

## RE-AUDIT OF THE CONTENTS OF GP REFERRAL LETTERS TO GENERAL ADULT COMMUNITY PSYCHIATRISTS

Catherine Odelola & Farid Jabbar

East London NHS Foundation Trust, Bedfordshire and Luton Mental Health and Wellbeing services, London, UK

### SUMMARY

**Background:** The quality of information provided by referring general practitioners to secondary care mental health services are crucial elements in the effective management of patients. In order to establish effective communication, both primary and secondary care health professionals should contribute to planning and organising this process taking into account their different opinions and views.

**Methods:** Anonymous questionnaire was designed to collect information on items that GPs and psychiatrist rated as most important items in GP referral letters to psychiatrists. The questionnaires were sent out electronically. Each item was scored using a rating scale where 0 was least important and 10 was most important. Items that scored 8 and above were agreed by all as the most important items. 76 GP letters were audited using a devised checklist of the identified most important items. Data was collected and analysed using a devised data collection tool. A re-audit was done 6months later.

**Results:** A response rate of 70% was obtained for both psychiatrists and GPs. Reasons for referral were described in almost all GP referral letters (95%). Only 24% referral letters had details about current physical health which improved to 59%. Concerns about risk were described in only 47% of letters and treatment provided by GP in 50% of letters. These improved in 79% and 71% of letters respectively in the re-audit.

**Discussion:** The involvement of professionals in devising a standardised approach for referral letters has improved communication in this re-audit between GPs and Psychiatrists. This is evident in the improvement in key aspects of the referral letters: past medical history, past psychiatric history, current physical health, treatment provided by GP.

**Conclusion:** Efficient communication between GPs and psychiatrists improves the quality of health care for patients

**Key words:** communication – GPs - psychiatrists

\* \* \* \* \*

### INTRODUCTION

Communication between primary care and secondary care is vital in patients care. The referral letter is a key instrument to ensure effective communication and seamless continuation of service between primary and secondary care (Shaw et al. 2005).

Increased health care costs, cost to patients, and poor patient and mental health care practitioner satisfaction rates can be linked to ineffective referrals (Jones et al. 1994).

A recent study by Holman et al. revealed a fair inter-rater reliability between specialists prioritisation of patients based on referral letters within mental health Care. This study suggests defining guidelines for the content of referral letters as one strategy to improve the process of prioritisation.

Pullen and Yellowless (1985) showed that the items which psychiatrists identified as key components of a GP's referral letter included the reasons for referral, the main symptoms or problems, the past psychiatric history, the medication prescribed so far and the family history.

William and Wallace (1974) used a survey to identify key items felt to be important by GPs and psychiatrists using a rating scale.

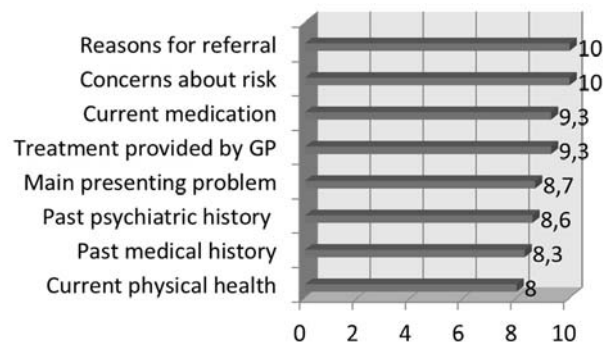
Assessing the quality of referral letters would help clinicians to identify aspects that needs to be attended to in order to optimise clinical care without delays.

This audit looked at the opinions of community psychiatrists and general practitioners on the most relevant information in GP referral letters and also examined the quality of the referral letters from GPs to community psychiatrists.

### METHOD

#### Step 1

Anonymous questionnaire was designed to collect information on items that GPs and psychiatrists rated as most important items in GP referral letters to psychiatrists. 10 questionnaires were sent electronically each to GPs and psychiatrists. Each item was scored using a rating scale where 0 was least important and 10 was most



**Figure 1.** Selected items for audit (Mean scores of GPs and psychiatrists opinions: cut off score of 8)

important. The items that achieved a score of 8 and above were agreed to be the most relevant items in the letters by all professionals. Figure 1 shows the selected most important items.

