

Does receiving a copy of correspondence improve patients' satisfaction with their out-patient consultation?

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Abstract

It is standard practice to write to a patient's general practitioner (GP) following an out-patients consultation. This study set out to assess whether sending a copy of this letter to the patient improves their satisfaction with the consultation. Two hundred patients were randomly assigned to receive or not to receive a copy of their GP letter. Their satisfaction was then assessed by means of a postal questionnaire. The two groups were compared to ensure that there was no significant difference between them with regard to any other aspect of their consultation. Those who did not receive a copy letter had a median overall satisfaction score of 7.75 whilst those who did had a median score of 9.0 ($p = 0.014$). The only other factors predictive of overall satisfaction were receiving an explanation of the problem and spending sufficient time with the doctor. Sending patients a copy of correspondence to their GP is one means of aiding communication and improving overall satisfaction.

Key words: Outpatients; Patient Satisfaction; Correspondence

Introduction

Within the UK National Health Service it is currently standard practice to write to a patient's GP following an out-patient consultation. This is essential to communicate diagnoses and treatment plans, and to ensure that any treatment prescribed is continued in the primary health care setting if required. It can also be extremely useful if a patient has not understood or remembered information given to them in out-patients and subsequently seeks advice from their GP.

Some hospital specialists now routinely send the patient a copy of the letter sent to their GP following a consultation. It has been suggested that this may improve a patient's understanding of their diagnosis and treatment and may also improve their overall satisfaction with the consultation.¹ This does, however, have significant resource implications in terms of secretarial time and postage costs. The NHS Plan² published recently states that 'letters between clinicians about an individual patient's care will be copied to the patient as of right'.

This study aimed to establish the effect of receiving such a letter on patient understanding and satisfaction among patients attending a general ENT clinic.

Patients and methods

All patients under the care of four consultants seen in out-patients during a two-week period were entered into the study. Each patient was then randomly assigned following the consultation either to receive or not to receive a copy of the letter sent to their GP. Randomization was achieved according to the digit in the second half of their post code. Patients with suspected malignancy were excluded from the study. In order to avoid bias the allocation of each patient was not known to the doctor at the time of the consultation; however, the doctor who wrote the GP letter knew at that time whether the patient would be receiving a copy. This was felt to be necessary so that the letter would be relatively free of medical jargon and in a language more accessible to the patient. The doctors were encouraged to write letters that were otherwise similar in content and style to those sent to the GPs whose patients were not receiving a copy. No attempt was made to standardize the letters written beyond the pre-existing guidelines in the department that letters should include details of history, examination findings, diagnosis or differential diagnoses and management plan.

Two weeks following the consultation, all the enrolled patients were sent a questionnaire (Appendix 1) to assess their experience of the consultation. This included questions assessing their view of

specific aspects of their consultation (examination, quality of communication, overall duration) as well as questions to assess their understanding of their consultation and a visual analogue scale on which they were asked to rate their overall satisfaction with their consultation. Those who had been sent a copy letter were sent the questionnaire shown, including a question asking whether they had found the letter helpful; in the other group, this question (Qu. 13) was omitted.

As a result of the allocation process the two groups had different sizes. The two groups were compared for equality of baseline characteristics (absence of systemic bias) with Pearson Chi-square and Fisher exact 2-sided tests as appropriate. Overall satisfaction was used as the main outcome variable. A cut-off point of 8 was used for recoding overall satisfaction in a binary form (satisfied/unsatisfied) and logistic regression was then performed to explore the factors predictive of positive outcome. The statistical software used for the analysis was SPSS 8.0. (SPSS Inc., Chicago, USA).

Results

Two hundred and seven patients were seen during the two-week period of the study and 200 of them were included in the study. One hundred and twenty-five patients were sent a copy of their GP letter, 75 were not. A total of 117 questionnaires (59 per cent) were returned, 65 from the group who received the copy letter and 52 from those who did not.

The efficiency of the randomization process was checked by comparison of the two groups (those that did and those that did not receive a copy of the GP letter). This showed that there were no statistically significant differences between them in any other respect (Pearson's Chi-square and Fisher exact test) (Table I). There was generally a high level of overall satisfaction, with 88 per cent rating their overall satisfaction as five out of 10 or greater and 67 per cent eight out of 10 or greater (Figure 1). Amongst those who did receive a letter, the median overall satisfaction score was 9 and among those who did not it was 7.75. The difference in the overall satisfaction score between these two groups was statistically significant (Mann Whitney test, $p = 0.014$).

