WHY NOT?

Why not tell the hospital about a patient's social needs?

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THE general practitioner is at the sharp end of patient care. We visit the patients in their homes and decide to treat them there or send to hospital. We also have to take responsibility for those same patients on their discharge from hospital care. This post-hospital care can be extremely difficult if the hospital discharges the patient to unsuitable social conditions, yet it is often difficult for the hospital to form a true impression of the home conditions. Many elderly patients seem deliberately to paint an over-optimistic picture of their homes so as to speed their discharge or to avoid being sent into residential care. Sometimes there are genuine misunderstandings about the willingness of family or friends to cope.

The patient's general practitioner is best placed to assess a patient's social circumstances, not only through being present in the home, but also through his or her knowledge of family circumstances and how the patient has coped in the past. Even if a general practitioner is attending and referring to hospital a patient who is not on his or her own list, home circumstances which the admitting doctor in the hospital may often fail to discover by questioning are readily apparent. It is in everyone's interest that a comprehensive social history accompanies each patient, particularly the elderly, who is sent in.

With this in mind, our practice approached the geriatric and medical social work departments at our local hospital about designing a form which would provide essential details but would not be onerous for the general practitioner to complete. The standardized admission letter (see Figure) that we now use has evolved over the past two and a half years. We have found it easy to complete and the hospital has found it a valuable source of information that may or may not otherwise have been supplied. The letter takes no longer to write than before, as the printed headings replace formalities previously written long-hand. The time gained in this way is spent eliciting a few extra details, such as the telephone number of the next of kin, which

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may be much easier for us to record than for the hospital.

Most of the referral letter is self-explanatory. The list of services already involved corresponds with the list on the current hospital assessment records. We tick those we know to be involved and add specific names if we know them. If widely adopted, this system could allow the ward clerk to notify relevant services and so spare them unnecessary visits.

Address for reprints

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The admission letter.

	45 Wellington Square, Hastings, East Sussex TN34 1PN.
	Dated
Address:	b.bM/S/V Hospital no
·.	Yours sincerely,
Current therapy:	Any known sensitivities:
SOCIAL CONDITIONS	Social services already involved: