A GP practice may ask for certain identity documents or proof of address, which you may not be able to provide. Your documents may be with the Home Office, or you may not have a permanent address. Or staff may have misunderstood the rules for providing primary care to people from overseas.

Finding and choosing a GP

When you go to a GP practice to register, see if you can fill in a registration form with whatever documents you do have. This could be a letter from the Home Office or a photocopy of your passport. But a GP practice can register you even if you don't have any documents.

It may help to ask to speak to the practice manager or to a doctor, and to explain the medical needs you have. You could try to encourage the practice to use the discretion it has to register patients. Your HIV doctor could write a letter explaining your medical need to access these GP services. If you are refused registration, ask to be given the reason for refusal in writing.

You may want to ask someone to help you with the process. A worker from an HIV support organisation may be able to provide advice or even come with you to help you register. The charity Doctors of the World UK has experience of helping migrants in London to register with GPs. See page 68 for contact details.

While you are trying to register as a permanent patient, you can register as a temporary patient. You do not need a permanent address to do this; you can use a 'care of' address, such as a friend or day centre. You can also use NHS walk-in centres.

If you do experience difficulties it may help to contact your local primary care trust (PCT, in England), health board (in Scotland

and Wales), or health and social care trust (in Northern Ireland). See *Getting more information* on page 66 to see how to find these organisations.

The situation in Northern Ireland is different to other parts of the UK. Here, you may find it harder or not possible to access primary care services. Talk to staff at your HIV clinic or an HIV support organisation about your options.

Making the most of your GP

Newly registered patients may be invited to come in for a health check within six months. This is typically with the practice nurse or healthcare assistant, who will ask about your personal and family medical history. You'll need to decide whether you want to disclose your HIV status at this meeting (see *Disclosing your HIV status to a GP* on page 21). If you are taking regular medication, you will need to see a GP before your new practice makes any further prescriptions for this medication available. Your GP will not prescribe your anti-HIV drugs; you will continue to see your HIV clinic for these.

Making the most of your GP

An adult, with parental responsibility, can register children under the age of 16. Young people over 16 years have to sign their own registration form. Registration on behalf of someone who lacks the capacity to register themselves can be done by someone with 'lasting power of attorney' for them. See www.adviceguide.org.uk for information about lasting power of attorney.

In between your regular HIV clinic appointments, you may want to seek medical advice if you notice changes in your health or new symptoms. HIV clinics vary slightly in what action they advise if you are concerned about your health. Ask your HIV clinic what they advise you to do.

Generally, symptoms or health changes will not be signs of a serious medical condition.

However, there are certain symptoms that may be related to HIV; you can look out for these and contact your GP or clinic if you experience them. These include:

- prolonged fevers and sweats
- swollen glands
- significant, unintentional weight loss
- changes in your vision
- prolonged vomiting or diarrhoea
- significant amounts of blood in your faeces or vomit
- severe headaches
- severe confusion, exhaustion or dizziness.

Making the most of your GP

In some situations, you should take immediate action (by going to your nearest Accident & Emergency department), including if you have very severe stomach or chest pain, you are having difficulty breathing or you are thinking of harming or killing yourself.

Very rarely, some anti-HIV drugs can cause severe allergic reactions. If you have recently started a new HIV treatment regimen, and you develop certain symptoms (such as severe rash), you should contact your HIV clinic immediately, or A&E if your clinic is closed. Your clinic will explain what to look out for, and you can find out more in NAM's booklet *Anti-HIV drugs*.

Being able to visit your GP can alleviate any concerns or problems with your health that may arise between HIV clinic appointments.

It's a good idea to write down any symptoms or side-effects you've experienced, so you can mention them to your HIV doctor at your next regular HIV clinic appointment.

Managing GP appointments

The way appointment systems work varies hugely between GP practices. For example, you may need to phone at a certain time of the day, week or month to make an appointment. Some surgeries have online booking systems for future appointments. You may have to book regular appointments well in advance.

Making the most of your GP

How long you have to wait for an appointment may be a factor you take into account when choosing your GP practice. You may have to wait longer to see a more popular doctor, if you would like to see the same doctor at each appointment, or if you would like an appointment outside working hours.

If you have an urgent health problem, a GP in your practice should see you as soon as possible. Many surgeries keep some appointments free for people who need to see a doctor urgently. Surgeries may ask you to ring at certain times for these, or they may have a system where you go to the surgery and wait. You may need to wait some time, especially at certain times of the week. It may not be possible to see the GP of your choice if you also want to be seen quickly.

You may also be told you can only raise one issue at this appointment, and will need to make another appointment for anything else.

In some cases, you may be able to have a telephone consultation with a GP. For some health queries, it may be appropriate to see a practice nurse instead.

You can ask for a home visit, but a GP will only come to your home if they think your medical condition makes it necessary. They will also decide how urgently they need to come.

Ask reception staff about the booking systems when you register. It may also be helpful to know the days or times when particular GPs work if you have a preference about who you

Making the most of your GP

see. You may have to ask specifically if you would like to see the same doctor each time.

GP appointments are usually short – about ten minutes, although longer slots may be available for people with complex health issues. If you feel you will need more time with your GP, you can try asking for a double appointment when you book.

Being prepared for your appointment can help you and your GP get more out of the time you have.

- Make a list of your symptoms and note down when they began, how long they have lasted and how severe they are. Is there anything that seems to make them better or worse, or

are they worse at certain times?

- Make a list of any questions you would like to ask your GP. In some situations, you might want to take someone with you to the appointment, as it can be hard to remember everything you're told or would like to ask, especially if you are anxious. Remember to ask about any test results you're expecting.
- Make a list of medications you are taking (or bring them with you).
- Be honest about the problem and anything that may be contributing to it, or that may prevent you following up any action you need to take.

Making the most of your GP

- Ask the doctor to repeat anything you don't understand.

If you still have concerns about your health after seeing a GP, don't be reluctant to book another appointment.

If you feel that your GP lacks knowledge about HIV, it may help to be open with them. By maintaining a relationship with your GP, you allow them to gain more experience and you contribute to improving the overall standard of care available to people with HIV.

Unlike at your HIV clinic, your GP practice won't generally set regular appointments with you or run the same range of tests each time you go. It's usually up to you to decide when

you should consult your GP. Some exceptions to this are if you are being monitored regularly for a particular condition (for example, at a diabetes or asthma clinic), or because of medication or treatment you are on.

You will get the best service by being actively involved in looking after your health. Work with your GP by asking for advice about lifestyle changes and action you can take to stay as well as possible, and seek advice early if you are concerned about symptoms.

Disclosing your HIV status to a GP

Knowing about any health condition you are living with will help your GP provide you with the right advice and treatment.

You do not have to disclose your HIV status in order to register with, or visit, a GP. If you do disclose, your GP practice cannot refuse to register you because of this. See *Eligibility to access GP services* on page 6.

You may not feel comfortable disclosing your status to your GP on your first visit, or even for a time after that. Getting to know your GP, and the practice and its staff, may help you feel more confident about disclosing your status.

You could make a special appointment with your GP to disclose your HIV status. This way, you will have more time to discuss your health and how your GP can help you to stay well.

If you have concerns about confidentiality, you may wish to ask how information about your HIV status will be recorded (for example, is it written in your file or just held in your electronic record? Is the information coded or not; is it easily visible or recorded discreetly?) and who in the practice will know (for example, only medical staff, or all surgery staff?). See *GP confidentiality*, on page 23, for more information on medical records.

You could also ask your HIV clinic to contact your GP on your behalf.

Disclosing your HIV status to a GP

The benefits of disclosing

- Your GP can provide better, more informed advice about how to manage your health.
- Your GP will be aware of any HIV treatment you are taking, making it easier for them to prescribe other medications safely.
- Your GP can help screen for any HIV-associated health conditions.
- Your GP can effectively manage other health conditions you may have.
- You can arrange for your GP and your HIV doctor to communicate about your health.

- You can receive certain vaccinations free of charge.

You should not experience any difference in the way you are treated by your doctor after you disclose.

Sometimes people with HIV experience difficulties with healthcare workers once they have disclosed their status. Anxiety about this possibility may mean you're reluctant to disclose your status. There are similar rules and codes of ethics in all healthcare services and in all parts of the NHS, so you ought to be treated with respect whether you are at the HIV clinic, other hospital service, GP or dentist.

GP confidentiality

All healthcare professionals are obliged by law, and by professional regulatory standards set out by the General Medical Council, to ensure your medical information remains confidential. If they fail to obey these standards, they risk being disciplined or banned from working as a healthcare professional. So the same standards apply to your GP as they do to staff in your HIV clinic. Other staff in the GP practice, including reception staff and other non-clinical staff, are guided by similar principles and also risk being dismissed if they breach patient confidentiality.

Your medical records should not be seen by anyone who is not involved in your treatment and care, unless you give them permission

to do so, except in rare cases (see *Third party disclosure*, page 25). Each worker (which will include reception staff) should only see the information about you that is relevant to their role.

There are two ways to give your permission to a healthcare professional to disclose your status:

- explicit consent. Explicit consent is when you are directly asked for consent and either agree orally or in writing, usually by signing a document saying you agree to this information being shared.
- implied consent. This is when your actions suggest that you consent, such as agreeing to see another healthcare professional. You

GP confidentiality

should let your GP know if you do not want other healthcare professionals involved in your care to know your HIV status. Remember, though, that this could affect the quality of care you receive.

If you live in England, some of your medical information is now stored in a new way. 'Summary Care Records' (SCRs) are electronic records that contain information about the medicines you take, any allergies you suffer from, and any reactions you've had to a medicine. This information can be especially useful if you need to be treated in an emergency.

A number of safeguards are in place to keep these records secure, and to ensure that healthcare professionals directly involved in

your treatment or care can access them quickly. You can choose not to have an SCR by opting out. You will need to do this through your GP practice. You can also see your SCR by asking for a print-out of it at your surgery. In the future, you should be able to access your SCR online.

Similar systems exist in Scotland (Emergency Care Records), Wales (Individual Health Records) and Northern Ireland (Emergency Care Summary Records).

You have the right to ask to have errors in your record corrected; you can also ask for information you feel is sensitive, or opinion rather than fact, to be removed. Usually, the information is struck out (rather than removed) and an explanation for this change added.

GP confidentiality

If you have asked that your medical information, or aspects of it, are not disclosed, this will continue to be respected even after your death.

Sharing information between healthcare professionals

Communication between healthcare professionals is likely to improve the quality of care you receive. Both your GP and your HIV clinic must have your permission before they can discuss your care. Be sure to tell one or both of your doctors if you don't want them to share information.

At some point you may be referred to other specialists, if you develop other health conditions. Your GP should keep you informed about anyone they intend to share your medical

information with. Communication will usually be in writing and you should always receive a copy of the letter or email. You can also request to have copies of any communication a specialist sends your GP. Tell your doctors if you don't want these letters to be sent to you at your home address.

Third party disclosure

There is one exception to a GP's duty to keep information about you confidential. That is if sharing your medical records is in the public interest.

Doctors – including GPs and specialists – could be obliged to disclose your HIV status under certain circumstances. *However, disclosure without your knowledge and consent is very rare; whenever possible, you will be notified first.*

GP confidentiality

Your GP (or any other doctor you see) would be required to confirm your HIV status if a court requested this information and, in some cases, if the police requested them to.

If your doctor believed you were placing another person at risk of 'serious harm' because of your HIV status, and you refused to disclose your status to that person, your doctor could inform them (for example, a sexual partner who is also their patient). 'Serious harm' can include the significant risk of passing on a serious communicable disease, such as HIV. They should consult you before doing this, but if you don't give your consent at this point, they may still be entitled to pass on the information. They would avoid disclosing your identity if possible. This situation happens very rarely.

In some cases your GP may disclose information from your medical records, if you ask them to.

To an insurance company. If you apply for certain types of insurance such as health or life insurance, and permit the insurer to access information from your medical records, your GP will be obliged to share this information; your HIV status may affect your application.

To an employer. An employer may ask for information about your health and your medical history; for example, if an occupational health assessment, or pre-employment questionnaire, is part of their recruitment process. You do not have to consent to this; however, it may affect your employment if you decide not to.

An insurer or employer would not normally be given access to a patient's medical records, but they can request a report giving information drawn from the records. You have the right to see that report, to refuse consent to the report being sent, and to ask for inaccuracies to be corrected. Doctors will usually exclude any health information not relevant to the request, so it may not be necessary to mention anything about HIV in some situations. However, the report must be truthful, so if you ask your GP to omit relevant information, they may not be able to provide a report.

GP services

GPs provide services that focus on maintaining people's overall, long-term health. This is an important consideration for people with HIV. HIV-positive people are at higher risk of a number of medical conditions – some of which may be prevented, detected earlier or managed better, if you access GP services.

The services provided by a GP practice are divided into three types.

Essential services must be provided by all GP practices; these include GP consultations and a range of specialist services, including for cardiovascular disease and diabetes.

GP services

Additional services are those that most practices provide, but are not required to; these include contraceptive, cervical screening, vaccination, maternity and child services.

Enhanced services vary between practices; they address the needs of certain patients and specific health issues, such as substance misuse and depression.

Checking which additional and enhanced services are provided by a GP practice may be important to you when choosing a GP practice (see *Finding and choosing a GP* on page 9).

As well as registering with a GP you should continue to visit your HIV clinic or any other specialists you currently see. GPs do not

prescribe HIV treatment and do not provide all the services that are available from specialist HIV care.

Flu and other vaccinations

Vaccinations are an important part of protecting your health and, in some cases, the health of those around you.

