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Psychiatric out-patients' reactions to summary letters of their consultations

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The research reported here was an initial attempt to assess the feasibility and utility of providing new referrals to a psychiatric out-patient clinic with written summaries of their consultations. After routine consultations patients were randomly assigned to the experimental group (those sent a summary letter, $N = 23$) or control group (letter to GP only, $N = 29$). Subsequent assessment interviews revealed that the summary letters were very well received and patients in the experimental group were significantly more satisfied with their consultations than their control group counterparts. Study findings suggest that such letters offer a practicable option which may provide considerable benefits to patients, their families and referring GPs.

Within the National Health Service communication problems may pose a considerable barrier to effective service delivery. Especially well documented are the problems and clinical implications of inadequate doctor–patient communications (e.g. Ley, 1976, 1982; Peck, 1978). However, the need for improvements in 'discharge communications' between hospital doctors and general practitioners (GPs) has also been noted (Mageean, 1986; Orrell & Greenberg, 1986), especially with regard to delay and informing the GP of what patients and their relatives have been told.

When communications involve three-way interactions between patient, GP and hospital specialists, the potential for dissatisfaction increases. This is perhaps especially the case when the specialism involved is that of psychiatry (Dean, 1983; Kaeser & Cooper, 1971).

Within out-patient services, recent attempts to improve the quality of communications have included giving parents summary reports of their consultations at a Paediatric Assessment Clinic (Mackinlay, 1985) and providing copies of specialists' letters to GPs, to patients attending a rheumatology clinic (Gill & Scott, 1986). Both projects were very well received by the patients, although Gill & Scott did note that

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cases involving malignant diseases or psychiatric conditions might give rise to problems. The special problems associated with communications regarding malignant diseases were addressed in an effective manner by Hogbin & Fallowfield (1989), who provided their out-patients with tape-recordings of the consultation in which a diagnosis of cancer was given.

An initial attempt to address the communication problems associated with psychiatric conditions was the focus of the research reported here. The primary aim was to assess the feasibility of producing written summaries of consultations for new referrals to a psychiatric out-patient clinic and to evaluate patient reactions to such communications. Secondary aims were to explore any effects that the letter might have on patient satisfaction with the consultation, and their comprehension, retention and compliance regarding therapeutic advice given in the consultation. Thus the project encompassed both an experimental group, who received a letter summarizing their consultation with the psychiatrist, and a control group who differed only in respect of not receiving a summary letter.

Method

Participants

Recruitment of study entrants took place over a period of one calendar year from 1 July 1988 to 30 June 1989. During this period 168 appointments were made, of which 119 (71 per cent) were kept. All new referrals to the out-patient clinic of the participating consultant psychiatrist were eligible for inclusion, with the exception of those who met predetermined exclusion criteria, which related essentially to organic brain disease, language problems and sensitivity of presenting problems ($N = 12$). A further 32 patients were excluded due to: day hospital admission ($N = 10$); urgency of follow-up ($N = 15$); being seen for a court report ($N = 5$); having no psychiatric disorder diagnosed ($N = 2$). Two people declined to participate and of the remaining 73 (40 female, 33 male), 52 (71 per cent) were successfully followed up for assessment interview.

Reasons for unsuccessful follow-up were: interviews cancelled by respondents ($N = 7$); letters not received in time ($N = 6$); respondents not in ($N = 3$); respondents withdrawn as inappropriate ($N = 2$: 1 functional illiteracy, 1 direct communication prevented by family intervention); respondent seen at follow-up prior to interview ($N = 1$); respondent claimed to have received letter but none sent ($N = 1$); interview cancelled due to interviewer illness ($N = 1$).

