

# Referral letters: are we prioritizing consistently?

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## Abstract

**Objectives:** To determine the levels of intra- and inter-grade variability of the vetting of general practice (GP) letters as well as the intra-rater reliability of letter prioritization.

**Design:** Prospective assessment of letter vetting and questionnaire survey.

**Setting:** Three otolaryngology secondary referral centres in Bristol and Bath, UK.

**Participants:** Twelve consultants, nine registrars, four staff and associate specialists (SAS) and 16 senior house officers (SHOs) in otolaryngology.

**Methods:** Fifty GP letters (not including ‘fast-track’ referrals) addressed to one of the ENT departments were chosen sequentially. These were anonymized, photocopied and included in the questionnaire to all participating staff. Participants were asked to vet the letters as ‘urgent’, ‘soon’ or ‘routine’ according to supplied waiting time criteria. The same letters were sent out again six weeks later.

**Results:** There was no significant difference between grades for the mean number of letters vetted into each category. Intra-grade variability was high; the number of letters vetted urgent varied from one out of 50 to 15 out of 50 for the consultants. The intra-rater reliability was high.

**Conclusion:** The grade of trainee seems to make little difference with regard to ability to prioritize referrals, but within grades there is little agreement on what constitutes an urgent referral. We suggest further research, looking at the final outcome of patients, needs to be done to try to establish evidence-based guidelines to assist with letter vetting.

**Key words:** Great Britain; Primary Health Care; Referral and Consultation; Otolaryngology

## Introduction

Patients with ENT problems constitute about 15 per cent of all general practice (GP) consultations, and the referral rate to ENT services was 18:1000 population per year in 1994 in England and Wales, and rising by an estimated 12 per cent per year.<sup>1</sup>

The standard GP referral letter constitutes the main method by which patients are referred to ENT surgeons. The usual method of referral is via a typed letter which aims to convey the patient’s history and examination findings and express any concerns.

Small proportions of these letters are ‘fast-tracked’ by the GP as urgent, and are therefore seen within two weeks. This is a process that began with the implementation of the ‘two-week wait’ directive (Health Service Circular [HSC] 1998/242). All other letters (non fast-track) are graded by an ENT surgeon and seen in due course depending on their perceived priority and urgency. This process is known as ‘vetting’ or prioritizing.

We aim to find out if there is a difference between the way ENT surgeons of different grades (e.g. consultant, staff and associate specialist [SAS],

specialist registrar [SpR] and senior house officer [SHO]) prioritize letters, whether there is a difference between individuals within each grade, and finally, whether there is a difference in the way the same individual would grade identical letters on a different day. We also aim to find out how satisfied ENT surgeons are that enough information is being given to adequately prioritize each letter.

The Royal College of Physicians’ guidelines state that consultants should be prioritizing GP referral letters.<sup>2</sup> However, currently there are no recognized national guidelines for who should be prioritizing ENT letters and certainly no formal training in this essential skill for junior surgeons.

Studies of referral letters have consistently reported that specialists are dissatisfied with their quality and content. The concerns most often expressed are the frequent absence of an explanation for referral, medical history, clinical findings, test results and details of prior treatment.<sup>3</sup>

Several authors have reported the use of form letters to enhance information content and communication in referrals from GPs to hospital and

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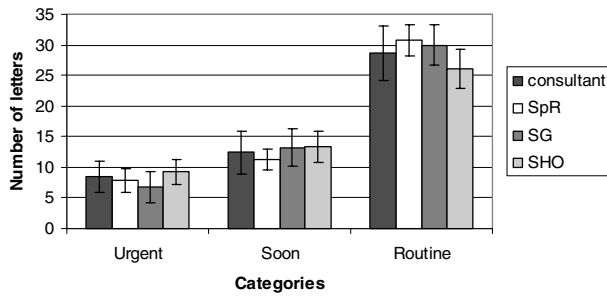