Most vaccinations are received in early childhood and protect your health into adulthood. Others are given to people throughout their lives, depending on their level of risk or need. Vaccinations are particularly important for people with HIV as they may be at higher risk of getting certain infections, or more likely to have a serious illness if they get an infection.

You can make an appointment with your GP for information and advice about vaccinations. Your GP will also administer most vaccinations. People with HIV are strongly advised to receive certain vaccinations. Some vaccinations may not be suitable or used only with caution, such as those using a live version of the virus (for example, yellow fever), but this may depend on your CD4 cell count.

Disclosing your HIV status to your GP is important if you are likely to need vaccinations. If you do not disclose your HIV status, your GP will be unable to advise you accurately on the vaccinations you might need or whether it is safe for you to receive them. Without your GP knowing your HIV status, you may not be considered at high risk for

certain conditions and could be asked to pay for the related vaccinations.

The following are vaccinations that adults with HIV are eligible to receive on the NHS (free of charge). For a list of vaccinations available for children see *GP services for children* on page 36.

The flu vaccine. The influenza ('flu') virus is very common in the UK and is one of the main vaccinations you may visit your GP to receive.

The flu vaccine (or 'jab') is provided every year, free of charge to people considered at high risk, usually from October onwards. People with a weakened immune system, including people with HIV, are considered a high-risk group. The flu vaccine is available from your

GP; surgeries often hold vaccination sessions in the autumn. Your GP or practice nurse will administer it. Having a flu jab is particularly important if you have a low CD4 count or are currently pregnant. Partners or carers who live with you may also be eligible.

The pneumococcal vaccine. People with HIV are considered at risk of pneumococcal infection, which can be prevented by the pneumococcal vaccine. This vaccine is provided free of charge to high-risk groups in the UK, which includes people with certain long-term conditions, including HIV. Whilst only one dose of this vaccine is usually required, people with a weakened immune system may need additional doses. Your GP can advise you on this.

Hepatitis B vaccine. The British HIV Association (BHIVA) recommends that people with HIV are vaccinated against hepatitis B unless they are immune. Tests can tell whether you currently have natural immunity to hepatitis B, perhaps because you have had an earlier infection with it. Unlike other vaccinations, you can get the hepatitis B vaccine (a series of three injections over six months) at your HIV clinic if you would prefer that.

Chickenpox (*varicella*) vaccine. The chickenpox vaccine is a 'live' vaccine and is generally not recommended for people with a weakened immune system. In some cases, though, the benefit of a person with HIV receiving this vaccine may outweigh the risks.

BHIVA recommends people with HIV receive this vaccine if their CD4 count is above 200.

It is recommended that people who have close contact with people with HIV also have the chickenpox vaccine.

If you think you may have been exposed to the *varicella zoster* virus (through contact with either chickenpox or shingles), contact your GP within 96 hours; they can prescribe a drug (*VariZIG*) that may prevent infection.

Tuberculosis (BCG) vaccine. Although tuberculosis (TB) is a common co-infection in people with HIV, the tuberculosis (Bacillus Calmette-Guérin, or BCG) vaccine is not recommended for people with HIV. You may

have already received a vaccination against TB if you were born in the UK.

MMR (measles, mumps and rubella) vaccine. This is a live vaccine, but is considered safe for people with HIV who have a CD4 cell count above 200. The MMR normally provides lifelong protection, but this may not be the case for someone with HIV. Talk to your doctor about whether you might need to be revaccinated. Vaccination against rubella is particularly important for women thinking of having a baby, because of the effects rubella can have on an unborn child.

Your GP can also provide other vaccinations, such as those recommended when travelling to certain countries. See *Travel health* on page 35.

Contraception

Hormonal contraceptives (such as the 'pill' and injectable contraceptives) can be used as a family planning method and as a way to control your periods. However, condoms are the only contraceptives that also prevent the transmission of HIV and other sexually transmitted infections (STIs).

You can talk to your GP for advice about which type of contraception is best for you. Some hormonal contraceptives are not recommended for women on HIV treatment. This is because some anti-HIV drugs can reduce the effectiveness of the contraceptive. In addition, diaphragms and caps (flexible rubber or silicone dome-shaped devices which are placed in the vagina each time you have sex)

are not recommended for women with HIV, as they should be used with a substance called a spermicide that can irritate the vagina.

Disclosing your HIV status to your GP will enable them to provide you with the correct help and advice.

Your GP or practice nurse can carry out most contraceptive procedures, including inserting or injecting contraceptives, such as the intrauterine device (IUD) or contraceptive injection, although not all practices will do so. Male sterilisation (or vasectomy), a permanent contraceptive method for men, is also performed at some GP surgeries, although often you will be referred to another service.

Your GP or practice nurse can also provide information about how to use your contraceptive method correctly and will do any necessary health checks, such as monitoring blood pressure, while you are using it. GPs will provide you with a prescription for contraceptives that can be collected from a pharmacy. All contraceptives are provided free of charge (including condoms at most surgeries).

You can find out more about contraceptive options for women in NAM's booklet *HIV & women*.

Sexual health services

GP practices provide testing for some sexually transmitted infections (STIs), such as chlamydia,

gonorrhoea and syphilis, free of charge. However, prescriptions for STI treatment may not be free through your GP in England (they will be free in other UK countries). Free treatment can be obtained by visiting a sexual health clinic (and often through your HIV clinic). However, some people may prefer to go to their GP.

If you are planning on seeing your GP for STI testing, do check which tests are available from your GP clinic, as this may vary.

Screening services

When you register with a GP, you may be offered screening for certain conditions. Your GP or practice nurse may carry this out for some conditions, and you will be referred to specialist services for others.

Routine screening will help ensure any health conditions that do develop are detected as early as possible.

Cervical and anal cancer screening. Cervical and anal cancer are caused by some strains of the human *papillomavirus* (HPV). People with HIV are more likely to have HPV infection than people without HIV. Women living with HIV (especially aged 40 or older) are more likely to develop cervical cancer than women who don't have HIV.

All women with HIV should have a cervical screen soon after they are diagnosed with HIV, again after six months and then *every year* after that (more frequently than HIV-negative women). Treatment for abnormal cervical cells

is highly effective, provided they are detected early. Your GP will need to know about your HIV status to ensure you are offered annual screening. Talk to your HIV clinic staff if you would like them to arrange this with your GP.

There is no national screening programme for anal cancer, but if you feel you are at higher risk for anal cancer, talk to your GP. They may be able to arrange screening.

Breast cancer screening. Breast cancer can develop at any age in men and women. However, breast cancer usually affects women over 50. Women who are registered with a GP will be invited for breast cancer screening every three years, between the ages of 47 and 73 (from the end of 2012). You can also contact

your GP at any time if you have concerns about the health of your breasts.

Prostate cancer screening. Cancer of the prostate (a gland below the bladder) is the most common cancer in men. It is more common in black African and black Caribbean men and men over 50, with most diagnoses in men over 70. There isn't a national screening programme, so you won't be offered any testing for prostate cancer automatically. If you're concerned (for example, if you have a family history of prostate cancer), talk to your GP.

Travel health

Travel advice services are provided by some GP practices. They can provide information on how to stay well when travelling, and

about travelling with medication. It's important your GP knows about all the drugs (including anti-HIV drugs) you are taking, in case there are any possible interactions with drugs you might be given for travelling, such as anti-malarials or antibiotics.

Travel vaccinations. If you are travelling abroad, you are entitled to receive some vaccinations free on the NHS. Which vaccinations you will need depends on where you are planning to go (in some cases, there is a legal obligation to be vaccinated for certain diseases before visiting a country). Your practice nurse can tell you which vaccines are recommended, and can advise you on how they are given and whether they are available on the NHS.

Vaccinations available on the NHS from your GP practice include polio (given as a tetanus, diphtheria and polio booster), typhoid, cholera and the first dose of hepatitis A.

Many GPs do not charge for the second (booster) dose of hepatitis A. GPs will charge for other travel vaccinations, such as yellow fever and rabies.

There are some vaccinations that should be avoided, or only used with caution, in people with HIV. Your GP or practice nurse can talk to you about this. You may also want to discuss this with staff at your HIV clinic, as the decision may vary, depending on the health of your immune system (indicated by your CD4 cell count) and the likelihood of catching the condition in

question. This is the case with yellow fever, for example, where you will only be offered this vaccination if you are going to a high-prevalence area and are at real risk of infection and if your CD4 cell count is above 200.

Rabies vaccination is recommended for people with HIV who are travelling to areas with a high prevalence of dog rabies, especially if your CD4 cell count is under 200. Some people who have had a low CD4 cell count (under 200) may need a booster dose.

GP services for children

Having access to GP services is important if you have children. If your child is under 16, you can register your baby or child in the same way that you have registered with a GP. This applies to

any children you have parental responsibility for.

Most of a person's vaccinations and immunisations are received during the first months and years of their lives. Many of these are essential for your child's health and wellbeing. Those available to babies and children on the NHS include:

- DTaP/IPV/Hib (the 5-in-1 vaccine), which protects against diphtheria, tetanus, pertussis (whooping cough), polio and Hib (haemophilus influenza type B).
- Pneumococcal.
- Meningitis C (MenC).

- Hib/MenC (a booster against Hib and meningitis C).
- MMR (protecting against measles, mumps and rubella). This vaccine is 'live' and shouldn't be given to children with weakened immune systems. There is no evidence to support the claim that the MMR vaccine may cause autism in children.
- DTaP/IPV (or dTaP/IPV), a 'pre-school' booster protecting against diphtheria, tetanus, pertussis (whooping cough) and polio.

Vaccinations available free to 'at-risk' groups of babies and children include the chickenpox (*varicella*) vaccination and the flu vaccine.

GP services

At-risk babies and children include those who have weakened immune systems.

Children with HIV should not receive the BCG vaccination for tuberculosis. This is also true for children whose HIV status is not yet known, i.e., they are waiting for confirmatory HIV tests,

GP practices may have a health visitor service based at the surgery, with staff who specialise in the healthcare needs of babies and young children. They also provide support and advice to parents and carers. Other GP services for children include long-term vision, height and weight monitoring as well as general health reviews.

If you're worried about your child's development or wellbeing and you think they need additional support, you can talk to the GP. They can assess your child and suggest services that can help.

Specialist clinics and other services

Clinics for a number of long-term medical conditions are provided by all GP practices, including clinics for asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular (CVD, or heart) disease. They are usually run by a practice nurse, who provides help and support with managing these conditions.

Practice nurses can change dressings and some GP practices will do minor surgery.

GP services

GP practices often have links to other services (in some cases, they will be based in the same surgery or building). These can include district nurses, health visitors, physiotherapists, midwives and occupational therapists. Some surgeries also have a pharmacy in the building.

Non-NHS services from your GP

Your GP can also provide you with services that are not available on the NHS. They will charge for these services, which include:

- providing private 'fit' notes (these used to be called sick notes; used if your employer or an insurance company requires a sick note for less than seven days' absence).
- writing prescriptions to take medication abroad (not including anti-HIV drugs).
- signing certificates of vaccination (needed to enter some countries).
- signing insurance claim forms.
- signing passport applications.
- doing medical examinations for heavy goods vehicles (HGV) and other driving licences, job applications (pre-employment medicals) and sporting activities.

Other long-term conditions and GP management

High blood pressure and lipids

Blood pressure is the force that the beating heart causes in the arteries, veins, and blood vessels that carry blood around the body. If you have high blood pressure, your heart has to work harder to pump blood around your body. This can increase your risk of heart disease (see opposite), which can cause heart attack and stroke.

High blood pressure is commonly linked to lifestyle and diet (particularly being overweight), and these can also affect the

amount of fats (lipids, also called cholesterol) in your blood. Ageing also increases the risk of high blood pressure. Some HIV treatments may increase the risks related to high blood pressure.

Blood pressure and lipid levels are checked as part of your routine HIV clinic care. However, GPs can help you to monitor and manage your blood pressure and lipid levels as part of your overall, long-term health care. They can prescribe any medication you may need to treat high blood pressure or high cholesterol (drugs called statins). You will probably have your weight, waist circumference and body mass index (BMI) measured at the same time, to see how healthy your body weight is.

Other long-term conditions and GP management

Your GP may provide support services that can help you to address high blood pressure and high cholesterol, and to help you lose weight. See *Referral to other services* on page 44 for more information.

You can find out more about blood pressure, lipid levels and other health monitoring in NAM's booklet *CD4, viral load & other tests*. You can read more about managing these conditions through diet in NAM's booklet *Nutrition*.

Cardiovascular disease

Cardiovascular disease (CVD, or heart disease) is a common health condition in the UK. CVD is caused by high levels of fats (or lipids) in the blood, which block or narrow

arteries. Untreated HIV can increase the risk of heart disease, but some evidence suggests high lipids and CVD can also be side-effects of some anti-HIV drugs. Your personal risk of developing heart disease can be affected by ethnicity, whether you are a man or a woman and family history, and risk increases as you age.

GPs are trained and experienced in the prevention, diagnosis and management of heart disease. Talk to your GP about working together to address any risk.

Your GP can prescribe treatments which may help to prevent or treat heart disease. GP practices offer coronary heart disease clinics, and some provide monitoring for people

Other long-term conditions and GP management

being treated with anticoagulants (medication to prevent blood clots). There is a risk of drug interactions between some anti-HIV drugs and drugs used to treat heart disease and its causes. For instance, some statins cannot be taken with some HIV drugs. It is important to tell your GP about any treatment you are taking.

Your risk of heart disease also has a lot to do with your lifestyle and diet, and these are areas your GP can provide advice and support on. See *Referral to other services* on page 44 for more information.

Diabetes

Diabetes is a disease where the amount of glucose (blood sugar) in the body is too high

because the body cannot process it properly. Diabetes exists in two forms: Type 1, which usually occurs earlier in life; and Type 2, which usually develops as a person gets older (generally over 40 – although it can appear earlier, especially in people of Asian and African-Caribbean origin).

Some anti-HIV drugs have been associated with an increased risk of Type 2 diabetes; the risk is lower with the drugs most commonly used in the UK today. The risk of developing Type 2 diabetes also increases with age, and it is linked with lifestyle and diet, especially being overweight.

Your GP can advise you on how to reduce your risk of developing diabetes and test

Other long-term conditions and GP management

you for diabetes if necessary. If you have been diagnosed with diabetes, you will be monitored regularly, probably through a diabetes clinic. This is a service provided by all GP practices. Amongst other things, you will have your eyes, feet and nerves checked regularly, as they can be affected by diabetes. It is important to discuss any symptoms or concerns you have with the clinic nurse or your GP.

Mental health and emotional wellbeing

Mental health problems such as depression and anxiety can affect anyone, but evidence shows that people with HIV are more likely than the general population to experience them.

You can visit your GP about anything to do with your mental or emotional wellbeing. Your GP is a good access point for advice and support about your mental health. Your GP can make an assessment of your mental health and can prescribe treatments. These may include medication, such as antidepressants, or 'talking therapies', such as counselling.

If necessary, your GP can also refer you to specialist mental health services, such as a psychiatrist or community mental health team.

You can find out more about looking after your mental health and the help available in NAM's booklet, *HIV, mental health & emotional wellbeing*.

Other long-term conditions and GP management

Referral to other services

Your GP can often direct you to other services, if they do not provide them. Some of these are only available by being referred by a GP, such as specialist health care for other health conditions.

Your GP will send a referral letter to the relevant specialist with an overview of your health and condition. You can ask for a copy of this letter. Your GP may recommend a particular specialist, or – in England – you can use the *Choose and book* system to choose a hospital or clinic (www.chooseandbook.nhs.uk). You can also tell your GP if you would like to use a private consultant. After you have seen the specialist, they will write back to your GP explaining their medical opinion and any action taken.

GPs can direct you to exercise facilities. If you're not sure how to start exercising safely, ask your GP about the exercise on prescription programme. Exercise can be prescribed as a treatment for a range of conditions. Your GP may be able to refer you to a local 'active health team' for a fixed number of sessions under the supervision of a qualified trainer. Your GP and active health team will help you decide what type of activity will suit you best. Depending on your circumstances and what's available locally, the exercise programme may be offered free or at a reduced cost.

Your GP may refer you to other services, such as local weight loss groups, stop smoking programmes, or services to help you reduce

Other long-term conditions and GP management

alcohol or drug use. These may be provided by the NHS or by commercial services that you pay for.

Community nursing. Community nurses (also called district nurses) can come to your home to provide care, and to help you manage your health. Community nurses are particularly helpful if you have recently been discharged from hospital. They can also help if you're unable to travel to appointments for health reasons. Community nurses can help you take medication correctly, dress wounds, monitor your health and teach you and your carers how to manage health problems you may have.

Community mental health teams. CMHTs focus on working to help people with complex

mental health conditions. They aim to provide the day-to-day support that is needed to allow a person to remain living in the community.

Local authority services. GPs can also help you make contact with services run by your local council, such as children's or adult social care services, if you feel you need more support in a particular area of your life.

Pharmacies

If your GP decides you need treatment with medication, you will be given a prescription. You should take this to your community pharmacy (a high-street chemist). In England, you will be charged a standard prescription charge (currently £7.65 per item), unless you are exempt from paying this charge (see *NHS costs and exemptions* on page 48). Prescriptions are dispensed free of charge in other UK countries.

Pharmacists are trained experts in the use of medicines. The specialist pharmacist at your HIV clinic is an important person in your HIV care, but your local pharmacist can also play a useful role in helping you stay well. They can

give advice on the safe use of prescription and over-the-counter medicines. A pharmacist should ask you what medicines you are taking when they dispense a prescription or when you buy over-the-counter medication, because of the risk of interactions with anti-HIV drugs or other medication you may be on.

Pharmacists can give you advice on dealing with common conditions, such as colds and flu, urinary tract infections, mild skin conditions and hay fever. Some pharmacies also run 'minor ailment' services that deal with certain common health problems. You don't need an appointment to go to one of these, and it may save a trip to your GP. They will tell you if they think you should see your GP or seek other medical advice. Pharmacists can sell you

Pharmacies

remedies for some of these conditions over the counter, without a prescription from a doctor.

If you are worried about people knowing that you have HIV and don't want to give the names of your medicines to the pharmacist in a public place, it might be helpful to remember that most people won't recognise the names of anti-HIV drugs. You could ask to talk to the pharmacist in a private area (often a pharmacy will have a private consulting room) or you could write down the names of the medicines you are taking and hand this information to the pharmacist.

It can be hard to maintain your confidentiality at a high-street pharmacy counter, so if you do need over-the-counter medicines on a regular

basis it might be wise to discuss this with your GP, HIV doctor or specialist HIV pharmacist. They may be able to prescribe them.

Pharmacies sell pregnancy tests and emergency contraception (the 'morning after' pill, *Levonelle*). Some will provide the latter free of charge. Some anti-HIV drugs can interfere with the way this pill works. It's important that you tell the pharmacist if you are on HIV treatment, as you may need to take twice the normal dose of *Levonelle*.

Pharmacies can offer healthy lifestyle advice, covering areas such as diet and nutrition, exercise and stopping smoking. They can also discuss management of long-term conditions, such as diabetes and high blood pressure.

Some pharmacies offer clinics in these areas, and services to help people give up smoking.

Many pharmacies have long opening hours and are open at weekends, so can be a convenient place to start when seeking advice for common conditions.

NHS costs and exemptions

There are charges for some NHS services, such as prescriptions, sight tests and dental treatment. However, some people can receive these free of charge. This is often described as being 'exempt' from certain NHS charges. Which NHS services you are eligible to receive for free depends on your situation. Immigration status doesn't affect eligibility for these exemptions.

You may be exempt from some primary care charges in some situations, including the following:

- You are aged 60 or over.

NHS costs and exemptions

- You are under 16, or 16 to 18 and in full-time education.
- You are pregnant, or have had a baby in the previous 12 months.
- You have a listed medical condition. These conditions include diabetes and epilepsy.
- You have a physical disability and rely on help from another person to go out.
- You receive certain welfare benefits, including Income Support or income-related Employment and Support Allowance.
- You receive tax credits and are entitled to, or named on, a valid NHS tax credit exemption certificate.

If you are on a low income, you may be entitled to help with health costs. To be assessed, you need to complete an HC1 form, which

you can get from a Jobcentre Plus office, an NHS hospital or your GP practice. If you are eligible, you will then be sent an HC2 or an HC3 certificate, which will exempt you from primary care costs, including charges for prescriptions, dental treatment, sight tests and glasses. An HC2 certificate entitles you to full financial help, including free prescriptions; an HC3 certificate entitles you to partial help.

Some medical treatment is free of charge to everyone. This includes:

- Treatment administered by a GP during a consultation. This usually doesn't include treatment prescribed by a GP, which you then have to collect from a pharmacy.

NHS costs and exemptions

- Treatment administered at a hospital accident and emergency department, a minor injuries unit or an NHS walk-in centre.
- Contraception services.
- Treatment for a sexually transmitted infection (STI).
- Treatment for a range of infectious diseases, including tuberculosis, viral hepatitis, pandemic influenza, cholera, smallpox and typhoid.
- Treatment for a mental disorder, if you are detained under the *Mental Health Act 1983* or subject to a Community Treatment Order.
- HIV treatment (from October 2012).

Help with prescriptions costs (England only)

If you expect to receive more than 14 prescriptions per year, then buying a

prescription prepayment certificate (PPC) may save you money. (Each named drug you are prescribed will need a separate prescription, so you may end up paying several prescription fees at one time.) A PPC costs £29.10 for three months or £104 a year (as of July 2012) and there is no limit on the number of prescription items you can receive. You can order one by visiting www.nhsbsa.nhs.uk/1127.aspx or by completing Form FP95, available from your pharmacy. This may be particularly useful for people with conditions that will require a number of prescriptions.

There is no prescription charge for anti-HIV drugs because they are dispensed either by hospital pharmacies or through HIV clinic 'home' delivery schemes.

What to do if you're unhappy with your GP practice

If you feel unhappy about something to do with your GP practice, and would like to take some action, there are a number of ways to do this. You can also use some of these to give positive feedback on the practice.

Giving feedback and resolving problems

Staff in your GP surgery should be open to hearing your views, both positive and negative. Ask at the practice if there are ways you can offer your opinions, and see *Patient empowerment* on page 63 for more information on how to get involved in shaping services.

If you are unhappy with the treatment your GP or another member of staff has provided, the way they have behaved towards you, or any other aspect of their service, it's often best to start with trying to resolve the situation in person.

If your concern relates to an individual member of staff, start by discussing it with them directly. Explain why you are raising this issue, and what you would like to be done as a result. This can help the practitioner address your concerns. Even if you are upset, try to stay calm and to discuss the issue without becoming angry. This can help solve the issue as quickly as possible, and hopefully allow you to maintain a good relationship.

What to do if you're unhappy with your GP practice

If this doesn't work, or you feel reluctant to talk to the individual directly, ask to speak to another member of staff, such as the practice manager.

Making a complaint

At some stage, you may feel that you need to make a formal complaint – perhaps if your concern hasn't been resolved to your satisfaction informally, or if you feel it needs to be addressed more formally.

Every GP practice has a complaints procedure. If you have not been given information on this already, and are not offered information on this at the time you make a complaint, ask to see it.

You can usually make a complaint by speaking to a member of staff face to face or over the

phone, or in writing. If you talk to someone, you should then be given a written version of your complaint.

Either way, explain clearly:

- what or who you are complaining about.
- when and where any incident occurred.
- any action you've taken as a result.
- what you would like to happen as a result of your complaint. This could be a change to systems or practices, or an apology, for example.

You should receive a response within a few

What to do if you're unhappy with your GP practice

days, and the complaint should be resolved within six months or so. Your surgery's complaints procedure will set out a more precise timetable for your practice.

Alternatively, if you would rather not make the complaint directly to the practice, you can complain to the relevant health trust or board, and go through its complaints procedure. You can't, however, complain to both the practice and the trust or board.

If you have tried discussing the problem with the healthcare worker concerned, or with the practice manager, or you've made a formal complaint to the practice or the trust or board, and you still haven't had a satisfactory response, then you can deal with the matter to an external organisation.

Making a complaint to an external organisation

If you aren't able to resolve the complaint to your satisfaction within the practice or through the health trust or board, you can take your complaint to the relevant ombudsman. This body will look at the complaint and the response to decide if the action taken was reasonable.

You can also contact independent organisations that deal with issues such as misconduct or poor performance among practitioners. These include the General Medical Council and the Nursing and Midwifery Council.

For help and advice on what to do next and support with making a complaint, contact your local Patient Advice and Liaison Service

(PALS) or your local Independent Complaints and Advocacy Service (ICAS) in England, Community Health Councils (Wales), the Patient Advice and Support Service (Scotland) or the Patient and Client Council (Northern Ireland), or your local citizens advice bureau.

See *Getting more information* on page 66.

How to change a GP

If you decide to change your GP, either within a practice or to a new practice, you are entitled to do so, whatever the reason. You do not need to tell your current GP that you have decided to change. When you register with a new GP, your medical records will be transferred to your new practice. However, this process may be quicker if you tell your previous GP that you are leaving.

Dental care

Dental care is an important part of everyone's overall health. It is particularly important for people with HIV, especially pregnant women and people who use drugs or who are taking drug substitution therapy.

Some medications, including some used to treat HIV, hepatitis and depression and those used for drug substitution therapy, can reduce the amount of saliva that is produced in the mouth. This can result in a dry mouth (a condition also known as xerostomia). Saliva has natural antibacterial agents in it and the flow of saliva washes food particles and associated bacteria away from spaces in teeth where they can do harm. People with xerostomia experience an

Dental care

increase in tooth decay and infections in the soft tissue of their mouths.

People with a weakened immune system are prone to developing specific oral health problems, such as oral candidiasis (thrush), mouth ulcers and gingivitis. These problems are more likely to occur in people with a very low CD4 cell count (usually 150 and below).

People with HIV are also more prone to infection with the human *papillomavirus* (HPV), some strains of which can cause cell changes in the oral cavity that can lead to oral cancer. Smoking is also associated with mouth and throat cancer. Dentists are well-placed to diagnose these changes, which might not be picked up by a doctor.

The risk of developing some other health conditions is increased if you also have gum disease; these include heart disease and diabetes.

Hormonal changes during pregnancy can increase the risk of inflammation, bleeding and gum disease.

Visiting a dentist regularly will help to keep your mouth, teeth and gums healthy.

Eligibility for NHS dental services

You should be able to receive dental care without having to prove your immigration status. You will normally be asked to prove your identity when registering with a dentist.

Finding and choosing a dentist

As with finding and choosing a GP practice, you may find it helpful to talk with friends, your HIV clinic or other people with HIV to see if they can recommend a dentist.

Dental practices do not restrict access to patients based on catchment areas, unlike GP practices. You can make an appointment with any dental practice. You should not be asked to have a dental check before a dentist places you on their patient lists.

If you want NHS dental treatment, you will first need to find out which dentists in your area provide NHS treatment, and then find one who is prepared to accept you for a course of treatment as an NHS patient. Some dentists

do not provide NHS treatment, or only provide this treatment to certain groups of people; for example children, or people getting benefits or tax credits.

The alternative to NHS dental treatment is registering as a private patient, but this is usually more expensive than registering as an NHS patient. However, private treatment may be a useful option in some situations. If you do decide to explore this, it's worth asking at several practices to compare costs, and asking about payment plans. Many practices offer ways to spread the cost of treatment.

Everyone is entitled to receive NHS dental treatment, but it is not always easy to access in some parts of the country. Community dental

Dental care

services, dental access centres and dental hospitals provide dental services to people who have difficulty accessing standard dental services, or who have very specialised dental needs.

To find dentists who do NHS work in your area, visit your local NHS website. See *Getting more information* on page 66.

Confidentiality and non-discriminatory treatment

There is no legal obligation to disclose your HIV status to a dentist. But it is a good idea to do so. If you have a good CD4 cell count (above 350), you're unlikely to have HIV-specific complications and few drugs used in dentistry have interactions with HIV medications.

However, drug interactions do exist, such as with sedatives for people who have dental phobia or some antibiotics. Not knowing your HIV status may also make it harder for your dentist to diagnose certain conditions.

Your dentist, as with other healthcare professionals, is required by law – and by professional regulatory standards – to ensure your medical information remains confidential.

Dentists are bound by the *Equality Act 2010*, an anti-discrimination law, in the same way as other healthcare professionals. They cannot refuse to treat you because you have HIV. This is the case for both NHS and private dentists.

Some people with HIV have found that dentists

Dental care

think they need to take extra care when they have a patient with HIV. But standard infection control procedures are designed to prevent transmission of infection, including HIV.

According to the Department of Health and the British Dental Association:

- The same procedures should be used for all patients.
- It's unethical as well as unlawful to refuse dental care to people with HIV.
- As lots of people have HIV without knowing it, dentists treat people who have HIV anyway. Taking the right precautions all the time will protect both patients and staff.

You can only be refused dental treatment on reasonable grounds (these include regularly missing appointments, not paying for treatment, or abusing staff). If you think you have been discriminated against or have a complaint, you can use the same complaint mechanisms as for GPs to complain about NHS dental services, starting with trying to resolve any problems directly with the practice (see *Making a complaint* on page 52). The British Dental Health Foundation can also explain how to make a complaint – call 0845 063 1188 or go to www.dentalhealth.org. The Dental Complaints Service can help resolve complaints about private dental services: www.dentalcomplaints.org.uk or call 08456 120540.

Dental care

NHS dental services, prices and exemptions

Unlike GP services, you will generally be required to pay to have an appointment with a dentist. NHS dental services are not free, but are cheaper than private dental services. There are some situations where you may be exempt, or able to apply for help with the costs. If you are not 'ordinarily resident' in the UK you can still apply for help with dental treatment costs. You can find out if a dentist offers NHS services by asking when you register.

NHS dental services are those needed to keep a person's mouth, teeth and gums healthy and free from pain. The NHS does not cover 'cosmetic' dental services – those that improve the way your teeth look but have no medical benefits.

Services are grouped into different bands, each with its own price. These are Band 1 (an examination, X-rays and minor or emergency treatments); Band 2 (treatment such as fillings, extractions and root canal treatment); and Band 3 (which includes crowns, bridges and dentures). NHS dental charges vary in different countries in the UK.

If you are not entitled to free dental treatment, but you will have trouble paying, talk to your dentist. There are several different payment schemes and one of these might help you.

Some people are exempt from paying NHS dental charges. NHS dental services are free if you are:

- under 18 years old.

- under 19 and in full-time education.
- pregnant or have had a baby in the last year.
- receiving Income Support, income-related Employment and Support Allowance, income-based Jobseeker's Allowance or Pension Credit guarantee credit when your treatment starts.
- named on a valid NHS tax credit exemption certificate or on a valid HC2 certificate (see page 49)
- staying in an NHS hospital and your treatment is carried out by the hospital dentist.
- an NHS hospital dental service outpatient.

Opticians

Most people do not experience any HIV-related problems affecting their sight and the use of HIV treatment will prevent the severe damage to the immune system that can lead to sight problems.

Regular eye tests (every two years, or more often if you are advised to do so) are recommended for everyone. These are important as many eye problems don't always have obvious symptoms, such as pain. Monitoring the health of your eyes is particularly important as you age, if you have a family history of eye problems or if you have (or are at higher risk of) diabetes.

Opticians

You should also seek advice quickly if you notice a change in your sight, such as blurred, distorted or obscured vision.

Opticians (now known as ophthalmic practitioners) check both the quality of your vision and the health of your eyes.

You can go to any opticians' practice; like dentists, they do not work within catchment areas. You aren't obliged to tell them about your HIV status. However, it could be important for the optician to know about previous eye problems or related medical history.

Opticians are bound by a code of conduct to keep information about patients confidential,

and their services are covered by the *Equality Act 2010*.

If you have a complaint, you can use the same complaint mechanisms as for GPs to complain about NHS optician services, starting with trying to resolve any problems directly with the practice (see *Making a complaint* on page 52).

If the complaint is about an optometrist or dispensing optician, you can go to the General Optical Council (GOC, www.optical.org, 020 7580 3898). You can also go to the Optical Consumer Complaints Service (OCCS), an independent body that deals with complaints about registered optical services (www.opticalcomplaints.co.uk, 0844 800 5071).

Opticians

NHS optician services, prices and exemptions

Eye tests are normally delivered as a private health service, so there is a charge. Costs can vary, so you may want to ask at several practices. However, you are entitled to a free test if your optician thinks it is clinically necessary (they will make this judgement at the time they do the test).

Some people are exempt from paying for eye tests. These are free if you are:

- under 16 years old.
- under 19 and in full-time education.
- registered blind or partially sighted.
- diagnosed with diabetes or glaucoma.
- aged 40 or over and you are the parent, brother, sister, son or daughter of a person diagnosed with glaucoma, or you have been advised by an ophthalmologist that you are at risk of glaucoma.
- eligible for an NHS complex lens voucher.
- receiving Income Support, income-related Employment and Support Allowance, income-based Jobseeker's Allowance or Pension Credit guarantee credit.
- named on a valid NHS tax credit exemption certificate or on a valid HC2 certificate (see page 49)

In these situations, you may also be eligible for help with the cost of glasses or contact lenses, through an NHS optical voucher.

Patient empowerment

Since January 2003, all NHS bodies have had a legal duty to involve and consult the public about the running of local health services.

There are a number of ways you can become involved in shaping the way primary care is provided, either nationally or locally.

Some GP surgeries have patient participation groups (PPGs). These are practice-based and should represent the population served by the practice. PPGs help collect the views of patients through surveys and collecting feedback. Members can advise the practice and its patients on systems and services. They liaise with other PPGs, lobby for

Patient empowerment

health services, and are also involved in the recruitment of staff, including GPs.

While most PPGs focus on local issues, some do extend their focus to national issues. PPGs exist in around half of GP practices; speak to your practice receptionist to find out about PPGs in your area.

Visit the National Association for Patient Participation (NAPP) website www.napp.org.uk for more information on PPGs.

You can rate health services you have used, and add comments, by visiting sites such as *iWantGreatCare* (www.iwantgreatcare.org) or your local NHS website (www.nhs.uk or see *Getting more information* on page 66).

From October 2012, Healthwatch is the new independent 'consumer champion'. It aims to gather and represent the views of the public about health and social care services in England, and will report to the Care Quality Commission.

Local Healthwatch organisations will start operating from April 2013. They will take over the work from Local Involvement Networks (LINKs). The membership of local Healthwatch organisations should reflect the local community. The bodies are intended to help local health services meet the needs of people in their community by representing the views of patients, communicating patient experiences and working to improve their access to advice and information. You can find out more about

Patient empowerment

Healthwatch at <http://healthandcare.dh.gov.uk/what-is-healthwatch>.

In Scotland, the Public Partnership Forum provides an opportunity for patients to become involved in shaping health services: www.nhs24.com/getinvolved.

In Northern Ireland, you can join the Health and Social Care Patient Client Council: www.patientclientcouncil.hscni.net.

Contact your local Health Board to get involved in Wales: www.wales.nhs.uk/ourservices/getinvolved.

There are other ways to become involved in shaping the medical care you receive. These include:

- forming or joining an HIV clinic patient group.
- visiting or writing to your MP.
- getting local businesses interested in HIV prevention and provision of support.
- writing to the media.
- raising issues in e-forums such as THT's campaigning website (www.tht.org.uk/our-charity/campaign) or general campaigning websites such as www.38degrees.org.uk.

Getting more information

To find GPs, dentists, other health services and local health trusts or boards:

NHS Choices (England)

www.nhs.uk

0845 46 47

NHS Direct (Wales)

www.nhsdirect.wales.nhs.uk

0845 4647

NHS 24 (Scotland)

www.nhs24.com

08454 242424

NI Direct (Northern Ireland)

www.nidirect.gov.uk

<https://tht.iwantgreatcare.org>

A website collecting feedback on GPs and other healthcare professionals. It works with THT to encourage recommendations from people with HIV

Advice and support in finding, accessing, using and complaining about health services

Citizens Advice Bureau

www.adviceguide.org.uk

Advice on access to and rights in health care and sources of help for all UK countries, including details of local ICAS providers (Independent Complaints Advocacy Services).

Patient Advice and Liaison Services (PALS, England)

www.pals.nhs.uk

Getting more information

In England, from April 2013, local Healthwatch organisations will help people find and access health services: <http://healthandcare.dh.gov.uk/what-is-healthwatch>

Patient Advice and Support Service (Scotland)
www.cas.org.uk/patientadvice

Community Health Councils (Wales)
www.wales.nhs.uk/sitesplus/899/home

Patient and Client Council (Northern Ireland)
www.patientclientcouncil.hscni.net

Parliamentary and Health Service Ombudsman (England)
www.ombudsman.org.uk
Helpline 0345 015 4033

Scottish Public Service Ombudsman
www.scottishombudsman.org.uk
0800 377 7330

Public Services Ombudsman for Wales
www.ombudsman-wales.org.uk
0845 601 0987

The Northern Ireland Ombudsman
www.ni-ombudsman.org.uk
02890 233821

HIV and other support organisations

African Health Policy Network

For information on organisations working with people from African communities in the UK
www.ahpn.org
020 7017 8910 / info@ahpn.org

Getting more information

Doctors of the World UK

The charity's Project London provides information, advice and practical assistance to vulnerable people to help them access NHS and other services.

www.doctorsoftheworld.org.uk

020 7515 7534

Positively UK

Provides a range of support services for people with HIV

020 7713 0222 / info@positivelyuk.org

Useful leaflet on making the most of your GP:

www.positivelyuk.org/GP.php

Terrence Higgins Trust (THT)

Support and advocacy services throughout the UK. Get details of these and other services from THT Direct on 0808 802 1221

www.tht.org.uk

www.myhiv.org.uk

info@tht.org.uk

Keep yourself up to date – get more from NAM

HIV Treatment Update

NAM's quarterly newsletter keeps you up to date with the latest news and developments about HIV, to help you talk to your doctor, and make decisions about your health and treatment.



HIV Weekly

NAM's weekly email round-up of the latest HIV news. Sign up today at www.aidsmap.com/bulletins for straightforward news reporting and easy-to-read summaries of the latest HIV research.



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Not very useful

Not at all useful

Has this booklet helped you make decisions about your health and treatment?

Yes, very much

Yes

A little bit

No

Has this booklet made you feel more informed about key issues?

Yes, very much

Yes

A little bit

No

Has this booklet made you feel more confident when talking to your healthcare team/doctor/GP?

Yes, very much

Yes

A little bit

No

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In your own words tell us how this booklet has helped you

Are there other topics that booklets like this should cover?
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Please tear off this page and post it for free to: **NAM, FREEPOST, LON17995 London, SW9 6BR**



HIV helplines

THT Direct

From the Terrence Higgins Trust

Telephone 0808 802 1221

Opening hours Monday-Friday, 10am-10pm

Saturday & Sunday, 12pm-6pm

I Do It Right

Telephone 0800 0967 500

Opening hours Monday-Friday, 10am-6pm

HIV i-Base Treatment Phonenumber

Telephone 0808 800 6013

Opening hours Monday-Wednesday, 12pm-4pm

NAM information series for HIV-positive people - visit www.aidsmap.com/booklets

The booklet series includes:

- Adherence & resistance
- Anti-HIV drugs
- CD4, viral load & other tests
- HIV & children
- HIV & hepatitis
- HIV, mental health & emotional wellbeing
- HIV & sex
- HIV, stigma & discrimination
- HIV & TB
- HIV & women
- Nutrition
- Side-effects

More from NAM

aidsmap.com

NAM's website aidsmap.com hosts a huge range of useful resources on key HIV topics. With booklets, factsheets, frequently asked questions about HIV, news and a map of local services, you can keep up to date and find information to support the decisions you make about your treatment and health. It is a reliable source of independent information that you can trust.

HIV Health Support Service

NAM supports THT in providing one-to-one and group skills sessions on health and treatments to people living with HIV. Call THT Direct for details.

NAM

77a Tradescant Road
London SW8 1XJ
UK

Tel +44 (0) 20 3242 0820
Fax +44 (0) 20 3242 0839
Website www.aidsmap.com
Email info@nam.org.uk
Registered charity no. 1011220

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Call NAM on
020 3242 0820.

About NAM

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