A professional consensus about the contents of GP referral letters was adopted following the results of questionnaires sent to GPs and psychiatrists

**Step 2**

The audit was undertaken at the local community mental health team which is a secondary level referral centre for people with mental health difficulties.

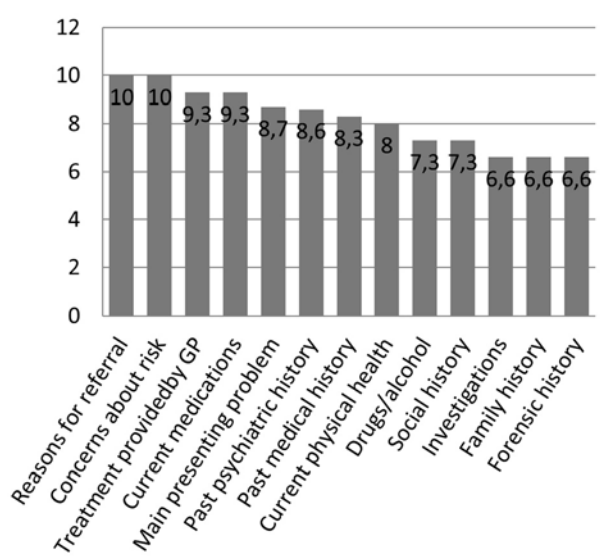
76 GP letters were audited between June and July 2016 using a devised checklist of identified most important items. The selected most important items were:

- Reasons for referral;
- Main presenting problems;
- Current medication;
- Past medical history;
- Past psychiatric history;
- Current physical health;
- Concerns about risk;
- Treatment provided by GP.

The criteria for the audit was taken from the professional consensus agreement on the contents of GP referral letters to psychiatrists using the anonymous questionnaires

Data was collected and analysed using a devised data collection tool from the identified most important items from the questionnaire.

A re-audit was done 6 months later.



**Figure 2.** Scores of Psychiatrists' and GPs' opinions on the importance of the contents of GP referral letters

**RESULTS**

**Step 1**

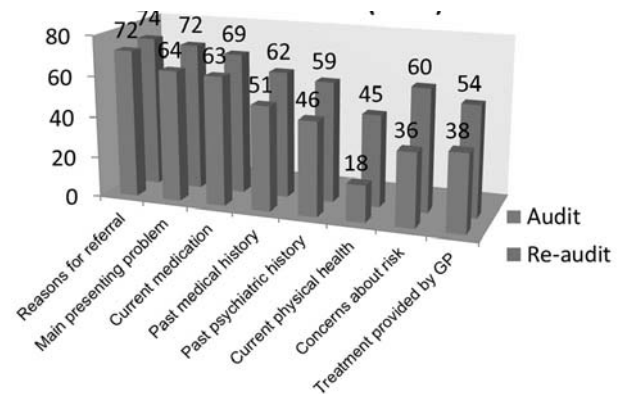
A response rate of 70% was obtained for both psychiatrists and GPs from the anonymous questionnaires.

Items that scored 8 and above were seen as the most important items to be included in GP referral letters. Standard was set at 100% for all selected most important items for the audit (Figure 1).

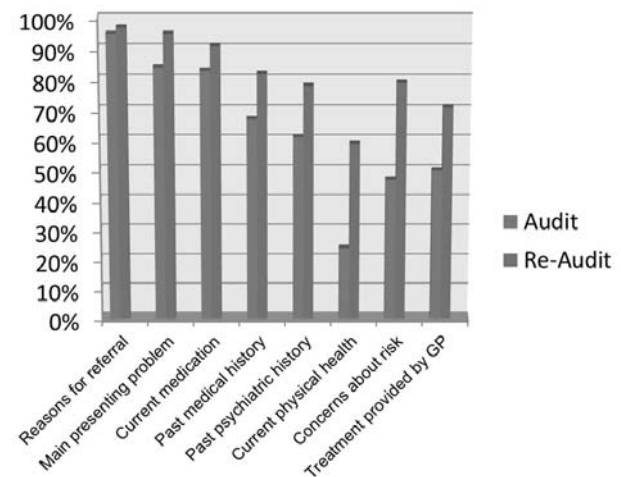
**Step 2**

The main findings are illustrated in figures 3 and 4.

