Why not reclaim our patients from hospital outpatient clinics?

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PATIENTS referred to hospital clinics sometimes continue to attend them even though the need for specialist care has long since ceased. As their attendances become chronic they are likely to be seen more and more often by inexperienced staff who seldom discharge them and by arranging a repeat appointment six months ahead annihilate any chance of continuity of care.

For the hospital this is a waste of time and resources which only results in overloaded clinics and bored junior staff whose single contact with the patient may have little meaning for either. For the patient it is an extra visit to be made, since outpatient attendances do not replace visits to the surgery. Furthermore, he may be exposed to apparently conflicting advice from the various doctors he meets during his years of pilgrimage. Patients as a whole suffer too, since the system tends to increase waiting times for hospital appointments. For the general practitioner it is frustrating since he is prevented from doing a job he is trained for and also irritating if he should find that inappropriate advice or medication has been initiated by the hospital doctor. Also the financial aspect should not be forgotten: a recent figure for our area shows that the average cost for an outpatient attendance is nearly £11.

My partners and I thought that we should do something about this unsatisfactory state of affairs and some years ago, after sending an explanatory letter to all the consultants in the area, we began to close our referral letters with a routine final paragraph, as follows:

> "I would be grateful for your opinion and advice about this patient and would be happy to resume his/her care at the earliest opportunity in order to save the burden of repeated outpatient attendances."

This has not proved wholly successful and there are still some clinics where chronic attendance seems to be the rule. This is not necessarily the fault of the consultant: patients are often seen regularly by members of the junior staff who may not have read the original referral letter and in any case might be diffident about taking responsibility for handing back the patient to the care of the general practitioner.

A few counter-arguments were produced: first, junior staff needed the experience of seeing patients in this way and secondly, we were, after all, being relieved of a burden. There is little force in either of these arguments since long-term care is the business of general practice and is best taught in that setting. It is doubtful how much junior staff gain from seeing such patients and since the patient still goes to see his own doctor the work is really done twice over and nobody's burden is removed. Thirdly, it is argued that some conditions really do need long-term consultant care and fourthly, there are some patients who feel reassured by their visits to the hospital. These are more important arguments and when such situations really do exist one has no wish to interfere. However, in our experience they are uncommon and patients usually seem glad to stop going to the hospital. Perhaps they feel less like invalids if they need to see only their family doctor?

Our next step will therefore be to send a standard letter to the consultant whenever we encounter a patient whose need for specialist care no longer seems to exist. The patient must, of course, agree but if he is doubtful it might be reasonable to suggest to the consultant that he himself should see the patient at his next appointment and consider discharging him.

The letter suggests that the need for hospital care now seems to have ceased and if the consultant has no objection, we would like to resume care of the patient ourselves. We point out that in this way some of the strain on his department will be relieved. If the consultant agrees, he need do no more, but if he thinks the patient should continue to attend, he is asked to inform us within a fortnight. It is stressed that should further problems arise needing expert advice we shall be glad to make a fresh referral. If no reply is received after three weeks, the Appointments Department is asked to cancel the patient's next visit and we inform the patient that he need no longer attend.

It means careful record keeping and extra work, but we think it is worth the trouble. Why don't other general practitioners follow suit?