AUDIT OF THE QUALITY OF GENERAL PRACTITIONER REFERRAL LETTERS TO A LEARNING DISABILITY SERVICE

S. C. Taylor and T. N. Markar

Introduction

Some studies have been undertaken looking at communication between Learning Disabilities Psychiatrists and General Practitioners. They have looked at the letters sent from the psychiatrists to the GPs (Marker and Mahadeswar, 1998; Thalayasingam, et al., 1999). It is understood that only one audit has been undertaken looking at the referral letters sent by the GPs to a department of Psychiatry of Learning Disabilities (Raheja and Singh, 2001). This audit looked at the letters and compared them to a basic standard, analysing four selected items.

To be able to offer the patients the best service it is important to be able to obtain as much background information as possible, prior to the formal assessment meeting of the Psychiatric Learning Disability Team. This is especially important as those patients with more severe learning disability will be unable to provide all the relevant information required, themselves. Since de-institutionalisation these people are now living in the community. The majority are not living with their families. Their carers, who may have only known them for a relatively short period of time, are often unable to provide details of past psychiatric history, family history, personal history, etc. These patients are reliant on others to give the majority of this information on their behalf. Often the GP may be the only person who can communicate these details, since he/she may have copies of pervious reports and summaries.

Aim

The aims of this audit were:
1. To look at what Consultants in Psychiatry of Learning Disability feel are the most important details that GPs need to
provide when referring a patient for an initial assessment, and to form a set of standards.

2. To look at the referral letters received from GPs to the North Herts Department of Psychiatry of Learning Disability and to see how they compare with the standards established.

The North Herts Learning Disability Team is mainly community based and serves a population of 200,000. Patients are usually seen with a community nurse present or a social worker who may, or may not, have some background knowledge of the patient.

Method

Stage 1

A simple questionnaire about the importance of items which should be included in referral letters from GPs was created and sent to 18 Learning Disabilities Consultants. These consultants were from the areas of Hertfordshire and North West Thames, UK. The items rated in the questionnaire are shown in FIGURE 1. The consultants were requested to rate each item for subjective level of importance on a scale of 0-10 (with 0 being of no importance and 10 of great importance). They were also requested to mention any further items they considered important to be included in referral letters, which were not listed in the questionnaire. Following the results of this questionnaire we set out standards.

Stage 2

All new referral letters between June 2000 and June 2001 were audited using the checklist below. The numbers of new referrals within this period were 34 and all were audited using the checklist below.

- Reason for referral
- All current psychiatric medication listed
- Client’s main problems
- Medical diagnosis stated
- Dosages of medications listed/Length of time prescribed
- Details of investigations
- Details of other medication
- Epilepsy diagnosis stated

Where information was considered necessary audit was a simple yes/no measure. Where that information was not felt to be relevant to the case the answer not applicable was given.

Results

Stage 1

Fifteen questionnaires were returned from the Hertfordshire and North West Thames consultants, which is a response rate of 83%. The results of the questionnaire are shown in FIGURE 1. The consultants were stating strongly that all these details were important. No item was rated less than 5. For the purposes of the audit it was decided to select only those items rated 7.9 and above as those were seen as the very important items. These items are shown in TABLE I. Consultants were most concerned with current problems, medication, investigations and whether the patient had epilepsy or not.

Stage 2

Thirty four letters were identified out of 34 referrals in the twelve month period
FIGURE 1
Learning Disability Consultants’ Views of the Importance of the Content of GP Referral Letters

TABLE I
Items Selected for Audit (score given by Consultants)

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Referral</td>
<td>9.5</td>
</tr>
<tr>
<td>All current psych. medication listed</td>
<td>9.2</td>
</tr>
<tr>
<td>Client’s main problems</td>
<td>9.1</td>
</tr>
<tr>
<td>Medical diagnosis stated</td>
<td>8.7</td>
</tr>
<tr>
<td>All dosages listed and duration prescribed</td>
<td>8.5</td>
</tr>
<tr>
<td>Details of investigations</td>
<td>8.5</td>
</tr>
<tr>
<td>Details of other medication</td>
<td>8.4</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>7.9</td>
</tr>
</tbody>
</table>

selected (100%). The results are shown in FIGURE 2. The percentages shown are of the yes/no answers as to whether the items selected for the audit were mentioned in the referral letters and not applicable for the cases where those items were not considered relevant. The numbers shown in the columns make up the actual number of referral letters. The results were further analysed to show the percentage of letters containing items where this information was felt to be relevant, excluding the not applicable answers. These results are shown in FIGURE 3.

Discussion

Studies of referrals to General Adult Psychiatry have shown consultants were satisfied with certain information only, such as medication, family history, main symptoms or problems, reason for referral and psychiatric history (Blakey et al., 1997;
Pullen and Yellowlees, 1985). Learning Disabilities Consultants placed a greater importance on all the information suggested in the questionnaire and wanted more details than General Adult Psychiatrists. This is not surprising given that the patients referred and their carers are less likely to be able to provide these details themselves. This audit, although only a small sample, shows that in general most of the letters sent by GPs are of a high standard, providing the necessary relevant information. When compared with audits of letters to General Psychiatry departments they compare favourably. The reason for referral is stated in 91% of referrals compared to 38% (Blakey et al., 1997) and 88% (Pullen and Yellowlees, 1985).
However this is the most important detail. In the 9% of the letters when this was not mentioned it would be unlikely that the referral could be accepted and acted upon without requesting further information first. Where the results compare less favourably with the referrals to General Adult Psychiatry is in the listing of main problems and symptoms, 78% compared with 97% (Blakey et al., 1997) and 100% (Pullen and Yellowlees, 1985). Again this is one of the most important details needed. Perhaps though this result might be indicative of the fact that often the patients themselves have not complained of problems or symptoms, but these have been noticed by others. The GP may be the last in a chain and not hear of these problems first hand.

Psychiatric medication is listed in 83% of letters and other medications in 69% of letters. This compares favourably with general adult referrals 62% (Pullen and Yellowlees, 1985) and 69% (Blakey et al., 1997), and also with the 67% reported in the previous audit of referrals to Learning Disability Consultants (Raheja and Singh, 2001). In this audit even when medication is mentioned, no mention was made of the doses or the length of time prescribed in 58% of cases. This limits the usefulness of this detail.

Fifty six percent of the referrals did not mention a diagnosis of epilepsy when the patients had a history of this. This could be a dangerous omission especially where the possibility of neuroleptic medication is being considered.

Seventy one percent of GPs made no mention of investigations in cases when these were relevant. It may indicated the comparative difficulty in gaining cooperation from some of the patients compared to the general adult population.

Medical diagnoses were mentioned in 82% of letters. Again this is an important consideration especially when excluding organic causes of psychiatric symptoms.

This audit shows that a further improvement in the quality and quantity of information provided by GPs would be desirable. This would facilitate a better service to patients by avoiding delays in looking for information. GPs are currently often complaining of feeling overworked and overloaded with paper work, so this issue needs to be addressed sensitively. It has been proposed that a checklist be sent to the local GPs to act as a prompt to ensure that they try to include the most relevant details in their referral letters when this information can be obtained. This would still allow for individual styles, but provide basic guidelines. This would also make it less likely that GPs would need to be requested to give further information. It has also been proposed that following this intervention the referral letters would be re-audited in a years time. The GPs views could also be obtained and feedback on how useful or helpful the checklist has been. It could be investigated whether communication had improved and whether assessments had improved as a result of this.

Summary

Aims and Method

The quality of GP referral letters to the North Herts Psychiatry of Learning Disability Service, UK, were audited. Learning Disability consultants from the areas of Hertfordshire and North West Thames were questioned to obtain a set standard to compare the letters with.
Results

The GP letters showed a significant proportion of clinically relevant omissions, particularly in the areas of epilepsy and details of medications.

Clinical Implications

It would be desirable to improve the information given by GPs to Learning Disability Consultants, so that the patients get a better service. By providing a checklist that the GPs could use it was felt that this process could be facilitated.

References


