Implications for research and practice
We have shown that present assumptions about patients' goals are unlikely to be correct. If unnecessary symptomatic intervention is to be avoided in patients with unexplained symptoms, general practitioners will need to understand better the influences that shape patients' presentations and doctors' responses.

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Views of doctors on clinical correspondence: questionnaire survey and audit of content of letters
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Clinical correspondence between general practitioners and specialists remains fundamental to the process of referral from primary care and transmission of management advice from consultants. However, both older and more recent studies indicate that opportunities for good communication are commonly missed.¹⁻¹³

Newton and colleagues explored the views of general practitioners and consultants on the desirable content of letters, and proposed standards against which the content of letters might be audited.¹ After a decade of increasing emphasis on good communication, clear records, and patient involvement, we repeated that study, and also audited letters written by doctors who responded to the questionnaire.

Participants, methods, and results
Questionnaires were sent to 360 general practitioners, 157 in areas served by the Royal Devon and Exeter Hospital and 203 in areas served by the Freeman Hospital, Newcastle, and to the consultants doing outpatient clinics (107 in Exeter and 101 in Newcastle), asking for their views on the desirability (always/usually important or sometimes/never important) of defined items¹ in the referral letter and replies. The response rate was 84% for both general practitioners (304/360) and consultants (174/208); the table shows their views. General practitioners now attached greater importance to documenting three items in their letters than in 1992: medical history, findings on investigation, and whether the referral is new. An increased proportion of consultants concurred with the need for medical history, but fewer consultants viewed what the patient expects from the referral as an important item. Fewer general practitioners and consultants thought that the general practitioner's expectation was an important item. A higher proportion of consultants now thought that including a summary of the case history in the consultant's letter was important.

Letters (including attachments) about two recent outpatient referrals from each consultant were audited, using uniform criteria for each item of content (table). The defined items were recorded more often in Exeter than in Newcastle by both general practitioners (six items) and consultants (three items). For two items, general practitioners in Newcastle recorded items more often.
Comment

In the past decade the views of doctors regarding the desirable content of letters written by consultants have changed little, but the desirable content of general practitioners’ letters has changed somewhat. The audit showed that, despite the views they had expressed, general practitioners frequently did not include “important” items in their referral letters. Nearly all general practitioners did not include “important” items in their referral letters. Nearly all general practitioners regarded informing the patient of the reason for referral as important, but only about half included what the patient was told. General practitioners’ letters more often contained the items they viewed as desirable, but only about half included what the patient has been told. As well as conveying information from one doctor to another, letters also form a valuable source of information for patients, a more rational and consistent approach to communication between general practitioners and consultants is required.

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