

# Study of discharge communications from hospital doctors to an inner London general practice

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**SUMMARY.** In inner London patients are now being discharged from hospital earlier to be cared for by the community services. In this study the general practitioners in one inner London practice were asked to evaluate discharge communications from hospital doctors. The general practitioners were dissatisfied with the delay in receiving over one third of the letters and with the content of almost a fifth. They also felt that delay and lack of detail affected their management in 24% of cases. They would have liked more information in the letters, particularly about drug regimens. Some suggestions for improvement in written discharge communications are made.

## Introduction

IN inner London the number of hospital beds for acute admissions was reduced by 1100 (10% of the total) between 1983 and 1985.<sup>1</sup> During this time, the number of admissions increased by 2.5%<sup>1</sup> and this was made possible by shorter stays in hospital together with a shift of responsibility for care and recovery to community services at an earlier stage. However, health professionals working in primary care often complain that they are unable to provide adequate continuing care and support when a patient needs it because they are not informed of the date when the patient is leaving hospital, the diagnosis and treatment received in hospital, or the plans for follow up. In addition, there are sometimes inadequate levels of staff or equipment in primary care to cope with the increased workload.

This paper is concerned with the extent to which the delay in receiving discharge communications from hospital doctors and the content of the letters may affect the continuing care of patients by general practitioners. It is based on a retrospective analysis of discharge letters received by one group general practice during a six-month period and is part of a larger study of discharge from hospital.

## Method

In June 1986 a study of patients' experiences following discharge from hospital to their own homes was begun in an inner London practice with seven partners, two trainees and approximately 13 500 patients. As a preliminary stage, all written communications from hospital doctors relating to discharge of patients were monitored for six months to identify the frequency with which patients were discharged, the age and sex of patients, the hospital and department involved, the time between date of discharge and arrival of the discharge communication, and whether it was the first or a subsequent communication.

Discharges following any stay in hospital for more than 24 hours were included in the study regardless of whether the admission was an emergency, from a waiting list, by general prac-

itioner referral, via a 999 call or through an accident and emergency department.

Discharge communications received during the two-month period September and October 1986 were analysed in detail. For each letter, the patient's general practitioner was given the patient's medical records together with a brief self-administered questionnaire asking about the timing and detail of the discharge letter. The doctors were also asked whether the timing and detail had affected their management and whether they had received information about discharge from any other source. The doctors were invited to make additional comments as they felt fit.

## Results

During the six-month period June–November 1986 505 written communications about patients discharged from hospital were received by the practice — 201 (39.8%) were for male patients and 304 (60.2%) for female patients. Of these patients 35.0% were aged 60 years or over. Forty two per cent of the letters were received by the practice within two weeks of discharge and 57.0% were from a single hospital.

During September and October 1986 145 first communications were received by the practice. Of these communications over a quarter (28.3%) arrived within seven days of the patient's discharge from hospital and over a half (58.6%) within 14 days. However, 13.8% arrived more than five weeks after discharge.

The general practitioners considered that for almost two thirds (64.1%) of the 145 first communications the delay between discharge and the receipt of the letter was satisfactory but they were dissatisfied with the timing of the remainder (35.9%).

There was significant agreement ( $P < 0.001$ ) between the general practitioners' judgements of the timing of the first written communication and the number of days after discharge that it actually arrived (Table 1). For example, 84.7% of discharge letters arriving within 14 days were considered to have arrived soon enough while 65.0% of those arriving more than 14 days after discharge were thought to have arrived too late.

The general practitioners were dissatisfied with the content of 29 (20.0%) communications and this lack of detail affected their management in 20 cases (13.8%) (Table 2). Delay alone was considered to have affected management in 15 cases (10.3%);

**Table 1.** Relationship between general practitioners' judgement of the timing of the discharge communication and the actual time between discharge and receipt for letters received in September and October 1986.

Delay in arrival of communication discharge (days)	Number of discharge letters received		
	Soon enough	Not soon enough	Total
<15	72	13	85
15–35	16	24	40
>35	5	15	20
Total	93	52	145

$\chi^2 = 39.2$ , 2 df,  $P < 0.001$ .

