

To the letter

PAUL HAYES

A well-written GP referral letter can make all the difference when a patient visits a specialist.

Referral letters are an essential part of a GP's job that not only convey vital patient health information to specialist healthcare professionals, but also show a level of care and expertise on the part of the referring clinician.

'Referral letters are a fundamental way of marketing your clinical skills, knowledge and professionalism,' Dr Chris Bollen, an Adelaide GP told *Good Practice*.

As a GP who works in his own practice and in a large public hospital, and a former CEO of the Adelaide North East Division of General Practice, Bollen has significant experience working with specialists and primary health professionals. It was this insight that helped plant the seed for his recent study, 'Has accreditation made a difference to the quality of GP referral letters?'

Speaking with various health practitioners regarding referrals, Bollen found a number of specialists raised concerns about a lack of detail in GPs' letters

'Some examples of the issues were that examination findings might be left out and the history of management, what the GP had actually done about the particular problem, was missing,' he said.

It is helpful for the GP to consider what information the specialist will need to assist

them in management of the patient. Using the case of a patient being referred for shoulder pain, Bollen said useful information for the specialist would include whether the patient had an x-ray, ultrasound or physiotherapy, as well as details such as loss of function and range of induction in terms of rotation.

'If the referral included all of the information and everything the patient had been through, and whether it's time to think about surgery, then that would count as an appropriate referral,' he said.

Appropriate referrals

Bollen's study included reviewing 670 referral letters sent to specialists at two major Adelaide hospitals, the Queen Elizabeth and the Modbury Hospital. Presenting the study at last year's GP14 Conference for General Practice, Bollen reported the number of appropriate general practice referrals was quite high – 87% from training practices, 81% from accredited practices and 74% from corporate practice.

'If you are a practice that is accredited to RACGP Standards, plus you are committed to teaching and training, that is a marker that you are more likely to have better-quality referral letters,' Bollen said. 'Commitment to training and teaching helps practices keep thinking about what they need to be doing well.'

'Accredited practices are definitely ahead. They have clearly taken on board a commitment to good quality of documentation.'

However, while the majority of GPs included relevant information around the specific referral, Bollen's study found the level of detail remained an area with room for improvement.

'The GPs had their name, practice details, patient details,' Bollen said. 'And they did have the reason for referral – the patient has got an inguinal hernia – but often it might not say whether it was right or left, for example.'

The study found other issues reported by specialists included uncertain information that made triage more difficult and duplication of referrals across multiple public hospital sites.

RACGP Standards for referral documents

Criterion 1.6.2: Our referral documents to other healthcare providers contain sufficient information to facilitate optimal patient care.

Indicators

Our practice can demonstrate that referral letters are legible, contain at least three approved patient identifiers, state the purpose of the referral and where appropriate:

- include relevant history, examination findings and current management
- include a list of known allergies, adverse drug reactions and current medicines
- the doctor making the referral is appropriately identified
- the healthcare setting from which the referral has been made is identified
- the healthcare setting to which the referral is being made is identified
- if known, the healthcare provider to whom the referral is being made is identified
- if the referral is transmitted electronically then it is done in a secure manner a copy of referral documents is retained in the patient health record.

Visit www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-6/referral-documents for more information.

'These letters can lead to inappropriate referrals to various outpatient clinics because there is not enough information [in the letter],' Dr Martin Robinson, an Adelaide neurologist who works at the Queen Elizabeth Hospital and was involved in Bollen's study, told *Good Practice*.

According to Robinson, referrals lacking in detail can result in patients being triaged to an incorrect clinic and potentially waiting months for an appointment with the wrong specialist.

Obstacles

As is the case with so many areas of general practice, lack of time is one of the primary obstacles for GPs in writing more detailed referral letters.

'If you've got a busy practice and are seeing lots of patients, that sort of thing is part of the equation [when writing referrals],' Bollen said. 'The time it takes to actually put something in writing is far more compressed.'

'Your booking system, how much time you allow for your patients, whether you do your letters at the end of the day after you've seen your patients or when the patient is there, they are all important parts of it.'

These types of general practice obstacles are also not lost on the specialists who receive the referral letters.

'I understand, from a GP's point of view, they haven't got time to spend 15 minutes putting a letter together,' Robinson said. 'And if you multiply how much time it takes to generate a decent referral letter and who types it up, it's [increased] time and cost.'

After speaking with many GPs and practice managers, Bollen determined better use of health summaries in clinical software, and increased knowledge of the value of the information in that software, is one potential path to improving referral letters.

'It's about people understanding that if you do things right in the health summary the first time – the entry of past history, medications, allergies, social history – it's in there for every single letter after that. That's important for them to understand,' he said.

While Bollen understands taking the time out for computer training can be difficult for GPs, he believes it will ultimately help improve patient outcomes.

'The computer and the software used for patient care is probably the most important tool on the GPs' desks these days,' he said. 'If they don't spend some time investing in training on how to get the most out of it, patients will miss out.'



Dr Chris Bollen believes increased knowledge of clinical software can help GPs write referral letters more efficiently.

“There are GPs doing a great job with referrals, but we can reflect on what we could be doing better and why we need to keep improving”

Better understanding of clinical software, however, is not the only computer-related problem highlighted in Bollen's study.

'Typing skills are an obstacle,' he said.

Many of the GPs Bollen spoke to said they have not had any formal typing training, further adding to the time required to write up a detailed referral letter.

'That's why it's so important to have templates set up [in clinical software] with a lot of the background information,' he said.

Patient history

In addition to more specific detail in areas such as medications and treatment, more information about the complaint and the patient is encouraged.

'We need to know some relevant past history that's pertinent to what the person is being referred for,' Robinson said. 'It doesn't have to be a history that goes on

for pages and pages, but some history of the complaint. When it started, etc.'

Bollen agrees and his study suggests a need for the inclusion of social history in referral letters. He believes letters with a greater level of history about the patient themselves has significant benefits.

'As our patient groups get older, the social history about whether they live alone, if they have a carer or have a package of care from an aged-care provider, whether they are mobile or wheelchair-bound, is a really critical part of care when we transfer information between GPs and hospitals,' he said. 'The [specialist] needs to have an understanding about who is coming in to help them prepare.'

'If they know that someone is on an aged-care package, has a carer, has cognitive issues and English is not their primary language, they can provide a whole lot of extra support and the delivery of care will be far more efficient.'

For Bollen, determining all of the relevant information and passing it on to other healthcare professionals involved in a patient's care is essential to a GP's role in providing continuity of care.

'We are putting ourselves out there as the medical home, the coordinator of care, as a person who wants to have the best relationship with patients,' he said.

'I think our job as GPs is to be advocates for our patients and if we don't put the information into our letters we are not being the best advocates.'

Robinson believes a significant number of the GP referral letters he receives are appropriate, but there is always room for improvement. He agrees a well-written referral letter can say a lot about a GP and their profession.

'When patients talk to you about the quality of service they are getting from their GP, I think somebody who takes their time to write a good referral letter and think about what they are doing often reflects in the type of good service they give to their patient,' he said.

Bollen remains positive about much of the referral work done by GPs and wants to see the general practice profession maintain its commitment to quality improvement.

'There are people out there doing a great job,' he said. 'If you look at the whole quality improvement continuum, we have come a long way. People have got to reflect on what we could be doing better and why we need to keep on improving.' 📧