

Supplementary 4. Full quotes

Table 2: Existing culture and infrastructure of chlamydia testing in general practice.

No culture of testing patients for chlamydia as normal practice

"I haven't offered chlamydia test for a long time, but if a patient has symptoms, then I would test him."
(Estonia, GP staff)

"Asymptomatic Chlamydia screening?... None really! I only ask [about] a chlamydia test when I suspect a STI, in that case I always add chlamydia." (France, GP staff)

"If young people have symptoms or they tell us that they may have got the disease, but we do not have screening of all young people. No priority for that." (Sweden, GP staff)

"Usually we found is that in every practice there is a great advocate of sexual health... I think the difficulty is that one person on their own can't [talking about the provision of all sexual health in a practice]... whether it's a nurse with many years of experience who's got a keen interest or usually it's a female GP... who's got more training in that and expertise in that area. But it then depends how much that person can influence the rest [of the team]." (England, Stakeholder)

Views on combining chlamydia testing, condoms and signposting to contraception (3Cs) into a routine basic sexual health offer

"Well, I mean, basically I just feel it's absolutely so important but I'm really a strong advocate of sexual health services being provided as part of a holistic [approach]." (England, Stakeholder)

"No problem. I could myself ask every young patients but I do not do so now. But that could be a possibility. I have no problem with that." (Sweden, GP staff)

"If we suddenly went to 15 minutes appointments then I would be more than happy to, but in my 10 minutes I think I [would] struggle to [offer 3Cs]" (England, GP staff)

"GPs have to deal with a lot of situations within limited period of time. STI topic is not the main, we have Youth Counselling Centre or youngsters prefer gynaecologists." Estonia, GP staff)

"I wouldn't mind [offering condoms]... There's two things that are huge constraints on us, one is time and one is money." (England, GP staff)

"Are there places where they can get free condoms? And where is that?" (France, GP Staff)

"We do not have time for screening and sexual health discussions if the patient do not ask for that." (Sweden, GP staff)

"My question immediately as commissioner is we don't provide free condoms, who funds them?... There's a problem there." (England, Stakeholder)

GP staff do not generally ask about sexual health in an unrelated consultation

"If a patient consults for another reason, it's not welcomed to suggest a chlamydia screening in the middle of all that." (France, GP staff)

"If a patient comes with UTI problems, then I feel it is relevant. If it is a sore throat, then I don't feel I would start offering chlamydia test." (Estonia, GP staff)

"It will take some time to discuss sexual health, we do not have that time. We tell them to go to the Youth Health Center." (Sweden, GP staff)

Most staff in all countries reported a need for an update on chlamydia

"We really have this knowledge on chlamydia and gonorrhea but we need to be reminded. That is good."

(Sweden, GP staff)

"I think it's an area that we need to address because we're very prudish in this country and you know I think we've got one of the highest teenage pregnancy rate." (England, GP Staff)

"STI training would be very relevant and interesting. I had very limited information about STIs in my residency and I would be very interested to have some training." (Estonia, GP staff)

"We would need some training... being updated on the subject and helped to suggest screening, our patients would agree without problems! And we need the test kit of course and learn how to show patients to use it." (France, GP staff)

15-24 year olds do not attend GP surgeries, especially for sexual health

"It's a little bit more difficult [offering chlamydia tests] with the boys because they don't come in, for any of that sort of stuff [sexual health]. Very rarely." (England, GP staff)

"The patients have to go elsewhere for that, the Youth Health." (Sweden, GP staff)

"Patients are not aware that they can be tested for STIs at their GPs. Need to inform patients, as we do for example with PAP test." (Estonia, GP staff)

"The patients in my practice consulting for sexual health are often a bit older, rather between 25 and 30." (France, GP staff)

"My young patients, young woman, often have a gynecologist for these gynecologic problems." (France, GP staff)

"There are a few GPs that I have come across in those areas that, you know, say 'My patients don't need that kind of education because they are not doing that kind of thing'" (England, Trainer)

