

SUMMARY OF RESULTS

The Discharge Communication Study

This study was run by a research team from the Unit for Academic Primary Care at Warwick Medical School, University of Warwick. The study ends in November 2019 and we would like to share a summary of our findings with you. We would love to hear your feedback on the results and to publish this feedback anonymously. Please contact us to give feedback.

What and who was involved?

Recruitment and sampling

- 53 GPs screened and selected 489 hospital discharge letters. 18 GP practices took part.
- 50 patients took part in interviews.
- 26 of the GPs participated in interviews or focus groups.
- 46 hospital clinicians completed surveys across 5 hospitals.
- This gave a total of 122 research participants!

Analysis

- All interview and focus group data were analysed using techniques from the field of Applied Linguistics.
- The content of the discharge letters was analysed with a focus on the language, structure, and key features.

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Summary of what we found

Patients

- ✦ Many wanted to receive discharge letters and several described benefits from patients receiving letters (e.g. medication reminder).
- ✦ Not all wanted letters and so *choice* is important.
- ✦ Some highlighted that letter preferences should be part of electronic health records so that patients are not burdened with asking for letters when they are in hospital or feeling poorly.
- ✦ Most expressed preference for “opt out” systems of letter receipt.
- ✦ Patients identified that being given discharge letters can increase knowledge, reduce uncertainty, and improve wellbeing.
- ✦ Providing discharge letters can allow patients to correct errors.

Letters

- ✦ Patients should be given letters *with* verbal information, *not* instead of information.
- ✦ Findings indicated that patients are still receiving letters inconsistently.
- ✦ “Blank” boxes on letters can be confusing and need to be avoided.
- ✦ Emailing letters could speed up communications and save paper.

Clinicians

- ✦ Some thought a single discharge letter could be useful for *both* GPs and patients with a few adaptations (e.g. no unexplained acronyms).
- ✦ GPs found it helpful when summaries clearly indicated any medication changes (or not) and reasons for these.
- ✦ Some hospital clinicians suggested increased training and support for junior doctors in this area could improve confidence and quality of letters.

What we recommend based on results

- ✦ Patients being copied into discharge letters requires standardisation and auditing.
- ✦ Letters should be in plain English with minimal or no acronyms. Any medical terms or jargon should be explained in simple lay terms.
- ✦ Letters should contain a simple interpretation of results (e.g. all blood tests normal), and clear patient actions and recommendations.
- ✦ Future policies need to prioritise content features that are associated with “successful” letters (e.g. clear appropriate GP actions).
- ✦ Training and support in letter writing should be provided as part of medical training to improve the content of discharge letters and patient outcomes.

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