The reliability of patients in delivering their letter from the hospital accident and emergency department to their general practitioner

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SUMMARY

A study over a 2-week period was undertaken to determine what the delivery success rate was for letters given to a patient in the accident and emergency department for delivery to that patient's general practitioner. This was found to be 60% at 2 weeks, rising to 71% at 4 weeks. The only statistically significant factor affecting this success rate was the age of the patient. The importance of the delivery of these letters is emphasized.

INTRODUCTION

It is current practice for doctors working in the Accident and Emergency Department of St George's Hospital, Tooting, London to hand letters to patients with verbal instructions to deliver the letter to their general practitioner.

The letter may:

- Reply to a referral letter from the general practitioner
- Inform the general practitioner of treatment carried out
- Request the general practitioner to review the patient
- Be used as a therapeutic tool in expectation of the fact that in many cases the patient will read the letter, prior to delivery, whether it is sealed or not.

Occasionally, a letter from a doctor in accident and emergency is sent by post to the patient's practitioner, when it is acknowledged that the patient is unlikely to deliver it, or if its contents would cause the patient disquiet. Every effort is made in accident and

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emergency to strengthen the relationship between patients and their own general practitioner.

The advantages of charging patients with the responsibility of delivering the letter to their general practitioner are:

- It strengthens the bond between practitioner and patient
- It encourages patients indeed to see their general practitioner
- The letter is available to the doctor who first sees the patient after discharge (Dover & Loe-Beer, 1984)
- It saves the cost of postage.

The problem is that accident and emergency staff cannot ensure that these letters are delivered. Accident doctors may delude themselves by believing that patients will carry out their instructions.

METHOD

The carbon copy of the letter to the general practitioner is always clipped to the casualty card. At St George's Accident and Emergency Department, over a 2-week period, all casualty cards with letters were placed in a designated basket and collected once a day. A brief data sheet was completed for each card and the card returned for filing. At 14 and 28 days the general practitioners, who were sent letters, were telephoned to ascertain if the letter had been delivered. The arrival of the letter was checked by the receptionist, secretary or general practitioner. It was emphasized that the authenticity of the visit to accident and emergency was not being questioned.

RESULTS

No relationship was found between delivery rate and the actual accident doctor who wrote the letter, the sex of the patient and the diagnosis of the problem precipitating that patient's visit to accident and emergency. There was a relationship between the delivery rate and the reason the letter was sent, but it was not found to be significant: *chi*-squared test $p=0.0637$.

Reliability in delivery increased significantly with the age of the patient, being greatest in patients over 50 years, *chi*-squared test: $p=0.0114$.

Table 1 Basic data over 2-week period

Number of letters written	195
Number of patients handed letters	195
Number of general practitioners	123
Total number of patients seen in A&E	2276

Table 2 Delivery rate of letters

Time	2 weeks	4 weeks	Total
Number	118	21	139
%	60.5	10.8	71.3

Seven patients who claimed to be registered with a particular practitioner were not in fact registered. Two general practitioners were untraceable on the information that the patient provided.

The general practitioners and their staff, without exception, welcomed the survey. It was felt by the authors that the survey itself helped to foster relations between hospital and practitioner.

Table 3 Delivery rate correlated to age

Age (years)	Percentage delivery rate			Total number letters
	2 weeks	4 weeks	Not at 4/52	
0-9	55.6%	7.4%	37.0%	27
10-19	58.3	8.3	33.3	24
20-29	57.9	10.5	31.6	38
30-39	52.2	13.0	34.8	23
40-49	47.8	26.1	26.1	23
50-59	59.1	4.5	36.4	22
60-69	66.7	8.3	25.0	12
70-79	83.3	11.1	5.6	18
80-89	100	0	0	8

DISCUSSION

It is questionable if a 30% failure rate of delivery of the accident doctor's letter at 4 weeks is acceptable, even remembering the advantages of the patient acting as the postman.

An alternative would be to send the general practitioner a carbon copy of the casualty record by post in every case. However, this practice is less personal and less likely to draw the specific attention of the general practitioner.

If a patient is repeatedly visiting an accident and emergency department for one particular problem, or more especially for a multitude of different problems, the general practitioner should be aware of this because:

- It may indicate an insidious underlying cause of these repeated visits, e.g. depression
- A lack of general practice facility, e.g. a practice nurse to carry out dressings
- A breakdown in communication between general practitioner and patient.

This is especially pertinent, if, in an urban area, a patient is visiting a number of different accident departments with a number of different complaints. This patient may be unable, or indeed unwilling, to discuss the real problem that is the root cause of these visits. If the general practitioner is made aware of this situation, he or she is the one doctor who is in a position to take positive action, even if this is only to request the health visitor or district nurse to visit the patient at home.

The act of giving the letter to patients to deliver to their general practitioner reinforces the fact that it is this doctor who is the primary care physician. It does help to educate the patients to visit their practitioner when appropriate, as opposed to the accident and emergency department.

It is suggested therefore that the practice of giving patients the letter to deliver to their general practitioner should continue, but that greater effort should be made to communicate to the patients the importance of delivery of the letter.

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