AUDIT ON LETTERS FROM PSYCHIATRISTS TO GENERAL PRACTITIONERS FOLLOWING ASSESSMENT OF PATIENTS WITH LEARNING DISABILITIES IN FOLLOW-UP CLINICS

S. Thalayasingam, R. T. Alexander and I. Singh

Introduction

The quality of communication between psychiatrists and General Practitioners reflect the quality of care provided to patients (Prasher et al., 1992). Most studies in this area have focused on the General Adult Psychiatrists describing their first assessment of patients following a GP referral (Pullen and Yellowlees, 1985; Pether et al., 1993; Blakely et al., 1997). GPs identified five key items namely diagnosis, treatment recommended, follow-up arrangements, prognosis and concise explanations of the patient’s condition as items which should be present in a psychiatrist’s letter, the length of which they preferred to be one page (Pullen and Yellowlees, 1985).

There has been only one audit which focused on letters following an initial assessment of patients with learning disabilities (Markar and Mahadeshwar, 1998). They found that when dealing with learning disability patients, GPs preferred longer letters with specific subheadings according to the guidelines set out by the Institute of Psychiatry. These include reason for referral, complaints, present illness, family history, personal history, medical history, psychiatric history, alcohol and drug history, forensic history, premorbid personality, mental state examination and physical examination. There have not been any published studies or audits which have focused exclusively on letters from follow-up clinics in the Psychiatry of Learning Disability.

*S. Thalayasingam, MBBS, MRCPsych.
Senior Registrar, Community Team for Learning Disabilities, Hillingdon Hospital, Pield Heath Road, Hillingdon, Middlesex UB8 3NN, UK
Tel: 0044 (0)1895 279774 Fax: 0044 (0)1895 279883

R. T. Alexander, MBBS, MRCPsych.
Sp Registrar, Eric Shepherd Unit, Woodside Road, Abbots Langley, Hertfordshire WD5 0HT, UK
Tel: 0044 (0) 1923 681948.

I. Singh, MBBS, MRCPsych., FRCpsych.
Consultant Psychiatrist, Community Team for Learning Disabilities, Hillingdon Hospital, Pield Heath Road, Uxbridge, Middlesex UB8 3NN, UK
Tel: 0044 (0) 1895 279774 Fax: 0044 (0) 1895 279883

* For Correspondence
AUDIT CYCLE

The Initial Audit

The aim of the initial audit was to determine the quality of letters which were sent out to General Practitioners after their patients were seen in follow-up clinics of the Psychiatry of Learning Disability in Hillingdon District. The Hillingdon Community Team for Learning Disabilities (CTLD) serves a population of 243,000.

There are three outpatient clinics per week, two of which are for follow-up patients where on an average 7-8 patients are seen at each clinic. New patient referrals (usually 1-2) are seen at the third clinic. The clinics are conducted by the Consultant Psychiatrist and the Specialist Registrar in rotation and a Senior House Officer is attached to the unit who attends all the clinics. The patients are usually accompanied by their carers, community psychiatric nurse and/or their social worker. The team has a secretary who works 25 hours per week and organises the outpatient appointments as well as types and sends out the follow-up letters to the GPs.

Method

In view of the fact that relevant important information about the patients was not being communicated in the follow-up outpatient letters, we held discussions with GP's and carers as to what information was required by them. We also carried out a review of literature to see if any standards had been identified previously and had further discussions with professional colleagues, junior doctors and consultants before the following standards were identified as ideal.

They were:

All letters to include the following:
- The full list of current medication. If medication was changed, to mention reasons for the same.
- The patient’s diagnosis
- The patient’s current mental state
- The follow-up arrangements including the next outpatient appointment
- Letters to be sent within a week of the appointment

Since follow-up letters rarely exceeded the one page limit mentioned in previous studies, length was not included as a standard.

