

## CRITICAL ANALYSIS OF PSYCHIATRISTS' OPINION IN GP REFERRAL LETTER

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### SUMMARY

**Background:** Primary and secondary care communication is the cornerstone of patient's care. Proper dialogue should be established. The shared care protocol was an attempt to try to fill gaps and build bridges.

**Methods:** A special form was designed to collect information about psychiatrists' opinion on GPs' referral letter to psychiatric services. It contained 14 items, each item was marked as essential, can be included or irrelevant. This form was sent electronically to psychiatrists in South Essex University NHS Trust. They are 98 in total. It was inputted on Excel data sheet and was analysed.

**Results:** 44 psychiatrists responded. All respondents agreed that reason for referral is essential. Concise description of the condition, risks and current medication were rated as essential in more than 90%. Past medical history, past psychiatric history and current physical health were essential in 79%.

**Discussion:** All professionals involved should participate in evaluating and refining communication. Psychiatrists' opinion in GPs letters is paramount as they are the recipients and their assessments and future management plan should be geared to address the GP's concerns. This is shown clearly by the psychiatrists agreeing that reason for referral should be included in all letters, followed by what the GP has already done and what risks the patient presents.

**Conclusion:** Improving communication between health professionals, improves patient's care, saves time and money, and in addition prevents duplication of investigation and procedures.

**Key words:** primary care - secondary care – communication - referral letters

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### INTRODUCTION

Primary care is very important in patient care as it is the first port of call and all other care is organised and integrated through it. GPs set the process of care and direct it according to their expertise and patient's needs. Some patient's needs are out of the remit of the GPs domain, they need secondary care. Effective communication is paramount in any collaboration, for that reason, communication between primary and secondary care is the cornerstone of patient care.

In order to establish effective communication, parties who are involved in this process should contribute to planning and organising this process in order to take account of their different opinions, views and needs.

While some studies concentrated on GPs opinion in psychiatrists' assessment letters (Margo 1982, Pether 1993), other studies assessed psychiatrists' assessment letters and GPs referral letters using the same items for both letters (Yellowlees 1984, Pullen 1985, Blakey 1997). This approach is good in evaluating both sides of the coin; on the other hand, it tries to measure both disciplines with the same criteria ignoring the difference in the level of expertise and time available for each of them.

Blakey et al. (1997) found that GPs letters are shorter with less information and the information is proportional to the length of the letter compared to the longer psychiatrists' letters with more information but inversely proportional to the length of the letter. They also found the use of the 'preferred' format derived from previous research was associated with shorter letters and higher quality.

It is obvious that the format of letters should differ according to time available, expertise involved, and recipient, for that reason, evaluation of each letter should be separate. This survey is the sequel of a previous survey which dealt with GPs opinion of psychiatrists' new assessment letters (Najim 2012). It is a modest effort to establish psychiatrists' opinion and their preferences in GPs referral letters to themselves, to ensure that they get the right information they need to improve patients' care.

### METHODS

An anonymous questionnaire was designed as an inventory to ask psychiatrists about their opinion of GPs referral letter by the authors. The questionnaire included two parts. The first asked the respondent what grade is he/she is and the second included questions about the GPs letter. Taking the restricted time of the GPs into consideration, only important items were included in the questionnaire. The respondent had to tick one response to each questions as follows, essential, can be included and irrelevant (Table 1). The questionnaire was sent electronically to the postgraduate centre administrator with a short introductory letter about the survey and how it would help psychiatrists to get better information from GPs' referral letter and hence, improve patients' care. The respondents were asked to fill the questionnaire through a link to 'monkey puzzle' website. Another request was sent two weeks later to encourage participation.

**Table 1.** Shows the scores of items according to psychiatrist's opinion

	Essential	Can be included	Irrelevant	Responses
Reason for referral	100.0% 44	0.0% 0	0.0% 0	44
Concerns about risks	97.7% 43	2.3% 1	0.0% 0	44
Current medication	97.7% 43	2.3% 1	0.0% 0	44
Concise description of the condition	93.2% 41	6.8% 3	0.0% 0	44
Treatment provided by GP/others for the presenting problem	93.2% 41	6.8% 3	0.0% 0	44
Past medical history	79.5% 35	20.5% 9	0.0% 0	44
Past psychiatric history	79.5% 35	20.5% 9	0.0% 0	44
Current physical health	70.5% 31	29.5% 13	0.0% 0	44
Alcohol, drugs and tobacco	68.2% 30	31.8% 14	0.0% 0	44
GP's diagnosis	31.8% 14	63.6% 28	4.5% 2	44
Relationship issues	27.3% 12	68.2% 30	4.5% 2	44
Family history	29.5% 13	70.5% 31	0.0% 0	44
Employment circumstances	15.9% 7	79.5% 35	4.5% 2	44
Concise description of the condition	93.2% 41	6.8% 3	0.0% 0	44
Financial situation	15.9% 7	79.5% 35	4.5% 2	44

## RESULTS

44 psychiatrists responded. One respondent didn't indicated his grade, 42% were consultants, 28% were career grade and 30% were trainees psychiatrists.

Table I shows the details of scores of each question. The only question which scored 100% as essential was 'reason for referral' which is understandable. Risks and current medication, 97%. Concise description of the condition and treatment provided by others, 93%. Past medical and psychiatric history was equal, 79.5%. Current medical condition, 70% but it can be amalgamated with past physical history. Drug and alcohol history, 68%. Diagnosis made by the GP scored 29% and financial situation, family history, employment history and relationship problems scored 15% each.

## DISCUSSION

Communication between healthcare professionals is paramount in the care of patients. GP's referral letters

set the ball rolling and design future care plans. It delineates areas which need exploration and risks which need to be managed.

GPs time is limited and concise and efficient time management is vital in delivering appropriate information and care. Communication between two parties cannot be improved unless the two parties contribute and agree about the best means of efficient communication. The recipient may be more able to identify essential information for more efficient communication.

This survey has identified items which has more than 90%, and others scored 79.5 % as essential to be included in the GPs referral letter, which was consistent with previous research (Pullen 1985). History of drug and alcohol misuse scored 68%. This survey identified items which scored as essential by two thirds or more of the respondents. It is provided in Table 2. It is suggested that this template may be adopted as a format for future GPs' referral to psychiatric services.

**Table 2.** Format of GPs Referral Letter to Psychiatric services

Reason for Referral
Concise description of the problem
Risks
Current Medication
Treatment provided by GP or others
Past Medical History
Past Psychiatric History
History of Drugs and Alcohol

## CONCLUSION

Communication between primary care and secondary care is vital in patients care. Standardised, itemised well thought tools of communication where the two communicating parties contribute in it, especially the recipient, is more efficient in achieving better communication and hence better patients' care. This is a modest effort to put forward a format for GPs' patient referral to secondary psychiatric services which is concise, formatted means to provide the most important information needed for a better assessment and hence of patients' care.

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