

The times

The psychiatric secretary: a key player in the 'new' health service

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Over recent years the National Health Service has undergone many changes, one of the most important being the development of purchaser/provider roles. From April 1993 district health authorities (DHAs) and general practitioner fund holders (GPFHs) have been able to choose from which provider to purchase their adult psychiatric out-patient services. While discussions on how to attract and keep the contracts from DHAs and GPFHs have been underway at a managerial and consultant level, we believe that the potential role of a key player for hospitals, the psychiatric medical secretary, has been overlooked.

This paper examines the secretarial role in the context of the 'new' health service.

Image

Recent changes in the health service mean that hospitals now have to 'attract' purchasers, encouraging them to place contracts with those that provide care. This business style concept appears somewhat better suited to surgical specialities which can easily determine costs for treatments, and unit efficiencies can therefore be compared. The purchaser can then get an idea of value for money. However, because of the nature of psychiatry, treatment outcomes and quality of care are difficult to measure and valid comparison of 'providers' is almost impossible to make. We believe "image" in psychiatry will therefore be more important than in other specialities. Basic considerations such as the helpfulness of staff and good communication between hospital and general practitioner (GP) may be important factors when it comes to renewal of contracts.

The psychiatric secretary and image

Secretaries are usually the first point of contact for GPs and patients when they wish to contact psychiatrists by telephone. Their image is vital. It is essential therefore that secretaries are kept up-to-date regarding reforms and their impact, as well-informed secretaries, will portray a more confident,

helpful and, ultimately, positive image of their hospital.

Secretarial image, however, is not only demonstrated in telephone skills, but also in the quality of the letters typed, and the time taken for them to reach GPs and patients. Basic attention to details such as a neatly typed letter arriving within a few days of each patient's appointment and keeping the GP informed of progress, may be important factors in persuading GPs to maintain their current contractual arrangements.

Suggested areas for review

Too often delays in communication, poor quality of letters, double booking of appointments and other inefficiencies in the secretarial service are passed off as "the secretary being over-worked", without closer examination of the problem. This period of change is a good time for psychiatrists and their secretaries to review working relationships and the secretaries' workload. In an attempt to improve the quality of service provided, both professionals must look for mutual aims. For example, psychiatrists may be surprised by the type of problems which can cause secretarial delay. One author (SF) once worked for a doctor who dictated while jogging each evening. The content of letters was difficult to establish among the background of car and bus noises, and his pants for breath! Not only did it take twice as long to type the letters, but there were usually more mistakes as the doctor wasn't thinking clearly as he jogged, and therefore time was wasted correcting errors.

A possible first step to improve the service would be a simple audit to determine how long it takes letters to reach GPs after each assessment. If there is a delay in GPs receiving letters, it should be determined whether they are dictated promptly after each assessment, or if there is a lapse of several days before the letter reaches the secretary for typing. If the latter is the case, it may be worthwhile reviewing clinic procedure. For example: it would not be difficult to arrange time after each appointment for dictation, or

alternatively a free admission period during a clinic. Use of clinic time in this way may seem rather drastic, particularly with so much attention to the length of waiting lists, but from 1 April it has become more important than ever to keep GPs informed of their patients' progress. Simple things, such as always dictating in a quiet environment, stating clearly who the letter is to and what it is about, and putting urgent items at the beginning of the tape, all save the secretary time and do not cause extra work for the doctor. Keeping letters short but informative also saves time. It may be worth creating a check-list of essential items to include in letters, such as date seen, diagnosis, treatment, follow-up and prognosis (Pullen & Yellowlees, 1985). Not only would this ensure GPs are given all the relevant information, but would save both secretaries and psychiatrists time in the long run, and avoid three page essays which probably aren't read by GPs anyway!

If dictation is prompt, then the secretary may be causing the delay in communication between the psychiatrist and the GP. A closer examination of the secretary's workload and working pattern may then be required. Discussion between psychiatrist and secretary may reveal, for example, that secretaries and psychiatrists have different ideas as to 'priority' items. Time spent discussing priorities may ensure that both secretaries and psychiatrists have the same aims and are clear about which pieces of work are important.

Another area worth reviewing is how well informed the secretary and the doctor are of each other's movements. The secretary is often uninformed as to when the doctor is available, and the doctor is often unsure whether the secretary has just popped out of the office for a moment or gone on a lunch break! Poor awareness of each other's movements not only causes frustration, time wasting and a poor working atmosphere, but can ultimately create a bad image of the hospital. We would guess that communication could usually be improved. Psychiatrists, wherever possible, could check that their secretaries are kept informed of all appointments, meetings, annual leave etc. as soon as possible after arrangement. Not only does this help to ensure, for example, that double booking does not occur, but it often means secretaries are able to answer questions about appointment times and meeting points without having to disturb the doctor unnecessarily. The doctor's time is therefore saved and a more efficient image of the hospital is offered to the outside world. Likewise, secretaries should give doctors adequate notice of any proposed changes in their normal working hours, so avoiding unexpected absences of secretarial support.

Although all departments have unique working habits, it would be useful for secretaries if they had a time set aside each day in which they knew the doctor was available to answer questions. This would help secretaries feel more positive about matters that cannot be dealt with immediately, knowing that at a defined time in the future they will be able to obtain an answer.

Conclusion

The new reforms give GPs considerably more power, and their decisions concerning referral will have direct implications for psychiatric teams. We are concerned that the new and powerful GP may now start to approach psychiatrists and the staff working with them in a more demanding way. Psychiatrists should do all they can to ensure staff and GPs are kept up to date with hospital services and procedures, thereby ensuring that GPs are given as little room as possible for complaint. Secretaries usually deal with complaints, at least in the initial stages, and it is imperative therefore that they are aware of reforms in their hospital so they can create the image the hospital wishes to portray.

Secretaries who work for the NHS definitely do not do so for financial reasons, most enjoy the friendly environment of the health service and want to help produce the best service possible for staff and patients alike. With the arrival of reform, this seems an ideal opportunity to review the role of the secretary, as in many hospitals the secretary's full potential is not being realised. Good communication requires time set aside regularly to establish and review how a more efficient working pattern can be achieved. We suspect that secretaries and psychiatrists may be surprised by what can be achieved by discussing standards both would like to reach. Most secretaries in the health service do want to help, but a secretary can only be as organised and helpful as the doctors allow.

Acknowledgement

We wish to thank Dr Clive Adams for his useful comments.

Reference

- PULLEN, I. M. & YELLOWLEES, A. J. (1985) Is communication improving between general practitioners and psychiatrists? *British Medical Journal*, **290**, 31-33.