Table 1. General practitioners' preferences for future developments.

	Perferences for future developments					
	Very important (%)	Important (%)	No view (%)	Not very important (%)	Not at all important (%)	*n*
GP training in telephone consultation skills	36.4	48.0	6.7	4.5	4.5	269
Development of patient education materials	30.4	46.0	12.5	8.7	2.3	263
Protocols for treating emergencies	29.5	44.3	15.9	7.6	2.7	264
Developing nurse-led telephone advice	24.2	35.5	23.0	11.3	6.0	265
Development of nurse triage	24.3	34.7	25.1	8.5	7.3	259
	Preferences for inter-agency developments					
Social services	28.5	52.4	11.6	6.0	1.5	267
Community nurses	19.4	60.4	14.2	4.9	1.1	268
Accident and emergency departments	19.1	46.8	22.8	10.1	1.1	267
Pharmacists	13.2	49.1	24.9	10.2	2.6	265

developments with social services and community nurses were considered important, reflecting difficulties in out-of-hours communication and concerns with 'appropriate' responses to the variable nature of out-of-hours demand.

Current issues, while reflecting continued concern with demand, now appear to be more focused on the quality of out-of-hours care. This contrasts starkly with data from a survey in the same district two years earlier.[3] At that time, 55% (166) of GPs organized out-of-hours cover through a rota within their practice, and 40% (120) through a rota including other practices.[3] Considerable dissatisfaction was expressed with the amount, nature, and quality of on-call activity, and the main concerns were reducing workloads, ending the 24-hour commitment, reducing demand, and improving quality of care.

We are currently undertaking a study to assess the extent to which patients share GPs' satisfaction with out-of-hours arrangements.

CATHY SHIPMAN
JEREMY DALE
FIONA PAYNE
LYNDA JESSOPP

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Reasons for drug changes implemented by secondary care

Sir,

Munday *et al* reported the need for GPs to receive information on the reasons for drug therapy changes incurred during hospital admission (September *Journal*).[1] At the beginning of the 'Discussion' section the authors regret that little has been published on this subject. Unfortunately, the authors were less than successful in their search for relevant literature. Perhaps readers of the *BJGP* may be interested in the results of our research in this area.

In a follow-up study, we examined changes in the drug therapy of patients who were hospitalized.[2] The hospital doctors discontinued 53% of the drugs prescribed by the GP. The GP received detailed information about drug changes in less than 10% of the hospital discharge letters.

In a survey,[3] we asked a representative sample of GPs (n = 554), stratified to the former East and West Germany, about the extent of hospital drug changes. Additionally, we asked the doctors about the quality of the discharge letters and the quality of cooperation. Fifty per cent of GPs from the West and 39% of GPs from the East of Germany thought that their patients' medication had been changed in hospital in more than 60% of all cases. According to the experience of most of the GPs, drug change is rarely a subject of broader communication in hospital discharge letters. In an open-ended question most GPs voted for more information exchange and better collaboration between doctors in primary and secondary care. Awareness of economic aspects in drug prescribing and a stronger acceptance of GPs' prescriptions was also frequently mentioned.

We also studied the attitudes of hospital physicians towards GPs' prior medication.[4] More doctors on the surgical wards than on the medical wards would usually follow GPs' medication (82% versus 25%). Compared with conventional criteria of clinical pharmacology, patients' needs and the maintenance of a satisfying GP–patient relationship were considered of minor importance for drug selection.

In conclusion, GPs should not only receive more and better information on the reasons for drug changes,[1] but, since GPs feel disparaged by a high rate of drug turnover during hospitalization, hospital doctors should also try to continue the GP's drug regime more often, if appropriate, and thus support the GP–patient relationship after hospital discharge.

WOLFGANG HIMMEL
MICHAEL M KOCKEN

Department of General Practice
University of Göttingen
Robert-Koch Straße 42
D-37075 Göttingen
Germany

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