Patients would be anxious about confidentiality

"And they might think, you know, the GP they've been to see since they were 5, they can't now go and talk about... contraceptive issues... and they might think 'I'm not going to talk to her'. You know, they might feel uncomfortable, you know." (England, GP staff)

"In fact, young people think that their parents will know about the screening, because of the care summaries from the national health insurance. But they are wrong, there are not any details." (France, GP staff)

"In Estonia, GP for a young person are chosen by their parents. That could be a problem. Out of fear, that certain information could reach parents, will make this young person go to Youth Counselling Centre [not their GP]." (Estonia, GP staff)

"Young people prefer to go to the Youth Health Center for sexual discussions. They are anxious that the GP staff may say something to their parents." (Sweden, GP staff)

GP staff perception that patients need to request a test

"No, it's the patient at the moment [who needs to request a test]." (England, GP staff)

"If a patient asks, I would certainly run the tests." (Estonia, GP staff)

"Those kind of things come primarily from the patient, not from the GP." (Estonia, GP staff)

Value of patient information to increase patient awareness of chlamydia testing in general practice

"[Talking about the poster] I think the message you want to get across is that we [the surgery staff] are happy to test." (England, GP staff)

*"I think, for us, that side of patient education is the **most important** factor... the card would be a good idea."* (England, GP staff)

"I would like to have informative poster in my office." (Estonia, GP staff)

"If it was proved, that posters help, then I would like to use them." (Estonia, GP staff)

"A poster that can be seen by everyone will be helpful, and perhaps, the invitation cards as well, so the teenagers are a bit prepared for the question. And the poster is also a reminder for the staff." (Sweden, GP staff)

"Knowing the local languages would be quite good... a poster with about ten different languages, because... we do have a lot of other speaking country patients. So they know where to go for it [chlamydia screening]." (England, GP staff)

Need for an information leaflet in France

"Chlamydia is not very well known by the patients in general, so posters and leaflets would make it easier for us to raise their awareness! A card would be too direct, they wouldn't understand, they need more information... from scratch." (France, GP staff)

Table 3: Barriers to GP staff offering and patients returning chlamydia tests

Diagnostic staff present in GP practices in Sweden makes testing process easier

"It is easy to instruct the patients how to take the test. Urine sample for males, self-taken vaginal sample for women. They just take the sample in the toilet here. And they will have the result within a week." (Sweden, GP staff)

Time

"I am afraid that there is not enough time for that... For doing that, you have to have the will, time and place. This can't be done routinely." (Estonia, GP staff)

"Well, it would depend on how I am, in terms of timing, so I may not be able to do it [chlamydia tests or contraception] there and then if I'm running late. And if I've got patients waiting, that's not fair [to others] really... But I do appreciate that, by saying that, I could be losing someone who might not come back [for a chlamydia test]." (England, GP staff)

"It's a question of time, otherwise we would ask for all different kind of screenings systematically, but we don't find the necessary time!" (France, GP staff)

Covering chlamydia, condoms and contraception (3Cs) is even more difficult within a consultation

"It is hard to cover everything within 20 minutes. I am afraid, that STI consultation will be very brief and this is not what we want." (Estonia, GP staff)

"We do not have time for screening and sexual health discussions if the patients do not ask for that." (Sweden, GP staff)

"3Cs [chlamydia, condoms and contraception] is being pitched as three quick questions, but it's three quick questions that are on top of a consultation that you have already had, and time is a resource as well. My own experience is, I manage to fill my 10 minutes very readily with all the other things." (England, GP staff)

Education, videos or scripts to show staff how to make the offer quickly

"[referring to videos or scripts] Yes, I think, I think it's important for our staff to know how to approach it, because it's a very delicate issue and I think it needs that sort of information on how to do it." (England, GP staff)

"A video would be far too time consuming. The GP will be able to spend only a short time for the training in the practice." (France, Trainer)

"I do not think a video that is produced in another country will have any effect on Swedish GP. Initial education

will be good enough.” (Sweden, Stakeholder)

Computer prompts or templates as reminders

“And often the best way to do is to actually incorporate it [chlamydia screening reminders] into a template. And then that way... you don’t miss anything.” (England, Nurse)

