

# LETTERS

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**Note to authors of letters:** Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

## GPs' opinions on the use of an interim discharge summary for psychiatric inpatients

Sir,

Discharge summaries from hospital specialist units have been criticized by general practitioners as being slow to arrive, irrelevant and containing inadequate information.<sup>1</sup> Psychiatry has not been exempt from this criticism. Discharge summaries serve three purposes: to inform the general practitioner about the assessment, treatment and follow-up arrangements for the patient; to educate junior medical staff in the art of conveying information coherently; and to communicate with colleagues. Those used by most units usually serve only the latter two purposes.

According to Williams and Wallace, general practitioners want a description of present symptomatology, the treatment advised, arrangements for follow up, a description of the patient's personal history, and the diagnosis made by the psychiatrist.<sup>2</sup> They suggest that a full discharge summary should be retained in the case notes and a short letter sent to general practitioners. Tulloch and colleagues felt that the information was relatively inaccessible and that it took too long to reach general practitioners.<sup>3</sup> Typing of the summaries appeared to be a major source of delay.<sup>4</sup>

These problems were encountered in our unit, a 22 bed acute general adult psychiatric admission ward. A two-tiered discharge procedure was introduced experimentally in December 1989 and the opinions of general practitioners who had had patients in the unit were surveyed after a year of use.

The first summary, the 'interim discharge summary' is handwritten on a printed proforma on two sides of A4 paper and posted to the general practitioner on the day that the patient is

discharged from the unit. It includes information on the multiaxial diagnosis, reason for admission, progress made while on inpatient on the unit, treatment received, prognosis, follow-up arrangements, crisis arrangements (who to contact) and other agencies involved. This is later followed by a complete discharge summary. It was felt that the interim discharge summary would convey the information to the general practitioner as quickly as possible and allow the junior doctors and secretaries to work under less pressure.

The general practitioners of patients recorded in the unit admission book over the period February 1990 to February 1991 were approached by letter with a blank copy of the interim discharge summary and a questionnaire. A total of 285 patients were admitted to the unit during this period, and they had 136 different general practitioners. Thirty three general practitioners were not within the district catchment area. Therefore, 103 were approached, all of whom would have been sent at least one interim discharge summary.

A total of 68 replies were received and despite the acceptable reply rate of 66.0% for a general practitioner survey it is disconcerting that only 31 of those replying (45.6%) had seen the interim discharge summary prior to the survey being conducted. This suggests that an investigation into the review of incoming summaries in the individual surgeries is necessary. It is clear from those recalling the summary that there was a great deal of satisfaction with it (Table 1). Despite the fact that the interim discharge summaries are posted to the general practitioner on the day the patient is discharged some general practitioners felt that they were still arriving too slowly. From additional comments made by those surveyed, the multiaxial diagnostic system being used was causing some confusion as it was poorly understood. It was decided that this should either change to a unitary system

**Table 1.** Opinions on the discharge summary of those general practitioners who had seen it previously.

Opinions about discharge summary	% of respondents (n = 31)
Arrived quickly	64.5
Arrived slowly	22.6
Useful	96.8
Not useful	3.2
Contained too little information	6.5
Contained adequate amount of information	80.6
Contained too much information	12.9
Format too complicated	22.6
Format correct	77.4
Format too simple	0

n = total number of respondents who had seen the discharge summary previously.

or a way should be found to educate the general practitioners concerned.

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