The final study sample consisted of 23 (12 female, 11 male) in the experimental group (letter to GP and patient) and 29 (14 female, 15 male) in the control group (letter to GP only). The age range of the sample was 17–58 years with a mean (and median) age of 38.5 years. Thirty-nine patients (75 per cent) were married, eight (15 per cent) divorced or separated and five (10 per cent) single. Thirty-seven (71 per cent) were in employment and 22 (42 per cent) had some previous experience of psychiatric consultation. There was a wide range of diagnoses including anxiety states, phobic states, stress disorders, personality disorders and schizophrenia, but the single most common diagnostic category by far was that of depression, which accounted for 36 per cent of all participants. The groups did not differ significantly in terms of any socio-demographic variables or previous psychiatric consultation experience.

Materials

The materials used were the summary letters and a standard assessment interview schedule. Summary letters reflected the problem as presented by the patient and detailed any recommendations made by the psychiatrist. They also included much of the background information, such as past illnesses, personal and social history, which is normally included in the letter to the GP. Referring GPs were also sent a

copy of their patient's summary letter and, as a courtesy, a covering letter highlighting any action they should take. The GPs of patients in the control group received the normal summary letter which was very similar in content to that sent to the experimental group patients.

The interview schedule comprised four main sections. The first three sections, common to all study participants, were used to assess: (1) levels of satisfaction, perceived quality of doctor's listening and perceived quality of doctor's understanding of the patient's problems (responses comprised qualitative statements plus ratings on a five-point scale); (2) patients' comprehension and retention of the consultation (measures as above); (3) patients' compliance with remembered advice – essentially Yes/No answer options.

The fourth section related specifically to the summary letter. Respondents in the experimental group were asked to rate how pleased they were to receive the letter, how easy it was to understand, how accurate they thought the summary was and how useful they had found it to be. They were also asked to elaborate on these items and state whether anything in the letter was wrong, or if they had been upset by it in any way. Finally, they were asked if they had shown the letter to anyone else.

Control group respondents were asked to rate how much they thought they would like to have received a summary letter, how useful they thought it would have been and whether they would have shown it to anyone else. All respondents were invited to add any other comments they wished to make about their experience at the out-patient clinic.

Procedure

Inclusion in the experimental and control groups was by random allocation, unknown to the psychiatrist until the end of the consultation, when study group designation was ascertained by the opening of a small envelope attached to the back of the notes folder.

After a routine consultation, patients who did not meet any exclusion criteria were invited to participate in the study which was described as a type of 'audit' involving a home visit by an independent psychologist, not a member of the psychiatric team, who would ask them about their experiences of the out-patient clinic. Only one patient declined the invitation to participate at this stage. Patients in the experimental group were also told that they would be receiving a letter summarizing the consultation (one patient declined the offer of a summary letter).

Assessment interviews were then arranged by the secretary for approximately two weeks post consultation to allow time for letters to be received and to standardize the delay between consultation and assessment for all participants. Summary letters were prepared for patients in the experimental group and copies sent to both the patients and their GPs. The GPs of patients in the control group were sent routine post-consultation letters. Assessment interviews were conducted in participants' own homes by one of the authors, who was initially blind to study status. A standard interview schedule was followed for all participants, after which a full explanation of the study was given.

Analysis

Quantitative data were analysed by *t* tests and chi-square tests and qualitative data collated and content-analysed.

Results

Patient reactions to the letter were generally positive with respect to all assessed aspects, as demonstrated in Table 1. Six people (26 per cent) reported some mistakes in their letters. Three reported errors they considered to be very minor, relating to such things as a small mistake in their parents' ages, the duration of a relationship and a misunderstanding of their occupation. The other three felt that the errors were rather more important, representing confusion over dates for follow-up appointments and drug dose changes, or suggesting some misunderstanding on the part of the psychiatrist which would necessitate clarification at the next consultation.

Table 1. Summary of patients' responses to the summary letter (numbers with percentages in parentheses)

	Response				
	Very	Quite	Indifferent[a]	Not very	Not at all
How pleased to receive	17 (74)	4 (17)	2 (9)	—	—
How easy to understand	19 (83)	3 (13)	1 (4)	—	—
How accurate the summary	16 (70)	5 (22)	1 (4)	1 (4)	—
How useful the letter	11 (48)	6 (26)	3 (13)	2 (9)	1 (4)

[a] The mid-scale response for the four questions was, respectively: 'indifferent'; 'easy in parts'; 'accurate in parts'; 'not sure'.

Three people found the letter upsetting in some way. Reasons for the upset related to the facing of reality that the letter prompted and concern about the level of confidentiality with which the letter would be treated. One respondent was particularly concerned that it should not be made available to other services.

Of the 23 people who received a summary letter 18 (78 per cent) showed it to someone else, most commonly a partner. Of those who did not receive a summary letter 16 (55 per cent) felt that they would have liked such a letter, while five (17 per cent) were not sure and eight (27 per cent) were not keen on the idea. The distribution of responses to the question regarding usefulness of the letter was almost identical to that shown in Table 1, and 25 (86 per cent) reported that they would have shown the letter to someone else, again primarily a partner.

Statistical analysis revealed no significant differences (at $p < .05$) between the groups on any variables relating to comprehension, retention or compliance with therapeutic advice. However, although group differences were small, the mean scores showed that for each variable the letter group gave slightly more positive responses. Furthermore, whilst mean scores for both groups indicated considerable satisfaction with the consultation (1.52, letter group; 1.96, control group; where score of 1 = very satisfied and 5 = not at all satisfied), that for the letter group was significantly greater ($t(50) = -1.76$, $p < .05$, one-tailed).

Qualitative data

Patients' comments regarding the letter are to be reported in greater detail elsewhere. However, from the recipients' point of view the major benefits of the letter can be categorized in one of four ways.

(1) *Provision of a record.* Examples are: 'It was so nice to be able to read it as well as talk about it – I can go over it as many times as I need to'; 'My wife wasn't there

[at the consultation] but the letter prompts my memory of what went on and it is always there for her and other people involved to see at any time. It must save doctors' time too in the long run – my GP had a copy of my letter so we could discuss things more easily'; 'If you get a letter like this and there's anything wrong you can easily pinpoint it and get it put right or clarified if necessary. That way you don't get mistakes in the notes, so it's a good idea to write direct to the patient.'

(2) *Evidence of consultant care and respect for individual patients.* Examples are: 'It was nice to be recognized as an individual and not just another case number'; 'It is very unusual to get letters like this from doctors, they don't usually give you such respect'; 'It showed they really listened and wanted to provide a good service – they obviously really cared about the patient to write directly to them.'

(3) *Evidence that the doctor had thoroughly listened to the patients and understood their problems.* Examples are: '[The letter] shows that he did take it all in'; 'It showed that he had really listened to me'; 'I felt reassured that he'd really understood and it seemed that he'd grasped how I felt unbelievably well.'

(4) *Reassurance of sanity.* Examples are: 'The letter gave reassurance that there's nothing seriously wrong with me'; 'It's nice to hear you're not going potty'; 'He must think I'm all right to write to me.'

Discussion

The main aim of the reported study was to assess the feasibility of sending written summaries of consultations to psychiatric out-patients and the reactions of patients to receipt of such a letter. Preparation of the summary letter did require additional work for both medical and secretarial staff. However, summary reports for GPs have to be made anyway and, once the initial problems of devising letters suitable for the requirements of both GP and patient were overcome, the additional work involved for the psychiatrists was minimal. Secretarial load would have been greatly eased by word-processing or good photocopying facilities.

A very positive effect of the study was the sending of summary letters so soon after the consultation. In the absence of assessment interviews as an impetus for such speedy communication the delay between consultation and sending of the summary might increase. However, favourable feedback from GPs and patients might provide sufficient incentive to maintain this good practice.

Results showed that the vast majority of recipients, including all three who found it upsetting in some way, were pleased to receive the letter and most responded to it well. The significantly greater degree of satisfaction expressed by the experimental group was further testimony to its utility. Since satisfaction is an established correlate of good communications and compliance (e.g. Ley, 1982), it was perhaps surprising that the groups did not also differ in their reported retention of and compliance with therapeutic advice. However, it must be pointed out that, whilst the experimental group was more satisfied than the control group, the mean scores of both groups indicated a high degree of satisfaction with the consultation.