**Table 2.** General practitioners' judgement of the timing of written communication and the effects of the delay and content of the letters on management of patients.

Discharge letter received	Lack of detail		Timing of letter	
	Affected management	Did not affect management	Affected management	Did not affect management
Soon enough	3	5	3	82
Not soon enough	17 <sup>a</sup>	4	12	19
Total	20	9	15	101

<sup>a</sup>In four cases delay also affected management.

although in three of these cases the letter was thought to have arrived soon enough. Overall, management was affected by either lack of detail or delay in 35 cases (24.1%) and in 29 out of 52 cases (55.8%) where the letter had not arrived soon enough.

In 29.0% of all 145 cases the general practitioners had learned about discharge and obtained important details from the patient when he or she consulted, in 11.0% of cases from other members of the primary health care team and in 4.0% of cases from speaking directly to hospital staff. In 17 cases (11.7%) general practitioners found it unacceptable that they obtained this information before receiving a discharge letter from a hospital doctor.

The general practitioners were particularly concerned that the letters did not always contain information about: drug regimens, especially where drugs had been discontinued in hospital and new ones started; results of investigations carried out in hospital; an explanation of symptoms; and details of follow up plans.

In three cases the general practitioners felt that it might have been important to visit a patient at home had they known that he or she had been discharged from hospital.

## Discussion

In this study, general practitioners felt that there had been an unsatisfactory delay in receiving discharge communications in over one third of cases. Long and Atkins also found that 33% of discharge letters arrived at a date considered unsatisfactory by general practitioners.<sup>2</sup> They found that over 40% of discharge summaries failed to reach general practitioners within one week of a patient's discharge and another study<sup>3</sup> found that in 26% of cases a full summary had not been received four weeks after discharge. In this study 72% of discharge communications arrived more than one week after discharge but almost 60% had arrived within two weeks. It is not known precisely how often discharge communications fail to arrive at all, but it is apparent from the main study, matching health workers' reports with medical records, that this happens.

General practitioners were dissatisfied with the content of one fifth of discharge communications. The timing and/or the content of the communications did not necessarily affect management although in about one quarter of all discharged cases the doctors felt that it did. Some general practitioners complained of lack of information about drug regimens and this supports the findings of a previous study which specified the information required by general practitioners from hospitals.<sup>4</sup>

The general practitioners in this study learned about the discharge from the patient in 29% of cases while Mageean<sup>5</sup> found that over half of discharged patients had contacted their general practitioner before the doctor had received any infor-

mation from the hospital. He suggests that delay in communication and poor quality information may lead to less confident home management. It certainly indicates lack of understanding by hospital staff about the role of general practitioners in the continuing care of patients.<sup>5</sup> There is a contradiction between the expectation that the general practitioner will be responsible for continuing care after discharge from hospital and the delay in informing him or her about discharge.<sup>6</sup>

It has been suggested that the inadequacy of discharge letters results from a general failure of communication and mutual understanding between the parties<sup>2</sup> which might be helped by building up other areas of contact: for example, joint domiciliary visits by consultants and general practitioners, and consultant sessions in health centres.<sup>2</sup>

Although exchange between doctors is the main formal channel of communication, other health workers may be involved, especially in the care of older or chronically sick patients. It is important that basic information should be communicated to all those providing continuing care for the patient. Initial summary discharge letters could contain certain minimum details — admission date, discharge date, diagnosis, treatment in hospital (particularly medication), arrangements for follow up and programmes for continued treatment. The letters could be dispatched at the time of discharge by each of the following routes: handing a copy to the patient to take to his/her general practitioner, sending a copy to the patient's doctor, and sending a copy to the local community nursing officer. In addition, house officers could telephone the general practitioner on the day of discharge or the day before.

It may be possible for local hospital and community staff to agree on the content, format and routes of communication about discharge. The South and Central Birmingham Geriatric Service has described such a scheme.<sup>7</sup> In addition, hospitals could routinely notify community staff of admissions to hospital while primary health care workers could monitor the effects of these measures and provide feedback to hospital workers. However, the availability of other resources — staffing levels in hospital and the community, transport, and equipment — will limit the scope for both communication and continuing care after discharge.

## References

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