

General practitioners' involvement in psychiatric patients' discharge plans

A. Scott Wylie

The aim of this study was to determine the extent to which general practitioners are informed of and involved in their psychiatric patients' discharge plans, their satisfaction with the present level and methods for improvement. Postal questionnaires were sent to 100 GPs from different practices in England. They reported a high level of dissatisfaction with the present frequency with which they are informed of and involved in discharge plans before the event. They report being informed and involved too infrequently or randomly, or both. This dissatisfaction could generally be resolved by pre-discharge telephone discussion with a member (preferably medical) of the multidisciplinary team.

With an increasing emphasis on care in the community for psychiatric patients, the role of general practitioners in their management following discharge from hospital has become even more important. It would follow that with this increasingly central role there should be greater contact between psychiatric teams and the GP and more involvement of the latter in discharge planning.

Several studies have been undertaken to evaluate the information needs of GPs on the discharge of their psychiatric patients from inpatient care (Cradock & Cradock, 1989; Essex *et al.*, 1991; Kerr, 1990; Rigby & Cockburn, 1988). Such studies have tended to focus on the form and content of the discharge summary as the means of communication from the hospital service to the GP.

The aim of this study was to assess the frequency with which GPs are informed of discharge plans before discharge, the present level of their involvement and their satisfaction with the present level and ways this could be improved upon.

The study

One hundred GPs from different practices in England were selected from a data base of all practices in England and Wales, and were sent a questionnaire with covering letter. The GPs were

asked if they were satisfied with their level of involvement in psychiatric patients' discharge plans, how often they were informed of and consulted regarding them pre-discharge and how often they felt this should occur. The GPs were then asked if they felt that pre-discharge discussion with the psychiatric team regarding discharge plans would be beneficial and if so, should this be through a meeting with the multidisciplinary team, telephone discussion with a member of the medical team (e.g. registrar) or with another member of the multidisciplinary team?

Findings

Seventy per cent of GPs responded, of whom 66% stated they were dissatisfied with the involvement they had in their patients' discharge plans.

Only 1% of respondents reported being 'always' informed of discharge plans before the event, 17% 'sometimes, when appropriate', 39% 'sometimes, randomly' and 43% 'never'. This compared with the frequency with which they felt they should be informed of discharge plans before discharge of 33% 'always', 66% 'sometimes, when appropriate' and 1% 'never'. Not surprisingly, none felt they should only be informed randomly.

None of the respondents stated they were 'always' consulted regarding discharge plans, 16% 'sometimes, when appropriate', 33% 'sometimes, randomly' and 54% 'never'. The frequency with which they felt they should be consulted regarding discharge plans were 24% 'always', 69% 'sometimes, when appropriate' and 7% 'never'. Again, not surprisingly, none felt they should only be consulted 'sometimes, randomly'.

Of the GPs who responded, 96% stated that they felt that pre-discharge discussion with the psychiatric team regarding discharge plans would be useful. Of those, the preferred method of communication was by telephone with a medical member of the multidisciplinary team (67%)

or another team member (13%) with a further 12% stating that either would be satisfactory. Only 3% felt that actually meeting with the multi-disciplinary team would be the best option, with another 3% choosing this or telephone discussion with a medical member of the team. One per cent felt that any of the options given would be satisfactory.

Comment

This study indicates that there is a high level of dissatisfaction among GPs regarding the involvement they have in their psychiatric patients' discharge plans.

There is a marked disparity between what occurs at present and what GPs feel should occur. It is evident that in general they feel they are informed of and involved in discharge plans too infrequently or randomly, or both. While the term 'when appropriate' is not further defined in the study, the GPs' perception of its meaning would appear often to differ from that of the psychiatric services.

Interestingly, 7% of the respondents stated that they felt they should never be consulted regarding their patients' discharge plans. This is a surprisingly high figure considering they will probably have an integral role in the continuing care of at least some of their patients.

Few GPs (3%) felt that meeting with the multi-disciplinary team would be suitable to discuss discharge plans. This probably both reflects a concern over the time that would be required for

such meetings and a belief that their contribution could satisfactorily be provided through a relatively time-economical telephone discussion.

Pre-discharge liaison between the psychiatric team and GP would also eliminate the delay that is often experienced between the patient's discharge and the GP receiving pertinent information from a discharge summary (Penny, 1988).

In view of these results, psychiatric teams may feel it appropriate to review the extent to which local GPs are involved in discharge planning and consider the telephone as a possible method of communication.

References

- CRADDOCK, N. & CRADDOCK, B. (1989) Psychiatric discharge summaries: differing requirements of psychiatrists and general practitioners. *British Medical Journal*, **299**, 1382.
- ESSEX, B., DOIG, R., ROSENTHAL, J. & DOHERTY, J. (1991) The psychiatric discharge summary: a tool for management and audit. *British Journal of General Practice*, August, 332-334.
- KERR, M.S.D. (1990) Psychiatric discharge summaries. *British Medical Journal*, **300**, 260.
- PENNY, T.M. (1988) Delayed communication between hospital and general practitioners: where does the problem lie?. *British Medical Journal*, **297**, 28-29.
- RIGBY, J.C. & COCKBURN, A. (1988) Psychiatric discharge summaries - an assessment of need. *Practitioner*, **232**, 677-679.
- A. Scott Wylie, Senior Registrar, Department of Psychiatry, Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF