Original Article

GP referral letters: time for a template?

Karen Chetcuti, Ronnie Farrugia, Kevin Cassar

Introduction: Referral of patients to the vascular clinic at Mater Dei Hospital by general practitioners requires the completion of the standard ticket of referral provided by the Department of Health (Form No DH22). The same form is used for referral to all clinics and all specialties and has remained unchanged for many years. The aim of this study was to assess the quality of information provided by the general practitioners completing the ticket of referral for patients referred to the vascular clinic.

Methods: The referral tickets for 100 consecutive patients referred to the vascular clinic at Mater Dei Hospital between December 2007 and February 2008 were prospectively analysed. The referral tickets were assessed for completion of patient's name, identity card number, address and telephone number. The tickets were also assessed for completion of the referring doctor's name, registration number and address. Data were also collected on whether the indication for referral was stated and on whether relevant information was provided about risk factors for arterial disease and drug history. The referral tickets were also assessed as to whether the GP had commented on examination of pulses, and on advice given on smoking or exercise. Finally data were collected on whether the referral ticket was written, typed or printed and the legibility of the document.

Results: The only data that were complete in all 100 referral tickets was the patient's name. In 9% of cases there was no identity card number, in 13% no patient address and in 64% no patient telephone number provided. In 22% of referral tickets the referring doctor's name was not included and the registration number of the referring doctor was only given in 34% of referrals. In 62% of cases no GP address was provided. In 16% of cases the indication for referral was not filled in. Information about diabetes, hypertension, hypercholesterolemia and cigarette smoking was only given in 46%, 28%, 15% and 20% respectively. In 60% of cases no mention of peripheral pulses was made. A comment about advice given to the patient regarding smoking cessation and exercise was made in 1% and 2% of cases respectively. 30% of referral tickets were only partly legible.

Conclusion: The quality of completion of referral tickets by general practitioners to the vascular clinic is poor. Essential patient and doctor information is frequently lacking or incomplete. Basic relevant information regarding patient risk factors and examination findings is often missing. The use of a standard referral ticket for all specialties and the design of the current referral ticket probably contribute to the poor quality of completion of these forms.

Keywords

Referral and consultation, family physicians, outpatient clinic

Karen Chetcuti MD
Department of Surgery, Mater Dei Hospital, Malta

Ronnie Farrugia MD
Department of Surgery, Mater Dei Hospital, Malta

Kevin Cassar* MD (Abdn), FRCS (Intercoll)
Department of Surgery, Mater Dei Hospital, Malta
Email: Kevin.b.cassar@gov.mt

**corresponding author*

Introduction

Communication between the general practitioner and the specialist is an essential part of patient care. The referral process by the general practitioner is the first part of this communication process. In Malta referral of a patient to the specialist is done by completion of a referral ticket provided by the Department of Health (Form DH22). This ticket of referral has been in use for many years and has remained practically unchanged and is used for referral to all specialties.

Form DH22 is an A4-sized sheet with space for filling in various pieces of information. On the front side of this sheet (figure 1), labelled Part A, there is space for completing the hospital to which the patient is being referred, the name, address, age and telephone number of the patient as well as the name and address and telephone number of the nearest relative. There is space for the reason for referral and the department to which the patient is being referred. This is followed by a blank space for "relevant clinical history" and "treatment/ observations". At the bottom of the page is space for the date, the referring doctor's signature and name and address. On the counter side labelled Part B – For Official Use only (figure 2) there is space for the "examining or admitting medical officer"

to fill in more details such as the occupation of the patient, the head of the household, the date of birth of the patient and the name and surname of the parents. Further down there is space for details of whether the patient has been admitted to hospital, the ward to which the patient has been admitted and the time of admission. This is followed by space for the medical officer's signature, name in block letters and date. Hard copies of this form are made available to general practitioners for referring patients.

The aim of this study was to assess the quality of information provided by general practitioners referring patients to the vascular clinic at Mater Dei Hospital using this form.

Methods

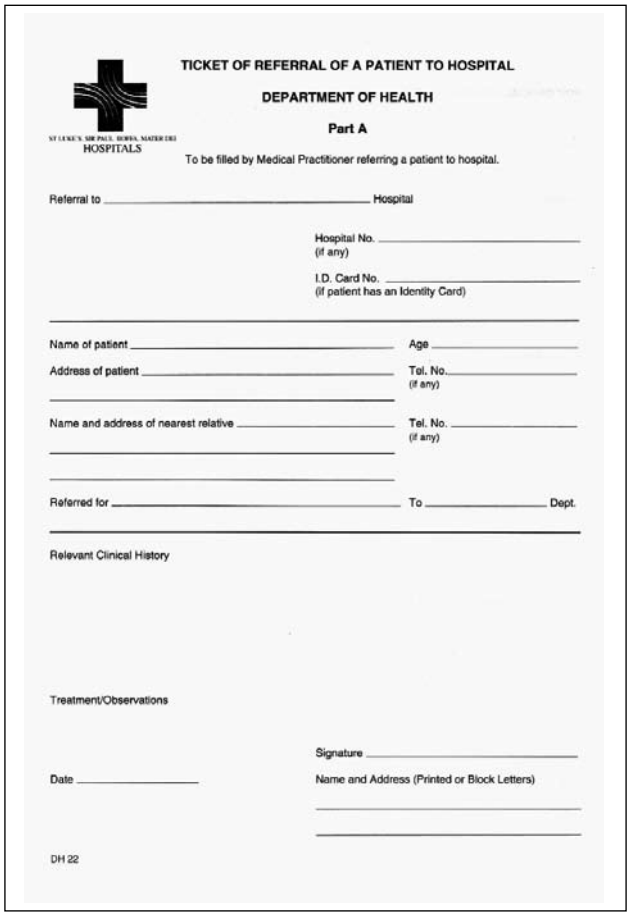
The referral tickets from general practitioners for 100 consecutive patients referred to the vascular clinic at Mater Dei Hospital between December 2007 and February 2008 were prospectively analysed. A proforma was drawn up to allow collection of data regarding the information provided by the referring doctor on the referral ticket. This proforma was piloted on the first 10 patients to assess the proforma itself. A proforma was filled in for each referral ticket by one assessor.

The referral tickets were assessed for completeness of patient details. These included patient's name, identity card number, address and telephone number. Secondly the tickets were also assessed for completion of the referring doctor's name, registration number and address.

Data were also collected on whether the indication for referral was stated. Data were also collected as to whether information was provided about the major risk factors for arterial disease – these included whether information was given about the patient's diabetic status, history of hypertension, hypercholesterolemia or cigarette smoking. It was also noted whether a drug history was provided in the letter. The referral tickets were also assessed as to whether the GP had commented on the presence of palpable pulses on clinical examination. The referral ticket was also assessed as to whether mention was made of advice given to the patient regarding smoking cessation or exercise.

Finally data were collected on whether the referral ticket was written, typed or printed (or a combination of these) and the legibility of the document. The tickets of referral were classified into three groups – those that were completely legible, those that were only partially legible and those that were completely illegible. Completely legible was defined as those letters where all words were legible by two assessors; partially legible was defined as those letters where at least one word was not legible by two assessors and completely illegible as those letters where none of the words were legible by two assessors.

Data collated on the proforma were then entered into an


TICKET OF REFERRAL OF A PATIENT TO HOSPITAL

DEPARTMENT OF HEALTH

Part A

ST LUKE'S · SIR PAUL BORG · MATER DEI HOSPITALS

To be filled by Medical Practitioner referring a patient to hospital.

Referral to _____ Hospital

Hospital No. _____ (if any)

I.D. Card No. _____ (if patient has an Identity Card)

Name of patient _____ Age _____

Address of patient _____ Tel. No. _____ (if any)

Name and address of nearest relative _____ Tel. No. _____ (if any)

Referred for _____ To _____ Dept.

