Referral letters — the enclosure of the general practitioner's computerized record

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SUMMARY. The computerization of general practice records in group practices often makes it possible for a print-out of the record to be sent to hospital specialists on referral. I examined the assessments made by consultants of the value of this. While general practitioners and consultants do not agree on the content of the ideal referral letter, the addition of a computer print-out would aid about a third of consultants.

Introduction

REFERRAL letters from general practitioners to hospital consultants should contain salient details of the patient's medical history with other information about the current problem. At present most general practitioners have to collate such details as they consider relevant from the patient record kept in an NHS envelope and from memory.

In the health centre in Ottery St Mary, Devon, patients' records have been organized systematically and are maintained on the computer (Bradshaw-Smith, 1976). The doctors can have any part printed at any time. One way of using this facility may be as a substitute for the referral letter or, more likely, as an enclosure with the traditional referral letter.

Aim

The aim of the study was to establish how useful patients' health centre records (or part of them) would be for the hospital consultants and to examine the degree of agreement between hospital consultants and general practitioners about this usefulness.

Method

Selection of the sample

Administrative details of all patients of the Royal Devon and Exeter Hospital (Wonford), Exeter, are maintained on the computer. This made the selection of a sample easy. A list of all patients who were registered with a general practitioner practising from the Ottery St Mary Health Centre and who were beginning an episode of treatment at this hospital during the period from 1 April 1976 to 31 December 1976 was obtained. Of 622 such patients the following types of contacts were not relevant for this study and were deleted:

1. Fracture clinic appointments because they are often not accompanied by a referral letter.
2. Inpatient follow-up appointments and inpatient episodes (for the same reason).
3. Appointments earlier than 1 April 1976 that entered the list because another hospital contact, such as an inpatient episode, started after this date.
4. Dental clinic appointments because, as a rule, they are not referred by a general medical practitioner.

The list was thus reduced to 460 outpatient referrals. A search for hospital case notes of all these patients was made in an attempt to locate the referral letter. In doing so further contacts were deleted from the sample. This happened mainly for the following reasons:

5. The case notes were out of file (mainly because the patient was currently under treatment).
6. The referral was not by a general practitioner practising from the health centre in Ottery St Mary, i.e. the patient moved there after his referral.
7. The patient was referred by a consultant.
8. The hospital contact was a return appointment or a follow-up appointment not detected during (2) above.

The final sample contained 215 referral letters that were sent by six general practitioners to 23 hospital consultants. A copy of the patient's health centre record (or a part of it maintained on computer) was enclosed with 24 referral letters.

Staff involved

The usefulness of the patient's health centre record to

the hospital consultant for an outpatient referral and the degree of agreement about this usefulness between the referring general practitioner and the hospital consultant were assessed during successive sessions each of which was attended by a hospital consultant.

In order to maintain as much continuity as possible the same general practitioner was present at all the sessions. These considerations led to a further reduction in the sample. The effect of this reduction was to cover as many referrals as possible while minimizing the number of different hospital consultants. It was also necessary to ensure that the final sample contained a sufficient number of copies of the patient's health centre record that had been enclosed in the referral letter. The final sample included four hospital consultants (two general surgeons, one gynaecologist, and one physician) and 82 (out of 215) patients who had been referred to these consultants. Among the 82 referral letters 16 included a copy of the patient's health centre record or a part of it (out of a possible 24). Table 1 shows the distribution of the referral letters among individual consultants. The four consultants were approached and all agreed to participate in the study. The study was done on four separate occasions in the Royal Devon and Exeter Hospital (Wonford). A visual display unit (VDU) was used to retrieve patients' health centre records, and hospital case notes of all the relevant patients were made available to the consultant.

Each session began with a brief explanation of conventions used in the computer-maintained health centre record. The sessions lasted between one and two hours each.

Referral letters without a copy of the patient's health centre record

Where referral letters had been received without a copy of the computer record the consultant was asked to peruse the episode in the hospital case notes, locate the referral letter there, and compare the contents of the referral letter with the information contained in the patient's health centre record (displayed on the VDU) up to the date of the referral. He then discussed with the general practitioner all those items of information that were present in the patient's health centre record but

Table 1. Distribution of referral letters.

Consultant	Referral letters without a computer copy	Referral letters with a computer copy	Total
1	16	4	20
2	18	2	20
3	7	6	13
4	25	4	29
Total	66	16	82

absent from the referral letter that he would have found useful for the given episode. The following categories of items were considered:

1. Priority details, such as 'at risk' conditions.
2. Allergies.
3. History.
4. Treatment by general practitioner.
5. Investigations by general practitioner and laboratory tests.
6. Current problems.
7. Medication.
8. General practitioner's opinion.
9. Family history.

Finally, the consultant was asked to make a general assessment of how useful the patient's computer record from the health centre would have been if it had been available to him at the beginning of the outpatient episode. This assessment has been grouped under the following headings:

1. No benefit; when the consultant was of the opinion that the computer record would not have provided any additional useful information.
2. Some benefit; when the computer record would have been "useful", or "of help".
3. Great benefit; when the computer record would have been "very useful", or "of great help".
4. Invaluable; when the computer record would have been "extremely useful".

Referral letters with a copy of the patient's health centre record

The consultant was asked to peruse the episode in the hospital case notes and to locate the referral letter and the copy of the computer-maintained health centre record. Since some copies would not contain the whole of the patient's record, the record was also displayed on the VDU. The evaluation proceeded along similar lines to those explained previously. Both the referral letter and the copy were compared with the computer-maintained health centre record on the VDU (if the copy did not contain all the record) for items of information that the consultant would have found useful for the given episode. Finally, a general assessment of the usefulness of the copy to the consultant was made.

Results

Referral letters without a copy of the patient's health centre record

Sixty-six referral letters belonged to this category. Table 2 shows the distribution of the benefit that would have accrued to the consultant if the patient's health centre record had been available at the start of the outpatient episode.

Table 2. Assessment of usefulness of patients' health centre records to the consultant (no copy enclosed with the referral letter).

Consultant	No benefit	Some benefit	Great benefit	Invaluable	Total
1	12	3	1		16
2	9	7	1	1	18
3	5	2			7
4	19	5	1		25
Total	45	17	3	1	66

Table 3 illustrates the distribution of useful items of information that were on the patient's health centre record but absent from the referral letter (and therefore not known by the consultant while seeing the patient for the first time). The table is presented by consultant and item category. It should be noted that all the missing items fall into the first five categories stated earlier. With one exception, the referral letters where it was thought that a copy of the patient's health centre record would have been of benefit were those with one or more useful items missing. The exception concerned the fourth consultant who considered that in one case the availability of a legible and well laid out record would have been of benefit by itself.

Referral letters with a copy of the patient's health centre record

There were 16 referral letters with a computer copy in our sample. Table 4 shows the assessment of the (additional) benefit accrued to the consultant of having a computer copy.

Finally, two useful items of medical history stated in one patient's full health centre record were absent from both the referral letter and the computer copy (because the latter contained only a part of the patient's record).

Table 3. Useful items present in the patient's health centre record and absent from the referral letters.

Consultant	Priority details	Allergies	History	Treatment	Investigations and tests
1		2	3	1	
2	2		8	1	4
3			2		
4		1	4		
All	2	3	17	2	4

Table 4. Assessment of the additional benefit to the consultant of having a computer copy.

Consultant	No benefit	Some benefit	Great benefit	Invaluable	Total
1	2	2			4
2	1		1		2
3	4	2			6
4	2	1		1	4
All	9	5	1	1	16

Agreement about the usefulness of patients' health centre records for outpatient referral.

Since copies of the patients' health centre records (or their parts) are enclosed with only 11·1 per cent of referral letters, a selection process takes place at the point of referral. The referring general practitioners suggested that the copy is enclosed only if it is thought to provide additional relevant background information. It does not apparently act as a partial substitute for the referral letter. This explains why in some cases no summary of the medical history was found but only copies of relevant hospital letters were enclosed.

The selection process is likely to be successful only if there is a broad agreement between general practitioners and hospital consultants as to the relevance of information contained in patients' health centre records to the forthcoming outpatient episode.

I tried to investigate the extent of this agreement. The results are presented in Table 5, which is an aggregate of Tables 2 and 4. The horizontal columns in this table represent records with and without a computer copy, that is, they discriminate between the following two categories of referrals: (a) those where a copy of the patient's health centre record was thought by the general practitioner to provide a useful background, and (b) those where referring general practitioners considered that nothing would be gained by enclosing (a part of) a copy of the patient's health centre record. The vertical columns represent the consultant's perception of the benefits of having the patient's health centre record available at the time of referral. The first column indicates where the availability of the health centre record was (in the cases where it was enclosed), or would have been (in those cases where it was absent), of benefit. The second column records the cases where the availability of the patient's health centre record did not, or would not, provide any useful information additional to that included in the referral letter.

Table 5. Agreement about the usefulness of patients' health centre records for outpatient referral.

General practitioner / Consultant	Useful (i.e. of at least some benefit)	Of no use (i.e. of no benefit)	
Useful (a copy enclosed with the referral letter)	7	9	16
Of no use (a copy absent from the referral letter)	21	45	66
Total	28	54	82

The entries on the diagonal of Table 5 are a measure of agreement between general practitioners and hospital consultants about the usefulness of the patient's health centre record for an outpatient episode; off-diagonal entries measure the disagreement. There was considerable difference of opinion between consultants and general practitioners. Consultants thought the health centre record was useful in 34·2 per cent cases (28 out of 82). General practitioners agreed with this opinion in only a quarter of these cases (7 out of 28), consequently in three quarters of such cases (21 out of 28) no copy of the patient's health centre record was enclosed. Consultants considered that 54 health centre records (65·8 per cent) did not provide any additional information to that already contained in the referral letter. However, in nine of the 54 records general practitioners had enclosed a copy with the referral letter.

Conclusion

In this investigation I have dealt only with the information available to the consultant at the time of referral. No attempt has been made (other than broad categorization of benefits to consultants) to find out the effect of this information, or the lack of it, on the process and outcome of care. It appears, however, that over one third of referred patients (34·2 per cent) may benefit by having their health centre record available to the consultant. In the environment where this study was done only 8·5 per cent (seven out of 82) currently enjoy this opportunity. A study that would define the criteria that general practitioners should use for enclosing a copy of the patient's health centre record would be worthwhile. It is felt that, in the absence of this information, the enclosing of the health centre record with every referral letter should be considered wherever practicable, despite the increased cost and bulkier letters.

Reference

Bradshaw-Smith, J. H. (1976). *British Medical Journal*, **1**, 1395-1397.

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