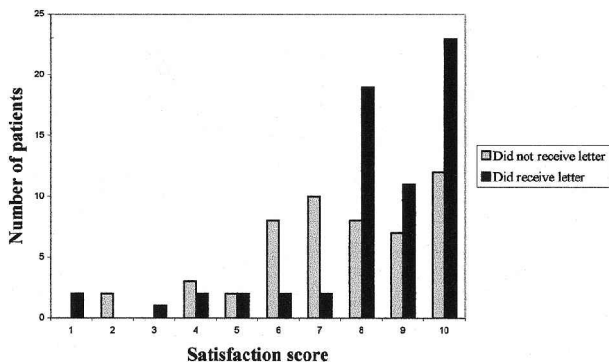


FIG. 1

Comparison of overall satisfaction scores between the two groups of patients.

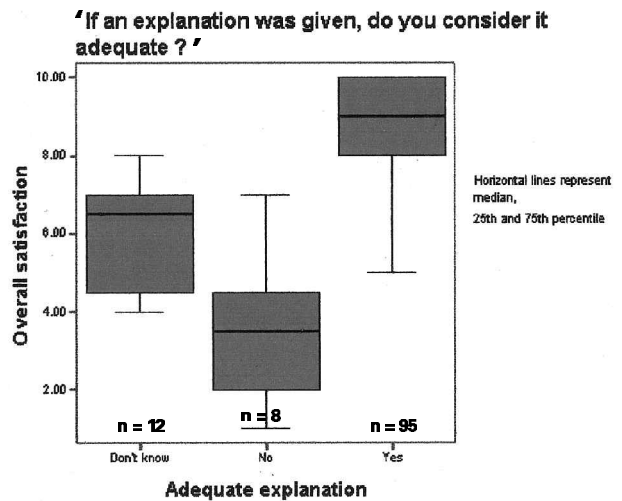


FIG. 2

Relationship between perceived adequacy of explanation and overall satisfaction for the two groups combined.

Logistic regression was then performed, assuming that a patient with an overall satisfaction score of 8 or greater could be classified as 'satisfied'. The only factors found to be independently associated with overall satisfaction were receiving a copy of their GP letter ($p = 0.004$) receiving an adequate explanation ($p = 0.0002$) and having adequate consultation length ($p = 0.002$) (Figures 2, 3). Importantly, receiving a copy of the GP letter increased the chance of a positive outcome (overall satisfaction >8) by an odds ratio of 8.49 (95 per cent confidence intervals 2.21 to 32.58). Surprisingly, the grade of doctor, whether they were discharged, or being followed up for an operation or for the performance of further tests, did not seem to have a significant influence over the outcome.

The questions designed to assess the patients' understanding of their consultation relied on the number of 'don't know' responses to indicate incomplete understanding. There were only a small number of these in each group and as a result none of the differences reached statistical significance (Fisher's exact test).

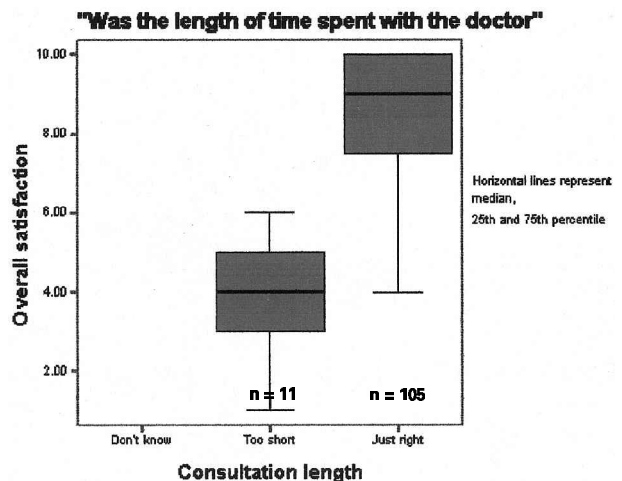


FIG. 3

Relationship between spending adequate time with the doctor and overall satisfaction for the two groups combined.

Of the 65 patients who had received copies of their GP letter, 54 (83.1 per cent) indicated that they had found it helpful, while only five (7.7 per cent) had found it unhelpful.

