GENERAL PRACTITIONER REFERRAL LETTERS—THE CONCEPT OF A FIXED-HEADING FORMAT

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DAISY Hill is a district general hospital with approximately three hundred beds providing acute medical, surgical and maternity facilities for the market town of Newry (Co. Down) and its mainly rural hinterland. The district has a population of some 76,000 (1980) with 26,000 concentrated in the town of Newry itself. This population is served by thirty-six general practitioners, with an average list size of approximately 2,100 patients.

The acute medical and geriatric unit consists of sixty-six beds, and admission to the unit is by one of the following routes:

1. Referral from a general practitioner as a direct admission to the ward.
2. Via the out-patient department.
3. Via the accident and emergency department.
4. Following a domiciliary visit by one of the consultant physicians.

The majority of admissions are via the first route, i.e. directly from the general practitioner. We had noted that patients admitted in this manner did not always have a referral letter accompanying them. Many were found to be on drug therapy at home which was difficult to elicit in some cases if there was no accompanying letter or if the details were omitted on the letter. Our aim was to evaluate general practitioner referral procedure in respect of direct admission to the ward with regard to the following points:

1. The presence or absence of a referral letter.
2. Whether or not the patient was on drug therapy at home.
3. Did the letter (if present) state the name and dose of the drugs.

METHODS

The Study Population—The total number of consecutive general practitioner referrals for direct admission to the unit over a three month period (July—Sept. 1981) were assessed. This group amounted to 108 patients.

Data Collection—A questionnaire was drafted to answer the points raised in the introduction. This was inserted into the chart of each patient in the study group and was completed by the admitting officer. The completed forms were then collected for analysis at regular intervals.

RESULTS

These are displayed in Figure 1. The numbers refer to the actual number of patients in each category. The total number of patients evaluated was 108 and 84 patients who were on drug therapy at home prior to admission.
FIGURE 1
Results of Referral Letter Evaluation

| (a) | Referral Letter | Present—82 (76%) | Absent—26 (24%) |
|----|----------------|-----------------|-----------------|
| (b) | Patients on Drug Therapy prior to admission | On Drugs—84 (78%) | Not on Drugs—24 (22%) |
| (c) | Presence or absence of Referral Letter in those Patients on Drugs prior to admission | Absent—21 (24%) | Present—63 (76%) |
| (d) | Name of Drugs stated on the Letter | Stated—33 (52%) | Not Stated—30 (48%) |
| (e) | Dose of Drugs stated on the Letter | Stated—21 (22%) | Not Stated—42 (68%) |

(a) and (b) relate to the total number of patients evaluated.
(c), (d) and (e) refer to those on drug therapy at home prior to admission.

DISCUSSION

This short study revealed that a large proportion (24 per cent) of patients, arriving at hospital for direct admission, do so without a letter of referral from their general practitioner (Figure 1a). It also showed that a large number of patients had been on medication of some kind prior to admission (78 per cent, Figure 1b). Just over one half of these patients had the details of the medication documented by their general practitioner on a referral letter (Figure 1d). Approximately one quarter of these patients did not have a letter with them at all (Figure 1c).

The category of the referring practitioner, i.e. locum, deputy etc., was not analysed and data relating to season or day of week or time of day could not be included in a study of only three months duration. Given the number of patients in our study and the relatively small size of the district it is not possible to draw statistically significant conclusions on the basis of these figures. But the results of more extensive studies performed elsewhere in 1969¹ and 1978,² (Table I) indicate a much higher incidence of absent letters in the present study. They also show a comparable absence of information about medication details. Standards are certainly not improving.

The benefit of having a good quality referral letter has been analysed. The letter provides the link between the family practitioner and the hospital doctor, especially when the latter is seeing the patient for the first time.³ It can provide valuable information which is significant not only in medical terms, but also in social and administrative terms.⁴ Telephone conversations between general practitioners and hospital doctors regarding patients for admission are not a proper substitute for well
Table 1

Comparison of present study with others published

|                                | Newry (1981) | Cork (1978) | Amersham (1969) |
|--------------------------------|--------------|-------------|-----------------|
| Admitted without a Referral Letter | 24.0%       | 10.9%       | 11.7%           |
| Medication details absent       | 48.0%       | 49.1%       | 50.0%           |

documented referral letters. For those patients receiving medication it is likely that the majority of their drugs have been renewed, if not actually initiated, by their general practitioner. Therefore, he should be in a good position to know and document exactly the number of drugs and dosage. This is doubly important, firstly because patients often have great difficulty in remembering the names of their drugs (although they seem to recount the dose accurately) and secondly, in the drowsy, confused, unconscious or elderly patient, the history is often neither accurate nor obtainable.

Failure to give the drug therapy details has been criticised in the past. Drug history is extremely important as the number and range of drugs currently available is so high. With such a large proportion of patients on drugs, often several drugs, prior to admission, the incidence of drug related disease is of sufficient frequency to warrant accurate documentation on a referral letter. There is also, of course, the possibility of drug interaction leading to significant related morbidity.

All patients being referred to hospital for admission should have a referral letter from their general practitioner. This letter should attempt to document all relevant information about the patient with particular reference to the drug history. Why is the standard of referral letter less than it should be? The present form, MR.48., which is widely used as a referral letter is basically a blank sheet.

Studies (1-5) of general practice referral letters have assessed their value and some have offered suggestions as to how their effectiveness might be improved such as the supply of more comprehensive information and better legibility in writing. Others have suggested that the general practitioner should follow a ‘Format’ when documenting the information. We have taken this approach a stage further in the concept of a standardised referral letter which in terms of potential for improved documentation has remained relatively unexplored. This particular ‘standard letter’ (Figure 2) has the advantage of fixed headings which are already printed on the sheet and as such will enable the general practitioner to respond under each section and therefore help improve both the clarity and value of the information given.

The use of fixed headings to supply ‘cues’ and thus prompt responses with regards to medical records has already been shown in a hospital study to promote greater accuracy in clinical acumen and thereby increase efficiency. Therefore the overall concept of structured note-taking is by no means a new one especially with regard to the collection of data for computer analysis and the increasing implementation of medical audit. The general practitioner referral letter can benefit from these advances.

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**Figure 2**

*Format of the pre-printed “Fixed-Heading Referral Letter”*

| Patient’s Name           | Date                      |
|--------------------------|---------------------------|
| Address                  | Age                       |
|                          | Previous Hospital Number  |
|                          |                           |
| Occupation               |                           |
| History                  |                           |
| Examination              |                           |
| Previous Medical History | Allergies                 |
|                          |                           |
| Signed                   |                           |
| Drug Therapy             | STAMP                     |
| Provisional Diagnosis    |                           |
| and Comment              |                           |
Some hospitals, all area boards and in particular the Central Services Agency have expressed interest in a 'standard letter'. We believe, on the evidence of this study, that the time has come to promote such a letter format for the advantage of doctor and patient.

SUMMARY

We undertook a short study to evaluate the general practitioner referral letters in our district as a prelude to the introduction of the concept of 'Fixed-heading referral letters' for use on a regional basis.

Almost a quarter (24 per cent) of patients being referred for admission to hospital by their general practitioner did not have a referral letter accompanying them. In those patients who had an accompanying letter, information about medication (name, dose, etc.) was unrecorded in over half of the cases.

A standardised format for the referral letter would improve compliance and greatly increase its value. This standard format employing fixed-headings and pre-printed on suitable sized notepaper could be instigated at regional level for circulation to general practitioners.

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