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Original articles

Communication between general practitioners and psychiatrists

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The quality of care which patients receive within the NHS is dependent upon the communication between general practitioners (GPs) and specialists and the letter is the most widely used instrument in this process (Freeling & Kessel, 1984). There are only a few studies which have evaluated the efficiency of communication between the GP and the hospital specialist. For example, de Alarcon *et al* (1960) showed that 96% of specialists' reports to GPs were found to offer a definite contribution to the understanding of the case, whereas 4% were "vague and useless".

Focusing specifically on communication between GPs and psychiatrists, it has been shown that GPs prefer letters from psychiatrists which are one page in length and have only two or three sub-headings but psychiatrists appear to prefer to write longer letters which follow the Institute of Psychiatry guidelines. The items which psychiatrists identified as necessary components of a GP's referral letter include the reason for referral, the main symptoms or problems, the past psychiatric history, the medication prescribed so far and the family history (Pullen & Yellowlees, 1985). GPs identified diagnosis, treatment recommended, follow-up arrangements, prognosis and concise explanation of the patient's condition as items which should be present in a psychiatrist's letter to a GP (Pullen & Yellowlees, 1985). The items listed by both group of doctors concur with the recommendations by other authors.

This study aimed to investigate the quality of GP out-patient referral letters and also to investigate the quality of letters by psychiatrists to the GP in reply to his/her referral, especially with regard to key items mentioned above. This is an important area for study because the quality of communication between GPs and psychiatrists could be seen as a reflection of the quality of care.

The study

All referrals to a general psychiatric out-patient clinic over two years (1 January 1989 to 31 December 1990) were eligible for inclusion in this study. The referral letters of new patients actually seen were analysed. The GPs' letters with the psychiatrists' letters for the same period were studied with regard to a checklist which was devised following a review of previous studies into communication between GPs and specialists (Williams & Wallace, 1974; Pullen & Yellowlees, 1985).

As the information which psychiatrists require from GPs is different from the information GPs require from psychiatrists, two different checklists were devised. The checklist used to evaluate GPs' letters included the following items: age, sex, marital status, reason for referral, presenting complaint, medication, family history, and psychiatric history. The checklist used to evaluate psychiatrists' letters included the following items: age, sex, marital status, diagnosis, explanation of the condition, treatment recommended, follow-up arrangements, and prognosis. Medical history, forensic history and social history were included in both checklists even though they had not been previously studied.

Each item was rated as "present" or "absent". A definitive negative statement (e.g. "no medication" was rated as "present"). Length and structure of all letters was assessed.

Findings

There were 270 referrals to the out-patient department during two years of whom 112 attended. These referrals came from 52 GPs. Twenty-five GPs referred only once during the two years, 13 referred twice, 5 referred three times, 3 on four occasions, 3 on five occasions, 2 on six occasions and 1 on seven occasions.

The age and sex of the patient were present in practically all the letters evaluated. Marital status was present in 47 (42%) GPs' letters and in 105 (94%) psychiatrists' letters. The presenting complaint was present in all referral letters except two but the exact reason for the referral was stated in only 97 (87%)

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referral letters. Current medication was present in 76 (68%) of GPs' letters, family history in 39 (35%) and psychiatric history in 58 (52%) letters respectively. Diagnosis and explanation of the patient's condition were present in all psychiatrists' letters. Treatment recommendations were present in 106 (95%) letters and follow-up arrangements in 110 (98%) of letters. Prognosis was infrequently discussed in these psychiatrists' letters; it was mentioned in only 16 (14%) letters. Medical history was present in 54 (48%) GPs' letters compared with 94 (84%) psychiatrists' letters. Forensic history was only rarely referred to by both groups; it was present in 2 (2%) GPs' letters and in 11 (10%) psychiatrists' letters. The social history was present in 58 (52%) GPs' letters and in 106 (95%) psychiatrists' letters.

The length of GPs' letters was determined by the use of the preprinted letter, limiting the length to half a side of A4 paper. Psychiatrists' letters varied from a minimum of A4 length to a maximum of three sides of A4. The average length was one and three quarter sides of A4 paper. Fifty per cent of letters contained sub-headings and on average four.

Comment

Age and sex of patients were included in almost all letters by GPs and psychiatrists respectively. Marital status was not mentioned in over half of the GP letters. This is probably of little significance since it is information which can be ascertained easily by the specialist. The presenting complaint was mentioned in nearly all GP letters and the reason for referral was present in 87% of the letters. The reason for referral included both patient-centred and doctor-centred reasons. The patient-centred reasons were made up of 'consultation for diagnosis' and 'consultation for management' and the few doctor-centred reasons were often unstated but included those in which the doctor was 'seeking relief' from the particular patient. These categories have been well discussed by Freeling & Kessel (1984).

The current medication was commented upon in only 68% of referral letters. This finding is surprising since the preprinted standard GP form states "please indicate details of DRUG therapy and known sensitivities below". It may be that absence of this statement implies that the patient is not on any medication. A definitive statement would be more suitable in our view. Family history and psychiatric history were not often mentioned even though the GP may have a more detailed knowledge of the patient's family circumstances and past history than the psychiatrist has immediate access to.

Four of the five key items (diagnosis, explanation of condition, treatment recommendations and follow-up arrangements) that were identified by GPs as being of greatest value in psychiatrists' letters were present in nearly all the psychiatrists' letters (>95%). However, prognosis was conspicuous by its absence. This finding may only reflect the reluctance of the psychiatrists in making a pronouncement on the likely outcome following only one interview with the patient. The medical history which could have an important influence upon the choice of treatment; for example a combination of ischaemic heart disease and depressive illness, was not mentioned in over half of the GPs' letters. Forensic history was only rarely present in the letters written by GPs and psychiatrists. It is unclear whether this is a reflection of the rarity of such history or whether it was regarded as irrelevant to the current problems.

A small but growing number of studies have previously reviewed communication between the GP and psychiatrist. This study is an addition to the literature. The above study, and other studies, demonstrate areas for improvement that could benefit both the GP and the psychiatrist and consequently clinical care to patients. A related area of research which would be of further benefit is whether psychiatrists' letters were valued by GPs enough for them to act on the recommendations made. Curran & Pullen (1990) found that referral to a psychiatric service was followed by a decrease in GP surgery attendance by the referred patients and that 75% of recommendations were followed fully.

This simple form of review may provide GPs and hospital specialists with a readily available means of medical audit.

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A full list of references is available on request from Dr V. Prasher.

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