“I think it is [referring to computer prompts reminding staff to offer chlamydia screening to all 15-24 year olds] because once it comes up, it reminds the receptionists, and they don’t have to think ‘oh, is this patient in the right age group?’. If somebody selected that cohort patients and put it [the prompt] as a blanket on that. So that would cover everyone in that age range. That would be good.” (England, Nurse)

“Computer prompts would be perfect, but this could not be used [due to IT problems]. I do not think a web page would be used.” (Sweden, Trainer)

“Computer prompts, that’s too complicated in France.” (France, GP staff)

Financial remuneration for chlamydia tests

“We have no economic restrictions on chlamydia test. If a patient wants to be tested, we do so” (Sweden, GP staff)

“Things like sexual health and things that are just population important, but not don’t attract specific money, probably have a lower priority.” (England, GP staff)

“I do have to stress, that the only way [this intervention] is going to work is if it has funding behind it, funding for the time, the extra time.” (England, GP staff)

“Since we were doing the Chlamydia LES [Local enhanced Service] here, I got used to routinely asking those questions for that age group... So I’ve just... carried on doing it, even though we are not doing the LES anymore... It’s still just as important.” (England, GP staff)

“It is hard when we don’t have any extra money for doing that.” (Estonia, GP staff)

“We have a lot of things to discuss with each patient. If we’re asked to make 2500 different screenings, it’s not possible within our 23 € consultations!” (France, GP staff)

Not sure of exact chlamydia testing process

“The kits, I haven’t seen them for a [while]. There was one for men and there was one for women. If we had the kits, we would use them.” (England, GP staff)

“Testing STIs, GP needs special equipment. I usually advise to go to gynaecologist, so they can test for everything.” (Estonia, GP staff)

“As a GP, we need training about how to make the offer, how to talk about it, I’m sure the patients would appreciate and accept the test if we only suggested it.” (France, GP staff)

Doing self-taken swabs or urines in the surgery

“The other issue with male colleagues is, you’ve got the issue of chaperones [for female patients]... and it’s sometimes easier for them to say ‘go and see the lady doctor’.” (England, GP staff)

“I think the girls would agree more to perform a urine test rather than to do a vaginal swab themselves.” (France, GP staff)

“It is no problem with self-taken vaginal swabs for young women or urine test for young men at our surgery. They collect the samples easily in the toilet, and give the sample to the laboratory personal.” (Sweden, GP staff)

“Most girls, you can persuade them to wee and send it off, but to persuade them to have swab is a different kettle of fish I think.” (England, GP staff)

“And we don’t know what the pickup rates are. So, you can always say in the consultation ‘ok, fine, why don’t you just pop to the desk and get a chlamydia kit’ and when they walk out, I’m not going to follow them to see if

they've gone to the desk and picked up a kit, so It's a bit of a black hole really." (England, GP staff)

"I think it's doable [to get patients to complete the chlamydia test immediately in the practice], but again, it depends on whether they are happy to do it here, whether there are time constraints... rushed, or if they will be happy to wait for the kit, and to do it, and drop it off... I think it would be." (England, GP staff)

"I did not know that [self-taken swabs] was an option. It would certainly help." (Estonia, GP staff)

Complexity of performing a diagnostic test in France

"Well, we could give the patients a kit with explanations about how to perform the test, but will they do it? That's another question. It's better to do it at home than here at the practice." (France, GP staff)

Table 4: Delivery of the educational workshops and other suggestions to increase chlamydia testing.

