

# Referral letters: are form letters better?

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## SUMMARY

An essential mode of contact between general practitioners (GPs) and hospital staff is the referral letter. This must be clear and concise with sufficient information to aid the GP, the consultant and the patient. In order to ensure this, a proposal was made for the use of a structured or standardized referral letter: a form letter. This report shows that form letters were shorter than typed letters. Form letters were also proven to contain more information than non-form letters.

Keywords: Referral letters; referral forms.

## Introduction

REFERRAL letters are a vital communication link between general practitioners (GPs) and their hospital colleagues. A clear letter containing adequate information will aid the general practitioner, the consultant and the patient.<sup>1</sup> In order for GPs to improve the content of their referral letters it has been proposed that the use of form letters (structured or standardized referral letters) be encouraged.<sup>2,3,4</sup> A Medline search of the literature from 1966 to the present day, using the keywords 'form letter', 'standard referral letter', 'referral letter' and 'general practitioner', could find no reference to studies evaluating that proposal.

The aim of this study was to assess GPs' referral letters for paediatric heart murmurs, and to see if the use of form letters is associated with an increase in the useful content of the referral letter.

## Method

To address this question, we used a retrospective audit of 100 consecutive GP referral letters for heart murmurs that were sent to the Children's Outpatient Service, Middlemore Hospital. Of the total number of letters audited, 94 referral letters met the criterion of being a first referral. A list of parameters was then drawn up based on descriptions of 'ideal' referral letters. Each parameter was assigned one of two or three possible numerical values;<sup>3,4,5,6</sup> the sum of these individual 'scores' (the sum-score) then represented the overall value of the letter. For each patient the parameter included;

- Date of birth, sex, telephone number, growth and developmental details, past medical history, medications, allergies, psychosocial matters, family history, age at which first murmur was heard, indication of urgency, and investigation results (0 = not supplied; 1 = supplied)

- Examination results (0 = none supplied; 1 = some supplied; 2 = full results supplied)
- Reason for referral (0 = not supplied; 1 = supplied, but not clear; 2 = clear)
- History of presenting complaint (0 = not supplied; 1 = partial history supplied; 2 = full history supplied) and,
- GP's expectations from referral (0 = not indicated; 1 = some indicated; 2 = explicitly indicated).

The highest possible score was 20. The form letters (issued by the hospital) included headings for medication, allergies, relevant past history and patient demographic details.

## Results

The sum-scores ranged from a low of 5/20 to a high of 15/20 with a median of 9.5 and a mean of 9.8 (SD 2.1). There was considerable variation in the length of the letters from 11 to 240 words. Longer letters (i.e. 43 words or longer) had higher sum-scores ( $P=0.00001$ ) than shorter letters. Form letters were used most often (74%) and were associated with a higher sum-score than non-form letters (10.2 versus 8.6,  $P=0.0015$ ). Form letters were similar in length to non-form letters (57.0 versus 57.4 words,  $P=0.97$ ). The majority of letters (97%) were legible and 25% were typed. Typed letters were longer than non-typed letters (78.6 versus 49.8 words), but no difference in sum-score was observed between them (10.0 versus 9.7,  $P=0.57$ ).

Form letters had a greater proportion of variables than non-form letters included under the following headings; previous medical history (66% versus 42%), medications (45% versus 0%) and allergies (36% versus 0%). Form letters provided more information than non-form letters with no increase in length. Typed letters were considerably longer than hand-written letters, but contained no additional information.

## Discussion

A strength of this study is that heart murmurs in children are a narrow clinical entity; hence uniformity could be expected from the referral letters. The parameters are based on published guidelines and the researchers assigned values to these.<sup>3,4,5,6</sup> This report does not entirely exclude confounding that could have resulted from doctors who would have normally provided more information anyway, but also chose to use form letters. However, the difference in the amounts of information provided by form and non-form letters is a clinically important result that warrants further investigation. In the interim, we recommend that form letters be used for referrals as they appear to contain more information than unstructured letters of equivalent length.

## References

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CORRECTION: In last month's brief report 'General practitioners' views on the implementation of community-led care in South Camden, London', the second sentence of the Results section should have read: 'Sixteen per cent (8/49) provided antenatal care by themselves, while 8% (4/49) said it was provided by midwives alone; the other two GPs used different arrangements for different women.'