THE CURRENT AND FUTURE ROLE OF GENETICS SERVICES IN PRIMARY CARE: THE OPINIONS OF GENERAL PRACTITIONERS IN WALES

Kirk Maggie; Iredale R; Longley M; Genomics Policy Unit, Welsh Institute for Health and Social Care University of Glamorgan

AIM
A survey was undertaken to canvass over 2000 General Practitioners from the whole of Wales on their current practice and the future role of the GP and other members of the Primary Health Care Team (PHCT) in relation to the provision of genetics services.

The information obtained may then provide an insight into the preparedness of GPs to take a greater role in provision of community based genetics services, in response to the anticipated higher demand.

RATIONALE
Whilst there is little argument that there will be a much higher demand for genetics services in the future, debate on the most appropriate role for GPs continues.

GPs could provide a central role as both providers and gatekeepers to a range of community genetics services. The BMA has stated that GPs are "ideally placed to recognise the possibility of genetically transmitted conditions" but states also that it is "impractical and unrealistic to expect them to take on services ... more appropriately provided by Regional Genetics Centres."

What do GPs think? By covering the whole of Wales, our survey provides data from a reasonable cross-section of communities.

"Advances in genetics research are leading to an increase in demand from members of the public for genetic information about themselves and their families."

RESULTS
We received 960 replies, with a valid response rate of 42.8% (n=917). Data were collated using an automated form-scanning facility.

Preliminary data are presented here.

About the respondents 1
• The majority of respondents:
  • Are male (65.9%)
  • Work with one or more partners (91%)
  • Work in a Fund-Holding practice (53.3%)
  • Are not GP trainers (79.0%)

and 40% work in a mixed urban/rural practice, with a further 30% in an urban practice, and 22% in a rural practice.

CURRENT DEMAND FOR SERVICES
GPs were asked to indicate the extent of their agreement with the following two statements:

PRIORITISATION OF GENETICS SERVICES
GPs were asked to compare the priority assigned to provision of genetics services with other practice-based services/demands:

RECORDING FAMILY HISTORY
Most (85.5%) require closely about family history at initial registration and when indicated during surgery (74%), although 31% indicated that having sufficient time to do this was a consideration.

Only a minority (10.4%) said they had ever felt uncomfortable at obtaining information about a patient's genetic status. 'Insurance' was cited by 5% as the reason for this discomfort.

ACQUIRING INFORMATION ABOUT GENETICS ISSUES
In response to the question 'What do you think is the single most useful means of obtaining information about genetics issues currently?' the replies given most commonly were:
• Contacting the CGS by letter 25.3%
• Contacting the CGS by telephone 27.3%
• Journals 11.9% • Attending courses 8.3%

Using the Internet was seen as least useful (1.4%).

The majority of respondents (65%) had not attended any study sessions on genetics in the previous 3 years. Only 37.5% had attended for one session or part session, and 7.5% had attended 2 days or more.
THE FUTURE OF GENETICS SERVICES IN PRIMARY CARE

SERVICE PROVISION

GPs were asked what would be the most appropriate provision by the NHS to meet an increase in demand for genetics services.

The major obstacles for GPs in meeting an increase in demand for genetics services were identified as:

- Facilities needed to offer surgery-based genetic tests, in addition to those needed to overcome the obstacles identified, included:
  - Computerised protocols/guidelines: 45.5%
  - Dedicated Health Professional: 43.4%
  - Further training in counselling skills: 36.4%

Consequences of testing

GPs were asked to rate the likelihood of seeing an increase in the following six scenarios as a consequence of an increasing range of genetic tests:

WHO SHOULD DO WHAT?

a. Which would be the most appropriate provision by the PHCT to prepare patients for a 'general genetic profile'?

b. Who would be the most appropriate community-based professional to take the CENTRAL ROLE in providing the following services in relation to a family at risk of an inherited cancer?

CONCLUSIONS

Although further analysis is needed, the data provide some indication of the views of a large number of GPs in Wales.

The data indicate that:

- Many GPs do not feel adequately prepared to meet the anticipated extra burden in relation to genetics services.
- Many GPs do not feel provision of such services is appropriate to their role and would assign such provision a low priority.
- Many GPs are concerned about the consequences at primary care level of an increase in availability of genetic testing.

The information gathered provides a useful contribution to the ongoing discussion about how an increase in demand for genetic information and services can best be managed.

ABOUT THE RESPONDENTS 2

A small percentage indicated the presence of a sense of humour, responding in kind to the cartoon 'incentive' with one of their own.