Relevant Clinical History

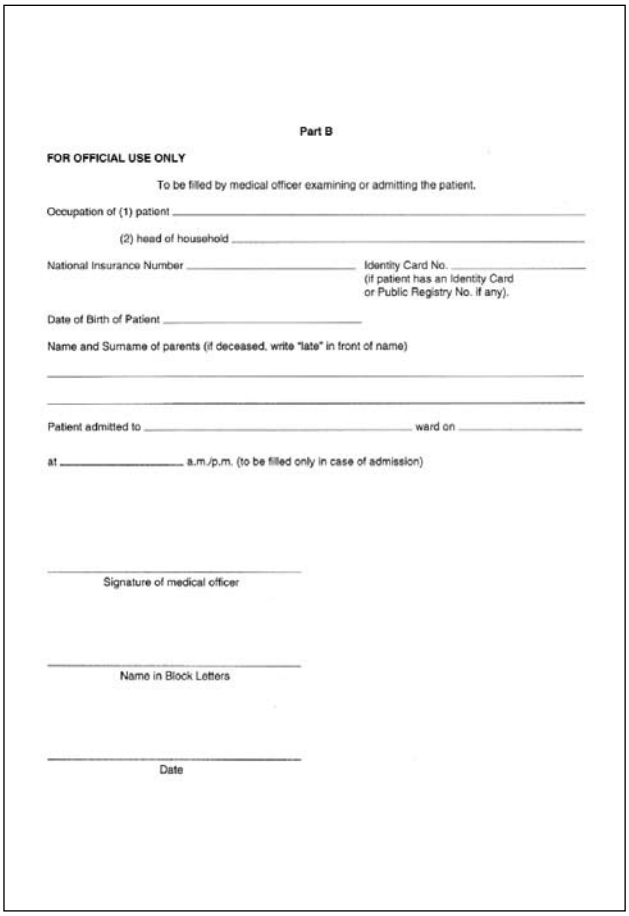
Treatment/Observations

Signature _____

Date _____ Name and Address (Printed or Block Letters)

DH 22

Figure 1: *Front side of Form DH22*


Part B

FOR OFFICIAL USE ONLY

To be filled by medical officer examining or admitting the patient.

Occupation of (1) patient _____

(2) head of household _____

National Insurance Number _____ Identity Card No. _____ (if patient has an Identity Card or Public Registry No. if any).

Date of Birth of Patient _____

Name and Surname of parents (if deceased, write "late" in front of name)

Patient admitted to _____ ward on _____

at _____ a.m./p.m. (to be filled only in case of admission)

Signature of medical officer

Name in Block Letters

Date

Figure 2: *Reverse side of Form DH22*

Access database. SPSS Version10 statistics software was used to analyse the data collated.

Results

Patient personal details: The only data that was complete was the patient's name. This was available for all 100 referral tickets assessed. In the majority of cases the identity card number (91%) and the patient's address (87%) was provided by the referring doctor. However, the telephone number of the patient was provided in only a minority of cases (36%).

GP details: The doctor making the referral included his/her name in only 78% of cases. The registration number of the referring doctor was only available in 34% and the doctor's address in 38% of referral tickets.

Patient clinical information: In 16% of referral tickets, the space for indication for referral was not filled in. In 54% of referrals no information was provided as to the patient's diabetic status. In 72% of cases there were no details as to whether the patient was hypertensive. No information was available about the patient's smoking history in 80% and on the patient's serum cholesterol levels in 85% of tickets. The referring doctor only mentioned clinical findings relating to the patient's peripheral pulses in 40% of cases. Only one referral ticket mentioned that the patient had been advised about smoking cessation and two tickets mentioned that the patient had been advised to exercise regularly. Drug history was only provided in 22% of cases.

