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HOSPITAL DISCHARGE LETTERS

Article *in* The Journal of the Royal College of General Practitioners · October 1981

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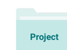

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VOCATIONAL TRAINING

Sir,

I am now finishing a three-year vocational training course and I am concerned to hear talk of increasing the general practice portion of it from 12 to 18 months.

In a survey of the 18 members of the course, all of whom are completing it this year, 13 felt that 12 months was long enough and five felt that 12 months was too long. None wanted it increased to 18 months.

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HOSPITAL DISCHARGE LETTERS

Sir,

In 1974 Long and Atkins concluded that serious defects existed in communication between consultants and general practitioners. In 1980, while a trainee in Southern Ireland, I assessed the reply rate from hospital to general practice and the length of time it took for reports to reach the practice after discharge or consultation.

One hundred consecutive referrals to hospital—inpatients, outpatients and casualty—were studied. All referrals were accompanied by a letter. When the hospital reports arrived at the practice, they were stamped with the date; if the date was not included, it was obtained by telephone.

Hospital replies took the form of a short preliminary reply or a full narrative reply, sometimes both. On occasions, the full account arrived before the short preliminary reply. For the purposes of the study, the earliest reply, be it either a preliminary or full report, was taken.

The overall reply rate was 69 per cent; two thirds of casualty referrals did not generate a reply. The mean waiting time for preliminary reports was 3.1 days (range 1-16 days). Full replies took longer to arrive, with a mean waiting time of 22.7 days (range 2-102 days). Outpatient referrals generated the fastest response, while over one fifth of inpatient replies had not arrived at the practice within three weeks from date of discharge.

Similar studies in North America (Cummins and Smith, 1975; Hines and Curry, 1978) and Britain (Lockwood and McCallum, 1970) show a non-reply rate varying from 1 in 20 to almost 1 in 3 referrals. My findings indicate that a similar problem exists for general practitioners in Southern Ireland.

Curry and colleagues (1980) have shown the benefit of using a stamped self-addressed envelope in improving the reply rate from 39 to 69 per cent. Computerized discharge summaries may improve their suitability and efficiency; this form of communication has been shown to be of value to general practice when used in obstetrics (South, 1972).

Ultimately, however, communication between general practitioners and hospital depends on the doctors' attitudes towards keeping each other informed for the benefit and safety of the patient. Perhaps a positive attitude should be fostered in undergraduate and postgraduate training.

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SELF-REFERRAL TO HOSPITAL

Sir,

Dr Philip Reilly is to be congratulated on the account of his patients' use of accident and emergency facilities in Belfast (April *Journal,* pp. 223-230). May I extend the view from general practice? My findings come from two studies (1972 and 1980) carried out in the practice (5,200 patients) run by the Department of General Practice in Edinburgh. The first study was over a period of one year; the second, over three months, was to test whether there had been any change in patient or doctor behaviour in the interval. There was none.

Reilly reports that, during one year, 8.7 per cent of his patients attended an accident and emergency department and that 78.4 per cent of these referred themselves. In our practice the comparable figures were 17 and 81 per cent respectively. In Edinburgh the highest proportion of self-referral was among children under 12 years—92 per cent of 217 attenders. The sex ratio (60 per cent males: 40 per cent females) and the fact that young males predominated were both confirmed in Edinburgh.

In the Belfast study, 65 per cent referred themselves during working hours. The proportion in Edinburgh was 55 per cent, showing a surprisingly high self-referral rate during times when the respective practice premises were open for normal business. Doctor-referrals in Edinburgh were lowest on Saturdays and Sundays; self-referral was consistently highest on Saturdays.

Reilly comments on the high proportion (41 per cent) of self-referred patients who were recalled to hospital. In Edinburgh the proportion was 30 per cent for those with injury and 13 per cent for those without. Surprisingly, a quarter of this latter group required admission to hospital. Reilly is right to question the very frequent use of x-rays (presumably done for medico-legal reasons); in Edinburgh 48 per cent were x-rayed (Belfast 45 per cent), with only 18 per cent of the x-rays being positive.

The reasons for self-referral in the two cities were very similar. Eighty-two per cent of patients who referred themselves in Edinburgh did so following minor injuries. Most (70 per cent) attended only once during the period of a year, and there was little evidence that the accident and emergency facilities were being abused.

Is it the structure of accident and emergency departments that is at fault and not the patients who refer themselves? Should future emergency services—including deputizing services—be centralized in accident and emergency departments, with general practitioners on their staff?

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