Thus the lack of significant difference between the two groups regarding the other variables may reflect general satisfaction with the consultation and the adequacy of verbal communication. It must also be acknowledged that the study itself may have been an influencing factor on results. Pilot study feedback may have had subtle effects on the behaviour of psychiatrists during consultations, leading them to be even more aware of the need to ensure that patients properly understood what they were saying. Similarly, the prospect of a subsequent interview about the consultation may have had its own effect on patients' active remembering and compliance with advice.

In conjunction with increasing satisfaction, the letter clearly had other beneficial effects for its recipients. One advantage was a confirmation that the psychiatrist had properly listened to and understood patients' problems. Other benefits were an enhancement of self-esteem by the recognition of patients as individuals worthy of respect, and reassurance for patients that they were not 'mad'. Such reassurance came not only from the content of the letter, but also from the very fact of having been deemed an appropriate candidate for receipt of such a letter.

One of the early concerns of the authors was whether patients might be upset by the possibility of other members of their household gaining access to the letter. It was therefore reassuring to find that not only had most respondents shown the letter to someone else, but also that some regarded the ability to let others read the letter as an important facet of its usefulness. This finding is in accordance with that of Mackinlay (1985), who also reported that one respondent found increased tolerance of her disabled child to be a result of showing others the summary.

However, whilst no letter recipient reported concern about having the letter sent to their home, two control group respondents did say that they would not have liked such a letter, because it might be seen by other members of the household. This highlights the need to discuss the sending of summaries with patients at the end of the consultation. Perhaps patients who would like a written summary but who are doubtful about having it sent to their homes, could have their copy sent to the GP and be advised to collect the letter from the surgery.

Overall, the findings of this research supported the initial premise that sending written summaries of consultations to psychiatric out-patients would be a feasible and worthwhile enterprise to pursue. The study sample was relatively small and comprised mainly non-psychotic patients of a single consultant psychiatrist's team. Also, reactions of referring GPs have still to be ascertained. Nevertheless, results suggest that doctor–patient communication and patient satisfaction can be enhanced by this method.

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References

Dean, C. (1983). Psychiatry in general practice. In R. E. Kendell & A. K. Zealley (Eds), *Companion to Psychiatric Studies*, 3rd ed. Edinburgh: Churchill Livingstone.

Gill, M. W. & Scott, D. L. (1986). Can patients benefit from reading copies of their doctors' letters about them? *British Medical Journal*, **293**, 1278–1279.

Hogbin, B. & Fallowfield, L. (1989). Getting it taped: The 'bad news' consultation with cancer patients. *British Journal of Hospital Medicine*, **41**, 330–333.

Kaeser, A. C. & Cooper, B. (1971). The psychiatric patient, the general practitioner and the outpatient clinic: An operational study and review. *Psychological Medicine*, **1**, 312–325.

Ley, P. (1976). Towards better doctor–patient communications. In A. E. Bennett (Ed.), *Communication between Doctors and Patients*. Oxford: Oxford University Press/Nuffield Provincial Hospital Trust.

Ley, P. (1982). Satisfaction, compliance and communication. *British Journal of Clinical Psychology*, **21**, 241–254.

Mackinlay, D. (1985). Written summaries for parents. *BPS Division of Clinical Psychology Newsletter*, **47**, 9–14.

Mageean, R. J. (1986). Study of 'discharge communications' from hospital. *British Medical Journal*, **293**, 1283–1284.

Orrell, M. W. & Greenberg, M. (1986). What makes psychiatric summaries useful to General Practitioners? *Bulletin of the Royal College of Psychiatrists*, **10**, 107–109.

Peck, D. (1978). Communication and compliance. *Bulletin of The British Psychological Society*, **32**, 348–352.

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