All letters sent to GPs from the follow-up outpatient clinics of the Psychiatry of Learning Disability Team at Hillingdon Hospital during the 3 month period of March, April and May 1997 were audited.

Results

There were a total of 101 letters during this period. 73.3% (n = 74) of letters mentioned the full list of current medication. In all instances where medication was changed, reasons for the same were given (n = 20, 100%). Only 39.7% (n = 31) of the letters mentioned diagnosis. The patient’s current mental state, however, was mentioned in all the letters (100%). All letters (100%) mentioned the follow-up arrangements and 97.2% (n = 98) had been sent out within a week of the clinic. The findings from the initial audit were presented and discussed at the Hospital Audit Meeting.

It was recommended that future improvements had to be made with regard to the following standards: the full list of medication and the diagnosis. To ensure...
that this information was included, a new format was introduced which would mention the diagnosis and medication at the top of the letter (TABLE I).

The Re-Audit

The aim of the re-audit was to complete the audit cycle and ascertain whether standards had improved. For this purpose the letters from the Learning Disability follow-up clinics for the months January and February 1998 were assessed.

TABLE I
Proposed Format of Letter to General Practitioner

2nd March 1998

Dr. L. Practitioner
The Surgery
Hillingdon
Middx.

Dear Dr. Practitioner,

Re: John Smith - dob 1.1.1900
3 Sane Court, Sane Town

Diagnosis: Mild learning disability, paranoid schizophrenia (in remission)

Medication: Risperidone 3 mgm bd.

I reviewed John in the out-patient clinic on 1st March 1998, and was pleased to note that he was doing very well. His current mental state examination does not reveal any active psychotic or affective pathology. He attends the Day Centre regularly and seems to be doing well. I have advised him to continue with his medication, as recorded above and he will be seen again in our clinic on 6th June 1998.

Our community nurse will continue to monitor him at regular intervals.

Yours sincerely,

Results

There were a total of 91 letters during this period. Significant improvements were noted in the two areas where standards had fallen short in the original audit. The re-audit showed that 98.9% (n = 90) of the letters now included the full list of current medication with reasons for any change being specified. Likewise 95.6% (n = 87) of the letters now incorporated the diagnosis.

Standards regarding the inclusion of follow-up arrangements (97.8%, n = 89) and recording of current mental state (98.9%,
n = 90) were maintained. There was a slight fall in the number of letters which were being sent within a week of the clinic (83.5%, n = 76).

**Discussion**

Audit can occur at a National, Regional or local level. It is at the latter level that trainee doctors in psychiatry are most likely to have an opportunity to get involved (Cook and Langa, 1994). They need to be trained in the methodologies of audit and be helped to design audits that are scientifically sound (Smith, 1992).

This completed audit cycle on the quality of communication to General Practitioners shows significant improvements being achieved on key parameters.

At the initial audit as much as a quarter of the letters either did not mention the medication at all or had comments like “please continue to prescribe the same medication”. This meant that any inadvertent discrepancy between the intended dose of medication and the actual prescription by the GP would not be promptly detected. Likewise more than two thirds of the letters did not mention the diagnosis. In a situation where there are frequent changes in Junior Doctor cover, rapid turnover of professional carers and the likelihood that the patients are often seen by GPs who are not their regular doctors, it is important that each letter from a follow-up clinic gives as complete and precise information as possible regarding the patients’ treatment and diagnosis.

![FIGURE 1 Results of Audit Cycle](image)

126
Summary

There have been no studies to date focusing on the quality of letters to GPs from follow-up clinics in Psychiatry of Learning Disability. In our initial audit, we identified that the following standards i.e. full list of current medication, patient’s diagnosis, current mental state, follow-up arrangements and dispatching letters to GPs within one week of the clinic were important in the effective management of the patient by the GP. Completing the audit cycle enabled us to improve our clinical practice. We believe that the format, which was recommended after the initial audit, helps in the formulation of brief letters containing essential information to General Practitioners.

References