Global sexual health approach

"A global sexual health approach seems more relevant. It's like the cardiovascular risk, if you target the cholesterol without speaking about smoking. So, speaking about Chlamydia, you also have to explain contraception [and] the other STIs." (France, Stakeholder)

"The treatment of gonococcal infection is really tricky now, with a lot of antibiotic resistance, they need to be updated about that." (France, Stakeholder)

"I think the contraception offer has to be quite clear... The knowledge of GPs can vary enormously... I think a lot of, some GPs can still have some quite old fashioned ideas about contraception." (England, Stakeholder)

Delivery of educational workshop by Trainer

"We need training from other GPs, it's really very different when you're a gynaecologist [rather than] a GP, [and] ideally at our practice." (France, GP staff)

"This [workshop materials] is more for staff at Youth Health Centres [who deal most with young people's sexual health]. They [Youth Health Centres] have workshops and conferences every year both national and regional. It is of rather low priority for GP in general." (Sweden, Stakeholder)

"Joint workshops will give an opportunity for interesting and useful discussion." (Estonia, Trainer)

Workshop timing

"An hour isn't a disastrous amount of time... If it was at a lunch time or whatever, then it's possible the others, the doctors, and perhaps the nurses will do it." (England, GP staff)

"You may come to inform us at our regular information meeting at our surgery. You may have 45-60 minutes, no more." (Sweden, GP staff)

"If you have trouble getting in to some practices, those are probably the ones that you really need to get in to. But, I think, if you've got a dynamic person, practice managers are the, definitely the people to get onside, you know." (England, Stakeholder)

Involving the whole GP team

"By trying... a whole surgery approach. What I find is, its ok working with an individual; but, unless you can get the whole surgery to be, sort of, chlamydia positive... it doesn't work brilliantly." (England, Trainer)

Each practice has individual needs

"And it's different for each [practice] and it's trying to work out what's key for some and we've... now broken it down a bit strategically, in that we look at the practice, and we try and look at the individuals themselves... and

work out what drives them and what their motivation [is].” (England, Stakeholder)

Academic detailing in France

“GPs generally don’t have time to go to meetings, it’s better to make an adapted presentation at the practice, an academic detailing visit, preferably peer-conducted, to be able to exchange experiences.” (France, Stakeholder)

Case studies or role play

“I think you could give some case studies... Practical examples, you know, because that always makes people focus... I think that works when you’re trying to convince people of the success of something.” (England, Stakeholder)

“Information could be delivered in [a] more practical way, like discussing case studies, more about treatment and follow up.” (Estonia, Trainer)

Views about use of newsletters and feedback on testing rates for GP staff

“I think it sounds great. I think that... I’m sure it would have an impact, and having that kind of follow up as well.” (England, Stakeholder)

“OK, no one wants to be the worst.” (Sweden, GP staff)

“It’s a difficulty... you’ve got to fund them [the trainers] and you’ve got to find them... Well, there’s no money to do it, there’s no capacity within the system.” (England, Stakeholder)

Involving receptionists

“We can give every young patient the small card for information, no problem, but we cannot discuss sampling here where everybody can listen.” (Sweden, GP staff)

“They didn’t like the receptionists asking [about chlamydia screening]. The receptionist found it embarrassing. I do understand the receptionists not wanting to do it, especially out there, it’s such a small area, it’s quite difficult for them to talk, you know, confidentially.” (England, GP staff)

“We’ve tried to do [offering chlamydia screening] with receptionists... because, a lot of surgeries wanted receptionists to offer [it]... But the receptionists haven’t really had any information as to why the screening programme is so important... And I think you believe in something so much more if you have the knowledge as to why it exists.” (England, Trainer)

“[talking about other people over-hearing conversations] If you’re in reception... so there’s a little bit more confidentiality [issue]... So they won’t be able to give them the invitation cards. But they could offer them [a chlamydia test over the phone]... The thing with the phone is that, you’ve got that one to one, even if they’re in an office with other people, they can’t hear what was said... it’s one to one, so they could offer them an appointment [for a test].” (England, GP staff)

Appointing a sexual health champion

“I think, also finding champions within each practice... if you find one lead within each practice... is then prepared to sell it to their colleagues then [it could work].” (England, GP staff)

Young people respond to incentives

“We found that young people in this area respond, bizarrely enough, to sperms keyrings... ‘Oh, ok, if you want a sperm keyring, go do a wee for me’” (England, Trainer)

Young people like to be texted their results

“They texted people and people really liked that... they got texted the results.” (England, GP staff)

“I feel that the best way to spread the information is placing it on our webpage.” (Estonia, GP staff)