Discussion

Questionnaires have been used extensively in the past to assess patient satisfaction, and their applicability to the field of Otolaryngology has been validated previously.³ The exclusion of patients with suspected malignancy is supported by concerns expressed elsewhere that patients may be unnecessarily distressed by being made aware of worries that later prove unfounded.⁴

Not surprisingly, a patient's satisfaction with a consultation appears to be influenced by a number of factors, including being given what is perceived as an adequate explanation and having sufficient time with the doctor. The patients in the two arms of the study were comparable for all these parameters. It is interesting that only 11 patients out of 117 (9.4 per cent) felt that they had not had adequate time with the doctor. Of note is the fact that the grade of doctor seen did not appear to influence overall satisfaction, although this may reflect patients with more complex problems being seen by the more senior doctors.

This study shows that patients who receive a copy of the letter sent to their GP following an ENT consultation express a higher overall level of satisfaction with their care and that 83.1 per cent of those who received a copy of the letter found it helpful. This is broadly in agreement with the findings of previous studies in the specialities of psychiatry⁵ and paediatrics,¹ both of which face specific challenges in doctor-patient communication. It has been shown that the views of patients and doctors of the quality of an ENT consultation may differ significantly.⁶ The authors of that paper also point out that Otolaryngology faces its own specific communication challenges, especially the large number of patients who have hearing impairment, and written communication may be especially useful in these cases. Other benefits of the copy letter may include patients feeling more involved in decision-making processes related to their care and a reassurance of openness.

It is difficult to assess the effect of an intervention on factual recall with a standard questionnaire, and future studies may better address this issue with a structured interview. The level of recall as demonstrated by the general questions used here appeared high with few 'don't knows', making statistical analysis inappropriate. However, it seems likely that a patient with a copy of their GP letter will be in a better position to recall his consultation, digest the information given to him and, with recent improvements in the availability of medical information to patients via resources including the Internet, research it further.

It is not possible to establish from this study exactly which aspect of receiving a copy letter contributed most to the overall improvement in

satisfaction although we suggest that it is likely to be the result of a combination of the patients feeling more included in their care and a genuine enhancement of communication and understanding.

In some cases involving particularly complex consultations or where there are language difficulties, it may be preferable to provide patients with the option of receiving an audiotape of their consultation. One study of patients in an oncology clinic showed that the majority preferred this form of communication to a letter,⁷ and it is certainly another option that could be considered in selected instances.

Despite increasing evidence that patient satisfaction can be improved by the relatively inexpensive measure of providing them with a copy of correspondence about their care, there still appears to be significant resistance to it among up to two thirds of clinicians,^{8,9} and it may be some time before it becomes a widely accepted practice.

Acknowledgements

The authors would like to thank the consultants at the Royal Sussex County Hospital for allowing their patients to be enrolled in this study. We also thank Miss Karen Millburn for her administrative support.

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Mr N. Saunders takes responsibility for the integrity of the content of the paper.

Competing interests: None declared

Appendix 1: Questionnaire

Dear

Thank you for attending your recent ENT out-patients appointment. It is our intention to improve our out-patient performance in order to improve the quality of care that you and other patients receive. Your help would be appreciated in filling in this satisfaction questionnaire concerning the quality of your recent visit. All returns are treated in strictest confidence and will not influence any subsequent care. A stamped addressed envelope is enclosed to return the form to us.

Questionnaire

- 1) Was this your first visit to the ENT Department?
 Yes No
 - 2) Which doctor did you see?
 The consultant The registrar The junior doctor Don't know
 - 3) Did the doctor listen to what your problem was about?
 No More or less Yes Don't know
 - 4) Do you feel you were adequately examined?
 No More or less Yes Don't know
 - 5) Did the doctor explain to you what he/she thought was the problem?
 No More or less Yes Don't know
 - 6) If an explanation was given, do you consider it adequate?
 No Yes Not applicable Don't know
 - 7) As a consequence of your time spent with the ENT doctor are you now waiting for special tests eg. X-rays, scans, hearing tests etc.?
 No Yes Don't know
 - 8) As a consequence of your time spent with the ENT doctor are you now waiting for an operation?
 No Yes Don't know
 - 9) Have any follow-up appointments been made to see you again in the ENT clinic?
 No Yes Don't know
 - 10) Have you been discharged back to the care of your family doctor?
 No Yes Don't know
 - 11) Was the length of time you spent with the doctor
 Too short Just right Too long
 - 12) On an overall scale of 1–10, how satisfactory was your out-patient visit
- | | | | | | | | | | | |
|-----------------|---|---|---|---|--------------|---|---|---|----|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| A waste of time | | | | | Satisfactory | | | | | Excellent |
- 13) You should have received a copy of the letter sent to your family doctor. Did you find this
 Helpful Unhelpful Don't know

Thank you for your time