The similar serum phosphate concentrations found in our patient and in the control subjects by this method suggest that little if any excess phosphate was present; we confirmed this with binding studies using phosphorus-32 (data not shown).

These findings suggest that a paraprotein interfered in an undetermined way with the chromogenic assay and the apparent high serum phosphate concentration can be described as pseudohyperphosphataemia. As many patients with myeloma have concurrent renal impairment, cautious interpretation of apparent hyperphosphataemia is required before specific treatment is given.

Psychiatric discharge summaries: differing requirements of psychiatrists and general practitioners

Nick Craddock, Bridget Craddock

During our medical training we became aware of a discrepancy between the type of discharge summary required for hospital notes and that preferred by general practitioners. We used questionnaires to investigate the differing requirements of general practitioners and psychiatrists for such discharge summaries.

Method and results

We based the study at Highcroft Hospital, Birmingham, which serves a population of 466000 and is staffed by 10 consultant and 13 junior psychiatrists. We sent a question sheet, three sample discharge summaries (A, B, and C), and an explanatory letter to all 234 general practitioners who refer patients to the hospital. Each summary described the same case (depression in an elderly woman) and began with phrases under the headings “diagnosis,” “discharge medication,” and “follow up.” Summary A (total length half a side of a page of A4 paper; typescript) ended with a few words under the additional heading “prognosis.” Summary B (one side of A4 paper) ended with pertinent information without headings. Summary C (two and a quarter sides of A4 paper) ended with concise, detailed information under 11 headings conforming to the Institute of Psychiatry’s guidelines for case summaries.1 The question sheet asked which sample summary the general practitioner would prefer to receive; how the preferred summary could be improved; and for any further comments about psychiatric summaries. Replies were collected personally.

We also sent a question sheet, the three sample summaries, and an explanatory letter to the 23 psychiatrists at the hospital. The question sheet asked which sample summary the psychiatrists would prefer to have filed as a record in the case notes; how the preferred summary could be improved; and for any further comments about psychiatric summaries. Replies were collected personally.

<table>
<thead>
<tr>
<th>Specimen summary</th>
<th>General practitioners (n = 208)</th>
<th>Psychiatrists (n = 23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>138</td>
<td>6</td>
</tr>
<tr>
<td>C</td>
<td>53</td>
<td>17</td>
</tr>
</tbody>
</table>

Numbers of general practitioners and psychiatrists who preferred each of three forms of discharge summary (see text for details of summaries)

We thank Drs A R W Forrest and A Summerton, department of clinical chemistry, and Mr C McLeod, director of chemical analysis research, Sheffield Polytechnic, for their help. The work was supported in part by the Medical Research Council and the Leukaemia Research Fund.

Responses were obtained from 208 (89%) of the general practitioners and all 23 psychiatrists. The table shows their preferences. Sixty one general practitioners stated that their preferred summary was satisfactory. Of the general practitioners who opted for summary A, 10 requested more information. Of those who opted for summary B, 19 requested more information and five less detail. Of those who opted for summary C, one requested more information, six wanted less detail, and 10 suggested that a briefer summary would be adequate for subsequent admissions. Thirty four general practitioners mentioned that delayed receipt of summaries was common and caused problems, 19 requested more specific advice on management, and 22 expressed a definite dislike of long summaries. A significantly larger proportion of the psychiatrists than the general practitioners preferred summary C (table; χ²=23·1, df=2, p<0·001). Seven psychiatrists who opted for summary C suggested that a shorter version would be adequate for subsequent admissions.

Comment

Our response rates of 89% for the general practitioners and 100% for the psychiatrists suggest that we obtained the opinions of a representative sample of doctors. The response was higher than that in other questionnaire studies of general practitioners’ opinions about letters and summaries from psychiatrists.2 Our findings regarding general practitioners’ preferences extend those of Orrell and Greenberg for psychiatric discharge summaries3 and agree with those of Margo for letters concerning psychiatric outpatients.4

Not surprisingly, most psychiatrists preferred summary C because this followed the Institute of Psychiatry’s guidelines.5 Unexpectedly, however, a substantial minority (27%) preferred the shorter, less structured summary B. We do not know of any other study assessing which form of discharge summary psychiatrists prefer, and a larger survey is needed.

Our results show clearly that separate summaries are required for the general practitioner and for hospital notes or, at least, that the general practitioner should receive a supplementary letter with the hospital summary.

We thank the general practitioners and staff of Highcroft Hospital for participating in the survey, and Dr Christine Dean for help with the manuscript.


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