Mode of completion and legibility: The vast majority of referral tickets (85%) were hand-written. One letter (1%) was printed and the remaining 14% were partly handwritten and partly printed or typed. 30% of all letters were only partially legible. All letters that were printed or typed were legible.

Discussion

This study shows that the information provided in referral tickets for patients referred to the vascular clinic at Mater Dei Hospital is woefully inadequate. Patient personal information is often incomplete. The patient's address was missing in some cases and no patient telephone number was provided in 64% of cases. Even more worrying was the fact that in over one fifth of cases it was impossible to identify who the referring doctor was. Only a minority of doctors provided their registration number or their address.

Optimal patient care requires adequate communication between the general practitioner and the specialist and vice versa. The fact that a significant proportion of GPs failed to identify themselves clearly and a majority failed to provide contact details implies that general practitioners are not expecting the specialist to provide feedback to them regarding the consultation or are not interested in receiving feedback. It is our practice to provide those general practitioners who include their contact details with a letter which includes the main diagnosis and the management plan and follow-up as well as the results of any investigations such as ankle brachial pressure indices or arterial waveforms performed at the clinic. This is not usually the case with other clinics and it may well be that the failure of so many doctors to provide their details is simply due to the fact that most specialists do not provide feedback letters. This is not surprising as secretarial support is either absent or inadequate. This situation is not unique to our country and other studies have reported that GPs in other countries do not receive feedback from specialists.[1,2] The provision of feedback letters on each patient is itself time-consuming and there is significant pressure for specialists to see as many patients as possible to cope with significant demand and keep waiting times as low as possible. This is regrettable as it is inconceivable for the general practitioner taking care of the patient to provide adequate follow-up if no communication has been forthcoming from the specialist seeing the patient. Furthermore the feedback letter is an important part of continuing medical education. The provision of a feedback letter gives the referring doctor information about the appropriateness of the referral itself, the appropriateness of the timing of the referral, as well as recommendations for follow-up care. There is evidence to show that in other countries, GPs are receptive to the use of referral replies as a source of learning.[3] Interviews with GPs have shown that they are willing to follow up patients themselves as long as they receive appropriate follow-up instructions.[4] Providing feedback to GPs is likely to result in improved referral practices.

The other important point raised by this study is that important information relevant to vascular problems, particularly risk factors and the findings of basic clinical examination, is lacking in referral tickets. The audit was done between December and February and this may be a particularly busy time for general practitioners. This may have impacted on the quality of the referral letters although it is unlikely that the quality would have been much better had the audit been done at other times of the year. Research into the effectiveness of referral letters is widespread and has shown that often specialists are dissatisfied with the amount of information provided by the referring doctor.[2] Specialists also often complain that important information about basic clinical findings, previous investigations or treatment has not been made available to them.[5] This certainly seems to be the case in the referral tickets assessed in this study with only a minority of doctors providing details of patients' drug history and about patients' peripheral pulses despite referring them to a specialist vascular clinic. More worrying is the fact that although information about clinical findings may have been provided, this may have been illegible or only partly legible in close to one third of cases. This in itself may compromise patient safety due to failure to transmit complete information or incorrect interpretation of written details.

Conclusions

It is clear from the results of this study that efforts need to be made to improve the quality of referral tickets from general practitioners. The design of the currently used form does little to improve the quality of information provided by

general practitioners. Improvement in the quality of referral letters has been reported with the introduction of a structured or standardised letter[6] and the development and provision of a vascular referral proforma may be one way of improving the quality of referral tickets. The use of electronic communication may facilitate referral and quality of information provided although concerns about patient confidentiality and data protection may limit the use of electronic communication. These changes however should also be linked with the provision of adequate, timely and concise communication from the specialist to the referring GP. Improving the quality of referral tickets and providing referral replies should lead to better communication between general practitioners and specialists and ultimately to improved patient care. This however requires allocation of appropriate resources.

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