Almost all GP referral letters (95%) described the reasons for referral which improved in the re-audit to 97%. Main presenting problems was described in 84% and 95% of cases. 83% of letters reported the current medications, 67% past medical history and 61% past psychiatric history. These improved to 91%, 82% and 78% respectively.



**Figure 3.** Audit and Re-audit of contents of GP referral letters. (N=76)



**Figure 4.** Audit and Re-audit of contents of GP referral letters

Only 24% of the referral letters had details about current physical health which improved to 59%. Concerns about risk were described in only 47% of letters and treatment provided by GP in 50% of letters. These details were reported in 79% and 71% of letters respectively in the re-audit.

**DISCUSSION**

It is encouraging to note that almost all letters (95-97%) provided information about reasons for referral.

This is not surprising as reasons for referral was the most important item identified. This is in contrast to the findings of 38% (Blakely et al. 1997) and 88% (Pullen and Yellowlees 1985)

Main presenting problem compared less favourably (85-95% at re-audit) with 100% in the study by Pullen and Yellowlees 1985. This may be because the patient has not complained of any specific problems or the GP has not enquired about this.

The findings related to current medication (83-91%) may be attributed to the automated generated list of medications from most GP surgeries. This compares favourably with the findings by Prasher et al. of 68%

This study reported past psychiatric history in 61% of referrals compared to 35% in the study by Blakely et al.

Only 67% of referrals mentioned past medical history. This has significant implications as co morbid physical health conditions can have an influence on the choice of treatment.

Current physical health was poorly documented with a compliance of 24% given its relevance. This is important when excluding organic causes of psychiatric conditions.

Concerns about risk and treatment provided by GP was poorly described in 47% and 50% of referrals but improved following interventions.

The improvement in the reaudit with the introduction of a checklist proforma suggests that a more formatted means for including the relevant information in GP referral letters is crucial to ensuring effective and safe patient care.

This audit showed a further improvement in the quality of information provided by GPs. The use of a checklist provides a basic guideline and would still allow GPs incorporate their individual approaches at including other relevant information. Providing the relevant information would avoid delays in seeking further information, thereby ensuring that patients' care is prioritised without any delays.

## CONCLUSION

The initial audit identified relevant criteria that are important in the GP referral letters to ensure effective clinical care of patients

Creating awareness to GPs through their involvement in devising a standardised checklist tool has provided a more formatted means for including the most relevant information and improved communication and hence patients' care. This provides a basic guideline whilst still allowing individual GPs incorporate their styles to referrals.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

**Contribution of individual authors:**

All authors contributed to the work presented in this paper.

## References

1. Blakey A, Morgan J and Anderson I: *Communication between GPs and Psychiatrists: The Long and Short of it. Psychiatric Bulletin* 1997; 21:622-624.
2. Jones E G, Stott NC. *Avoidable referrals? Analysis of 170 consecutive referrals to secondary care. Br Med J* 1994; 309: 576-578.
3. Prasher VP: Fitzmaurice. D. Krishnan.V. H. R.. et al *Communication between general practitioners and psychiatrists. Psychiatric Bulletin* 1992; 16: 468-469.
4. Pullen, I. and Yellowlees, A. *Is Communication Improving between General Practitioners and Psychiatrists? British Medical Journal* 1985; 290: 31-33.
5. Shaw I, Smith KM, Middleton H, Woodward L. *A letter of consequence: referral letters from general practitioners to secondary mental health services. Qual Health Res* 2005; 15: 116-128.
6. Williams P & Wallace BB: *General practitioners and psychiatrists - do they communicate? British Medical Journal* 1974; 505-507.

Correspondence:

Catherine Odelola, ST4 General Adult Psychiatry  
East London NHS Foundation Trust,  
Bedfordshire and Luton Mental Health and Wellbeing services  
London, UK  
E-mail: