

# WHY NOT?

## Why not audit hospital referrals?

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AS an exercise in self-audit I recorded all referrals to hospital during 1978, with the object of finding out how my referral rate compared with that of others, and whether in fact such referrals, especially to out-patients, proved to be worthwhile.

In 1974, according to Fry (1978), the average general practitioner with a list of 2,500 referred 425 patients to hospital outpatients. My own list in the middle of 1978 was 2,593 and I referred 219—just over half as many. In a series reported by Fraser and colleagues (1974), a referral rate about 20 per cent lower than my own was recorded, but with a similar proportion of patients in the various categories. Loudon (1979) comments on the wide range of variation in referral rates between different general practitioners. This wide variation in referral rates remains unexplained.

When the outcome of my own outpatient referrals was known, I decided whether each referral had been, so far as I could see, worthwhile. This was a purely subjective assessment based on my asking myself whether, with hindsight, I would in fact still make that referral given the same circumstances. I found myself obliged to include a third category of "possibly worthwhile". The results are shown in Tables 1 and 2.

According to my own assessment, therefore, only 32 per cent of medical referrals and 57 per cent of surgical referrals, just under half of all referrals, were definitely worthwhile. This leads me to wonder whether I at any rate have been grossly over optimistic about the likely benefits of referring patients to hospital. It seems that not much harm might result if I backed my own judgement with a little more confidence and referred only half as many patients in future.

If other general practitioners were to carry out similar audits with similar results, the implications would be obvious: vast amounts of public money would be saved as would much valuable doctor and patient time.

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### References

Fraser, R. C., Patterson, H. R. & Peacock, E. (1974). Referrals to hospital: a medical audit, *Journal of the Royal College of General Practitioners*, 24, 304-319.

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Fry, J. (1978). General practice now. 9. The GP-hospital interface. *Update*, 17, 1119-1120.

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Table 1. Value of medical referrals judged retrospectively.

	Definitely worthwhile	Possibly worthwhile	Not worthwhile	Total
General medical	4	4	11	19
Cardiology	0	2	2	4
Chest medicine	3	3	2	8
Rheumatology	0	0	9	9
Neurology	3	1	7	11
Dermatology	7	1	6	14
Paediatrics	5	3	1	9
Psychiatry	2	0	3	5
Venereology	1	0	0	1
Total	25	14	41	80
Percentage	32	18	51	100

Table 2. Value of surgical referrals judged retrospectively.

	Definitely worthwhile	Possibly worthwhile	Not worthwhile	Total
General surgery	27	3	6	36
Urology	7	2	5	14
Orthopaedics	8	5	7	20
Ear, nose, throat	11	3	5	19
Ophthalmology	7	1	4	12
Plastic surgery	6	0	1	7
Thoracic surgery	2	0	0	2
Paediatric surgery	1	0	1	2
Dental hospital	4	0	1	5
Head and neck clinic	0	0	1	1
Radiotherapy	0	1	0	1
Gynaecology	15	7	12	34
Total	88	22	43	153
Percentage	57	14	28	100
Total (medical and surgical)	113	36	84	233
Percentage	48	15	36	100