FIG. 1

Mean number of letters vetted into each category (with 95 per cent confidence intervals) [Q] by grade.

medical specialists.<sup>4-8</sup> Form letters are generally shorter but contain more information than non-form letters.<sup>6</sup> Couper and Henbest reported an improvement in the quality of referral letters after the introduction of a form letter, but the quality of reply letters did not improve.<sup>7</sup>

## Methods

We sequentially selected 50 referral letters from GPs to one of the ENT departments in the study. The letters selected were taken from those sent as 'non fast-track' referrals and were anonymized to remove all data other than the text of the referral and the age of the patient. These letters were sent to 42 doctors in ENT departments in the Bristol/Bath region. The letters were sent to all grades of ENT surgical staff in three separate hospitals.

Each participant was asked to indicate which type of appointment they would allocate to the patient described in the letter, given the information provided in each referral letter, as if they were addressed to the National Health Service department in which they worked. We requested that participants did not confer with their colleagues. The following theoretical waiting time limits were applied so as to prevent local waiting times from biasing the vetting process:

- Urgent appointment: < two weeks
- Soon appointment: < six weeks
- Routine appointment: up to six months

Along with the letters, a short questionnaire was included. The questionnaire asked for the time each

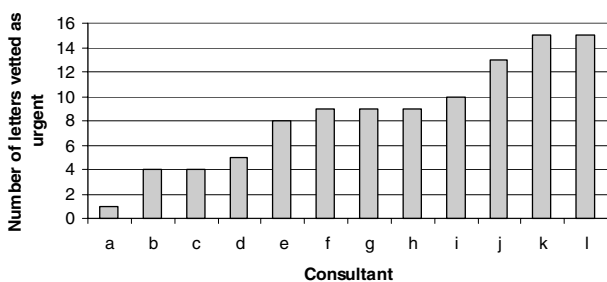


FIG. 2

Number of letters vetted as urgent out of 50 letters by individual consultant.

participant spent in ENT at each level of training, for the frequency which the participant would expect to prioritize GP letters, and whether they had received any formal training in prioritizing letters.

The same letters were sent out to the same group of doctors one month later, in order to assess intra-rater reliability.

## Statistical analysis

Data from the completed questionnaires and prioritized letters were imported into the statistical package SPSS 11.0 for analysis. The number of referrals in each category and the number of letters considered to require more information for adequate vetting were analysed for normal distribution. The distribution of the data was normal and was analysed with unpaired *t*-tests. Pearson's correlation coefficient was used to determine the extent of agreement between individual results from the two vetting exercises.

## Results

All 42 ENT medical staff in the Bath and Bristol regions took part in the study with the exception of two consultants who were not available at the time of the study. Of those who took part in the first questionnaire there was a 100 per cent response rate for both the first and the second questionnaire. Responses were received from 12 consultants, nine registrars, four SASs and 16 SHOs.

Vetting of GP referral letters was performed in working practice by all grades questioned. However, the more senior grades were performing vetting more regularly. All participants stated that they had received no formal training in the vetting of GP referrals.

No significant differences were seen in the mean number of letters vetted into each category according to grade (Figure 1).

The number of letters vetted into each category by each member of a grade was assessed. A wide variation in the number of letters vetted into each category within the grades was noted. Figure 2 shows the variation in numbers of letters vetted into the urgent category by the consultant group. The range of numbers of letters classified urgent by consultants ranged from one out of 50 to 15 out of 50. There was no significant correlation between experience (measured as length of time as a consultant) and number of letters vetted as urgent (Spearman's correlation coefficient 0.191,  $p = 0.574$ ).

Table I shows the levels of correlation between the first and second time the set of letters was vetted.

TABLE I

CORRELATION BETWEEN CATEGORIES INTO WHICH LETTERS WERE VETTED BETWEEN THE FIRST AND SECOND VETTING EXERCISES

Grade	Pearson's correlation coefficient	<i>p</i> value
Consultants	0.920	$p < 0.01$
Specialist registrars	0.981	$p < 0.01$
Staff grades	0.969	$p < 0.01$
Senior house officers	0.841	$p < 0.01$

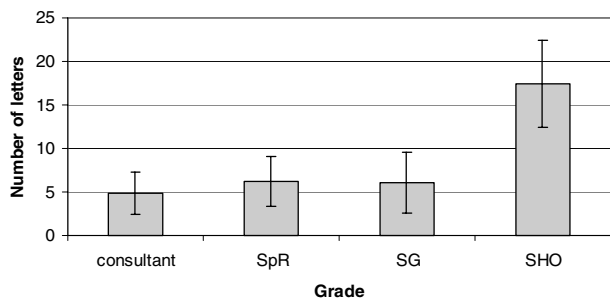


FIG. 3

Mean number of letters considered to have insufficient information for accurate vetting (with 95 per cent confidence intervals) by grade.

There was a strong correlation between the responses given for each category between both exercises. This differed little between the grades.

The mean number of letters considered to have contained insufficient information to be accurately prioritized were calculated and compared by group (Figure 3). Consultants, SASs and registrars had similar thresholds for information provision, but SHOs required significantly more ( $p < 0.05$ ).

## Discussion

Our study highlights some interesting patterns and discrepancies in the way we prioritize GP letters. We have shown, in our sample over both questionnaires, that there was little difference between the mean number of letters vetted into each category (urgent, soon, routine) for each grade of ENT surgeon. However within the grades there was a considerable variability.

As individual ENT surgeons it seems we are fairly consistent in the way we prioritize the same letters six weeks apart. The greatest inconsistency was shown to be amongst SHOs, which may be because they were the least experienced group examined.

Interestingly, there was considerable variation in the number of letters prioritized as urgent by the 12 consultants (range 1–15 letters).

None of the GP letters we selected were ‘fast-track’ letters and so it would seem that even among our own fully-qualified consultants, without the rigidity of the ‘fast-track’ system, there was some variation in what consultants believe constitutes an urgent consultation. One would expect that having excluded ‘fast-track’ referrals that the number of truly urgent referrals amongst the examined letters would be fairly low.

## Conclusions

The grade of trainee seems to make little difference with regard to the ability to prioritize referrals, but within grades there is little agreement on what constitutes an urgent referral.

Our study has shown that there is very little difference between the number of letters given a certain priority between groups such as SHOs, SpRs, SASs and consultants on average. However, between

individuals amongst the groups, and even amongst the same individuals prioritizing the same letters at a different time, there can be considerable variation.

The response to diversity of opinion in medicine has invariably been standardization and protocol. This has led to the provision of a standardized ‘fast-track’ letter. This would seem like a logical solution. However, we know from previous studies that only 15 per cent of all ENT cancers come via this channel and the rest are being referred via the standard referral letter. It has been suggested that cancer patients may now even be waiting for longer, on average, with the introduction of the ‘fast-track’ referral system.<sup>9</sup>

- **Vetting of GP referral letters is undertaken by many trainees and most consultants**
- **Despite differences in experience, ENT surgeons of different grades prioritize in a similar way on average**
- **The variation in each grade is high and seems to bear no relationship to experience**
- **There is a need for evidence-based standards for letter vetting**

Medicine cannot be totally standardized, and the infinite variables in each individual patient’s presentation and our individual responses, based on our uniquely different experiences, will always mean that there will be variation between doctors. Further training in the prioritizing of GP referral letters may, however, be helpful and a regular audit of prioritizing practices may also pick up significant variations in practice.

Owing to the limited number of patients in this study, any analysis of outcomes would have little meaning for this cohort. We suggest that further research looking at the final outcome of a larger number of patients, needs to be done to try to establish evidence-based guidelines to assist with letter vetting from the specialist’s point of view.

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Mr David D Pothier takes responsibility for the integrity of the content of the paper.

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