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## Declaration of interest

None.

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DEVATHA RADHAE SHYAM AND HUGH WILLIAMS

# Correspondence from substance misuse services – what do general practitioners really want?

### AIMS AND METHOD

To improve the quality of correspondence by identifying what general practitioners (GPs) regarded as the important attributes in patient letters from a substance misuse service. A postal questionnaire survey was carried out to determine the views of general practitioners in Brighton and Hove City.

### RESULTS

Responses were obtained from 32 out of 45 GP surgeries (71%) and indicated that correspondence should be prompt, concise and regular. An assessment summary, management plan and clear medication prescribing arrangements between primary and secondary services

were considered particularly important.

### CLINICAL IMPLICATIONS

New quality standards for correspondence to GPs have been implemented by the Brighton Substance Misuse Service. These might be of interest to other such services.

Good-quality correspondence between specialist services and general practitioners (GPs) is fundamental to patient care. However, the standard of such correspondence does not always meet with GPs' expectations (White & Marriott, 2004). Scott *et al* (2004) identified a number of highly desirable attributes of letters from specialists to GPs across a range of medical disciplines. These included diagnostic formulations, management regimes, use of clinical evaluations, prognostic statements, contingency plans and follow-up arrangements. Others (Dunn & Burton, 1999; Reynolds, 1999) have also distilled important components of correspondence from mental health services (diagnosis, presenting complaint, drug treatment, management plan, follow-up arrangements,

mental state and prognosis). However, we were unable to find any studies of written communication between substance misuse services and GPs.

The aim of this study was to identify what GPs regarded as desirable components and attributes of correspondence from our substance misuse service. It was intended that information gleaned from the survey and by other methods would help improve the quality of the service's written communication.

## Method

Brighton and Hove City is a seaside resort with a population of 260 000 served by 45 separate general

**Table 1. Desired attributes of correspondence from substance misuse services (n= 32 practices)**

Attribute	Number of respondents, n (%)
<b>Content</b>	
Patient details	2 (6)
Confirmation of attendance	6 (19)
Summary of assessment	17 (53)
Management plan	17 (53)
Any medication issues <sup>1</sup>	22 (69)
Details of drugs to be prescribed	11 (34)
Who should prescribe what?	13 (41)
What GPs should not prescribe	8 (25)
Benzodiazepine prescribing	6 (19)
Notification of change in medications	6 (19)
Laboratory results	7 (22)
Prognosis	1 (3)
Risk issues	4 (13)
Named contact person	8 (25)
Follow-up arrangements	8 (25)
Reason for discharge/cessation of treatment	9 (28)
<b>Format</b>	
Brief/succinct	16 (50)
Timely	8 (25)
Regular update reports	8 (25)
Good English/writing	2 (6)

GP, General practitioner.  
1. Many respondents made more than one comment on medications.

**Box 1. Quality standards for correspondence from substance misuse services to general practitioners**

## Format

- Correspondence should be concise, prompt and regular
- GPs should receive a letter within 2 weeks of patient assessment/discharge
- GPs should receive updates at least every 3 months and at times of significant change
- Where possible correspondence should be limited to a single page.

## Content

- Summary of assessment
- Management plan
- Details of medication and prescribing arrangements (who is prescribing what and what's not to be prescribed)
- Risk issues
- Named contact person
- Follow-up arrangements
- Notification of reasons for discharge from treatment.

1. GPs, general practitioners.

themes that emerged from the large number of varied responses. These major attributes and components of correspondence to GPs thus identified are presented in Table 1.

## Discussion

The 71% response rate is comparable to that of similar questionnaire surveys of GPs (Reynolds, 1999) and suggests that general practice colleagues are interested in improving communication between primary and secondary care.

Predictably, and in keeping with previous studies, our GPs identified a summary of assessment, management plan and details of medication, a contact person and follow-up arrangements as most desirable attributes of correspondence from the substance misuse service. Shorter correspondence does not appear to necessarily result in loss of information (Blakey *et al*, 1997) and our GPs placed particular emphasis on brevity, timeliness and frequency of written correspondence.

By far the most frequent comments related to medication. Specifically GPs wanted to know what medications were to be prescribed by the substance misuse service, what medications were to be prescribed by the GP and, equally importantly, what medications GPs should not prescribe for patients. This appeared to be particularly pertinent in the case of benzodiazepine prescribing. Such emphasis on clear communication around prescribing arrangements and responsibilities is apt in view of some patients' drug-seeking behaviour and the need to avoid the potentially serious problem of 'double scripting'.

A large number of respondents wanted not only notification of but also reasons for discharge of patients from specialist services. This probably reflects an

practices. The city has a well recognised intravenous drug problem and has, for a number of years, attracted attention because of its high level of drug-related deaths (Hickman *et al*, 2004).

A postal questionnaire survey of general practices in Brighton and Hove City was undertaken in June 2005. For each practice a single senior representative (e.g. senior partner) was selected for inclusion and contacted by post. A cover letter explained the rationale of the survey and requested the recipient's cooperation. Questionnaires were sent out in two phases, with non-respondents contacted by a single telephone call 2 weeks later.

The study questionnaire contained a single open question, 'What do GPs want in correspondence from the substance misuse service?' A small list of prompts invited possible consideration of issues such as timeliness, length, style, structure and content. A single blank A4-size space was provided for free-text responses. An undertaking was given that no individual practice or practitioner would be identified in any published findings.

## Results

Of the 45 practices targeted, 32 returned completed questionnaires, representing a 71% response rate. Relevant individual comments on returned questionnaires were then categorised in an attempt to identify common



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increasing propensity of some GPs to 'take on' and prescribe for patients who have failed with (or been failed by!) secondary services.

The Brighton and Hove Substance Misuse Service has now implemented the survey findings into new service standards and guidelines on the quality, frequency and content of future correspondence to GPs (Box 1). Despite an acceptable response rate, our results may not be generalisable elsewhere but our study might merit replication by other drug services.

## Conclusions

Overall GPs view brief, timely and regular correspondence from substance misuse services as important. They placed particular importance on information with regard to medications being prescribed and required clear delineation as to what medications ought and ought not to be prescribed for patients by their GPs.

## Declaration of interest

None.

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**NISHA SHAH AND LOUISE HOWARD**

# Screening for smoking and substance misuse in pregnant women with mental illness

## AIMS AND METHOD

Smoking and substance misuse adversely affect the outcome of pregnancy and psychiatric patients are known to smoke more than other patients. Data collected at the time of routine antenatal booking were analysed to investigate whether pregnant women with mental health problems smoke more than other pregnant women.

## RESULTS

Data were collected from 156 women. Those with a psychiatric diagnosis ( $n=76$ ) were significantly more likely to smoke ( $P<0.001$ ). Associations were also found with illicit drug use and previous termination of pregnancy. The most common psychiatric diagnosis was depression (62%). A diagnosis of schizophrenia was not recorded for any of the women.

## CLINICAL IMPLICATIONS

The strong association between smoking and psychiatric diagnosis results in an increased risk of obstetric complications in psychiatric patients. Anti-smoking interventions might be delivered by adequately trained midwives and opportunistically during contact with mental health professionals.

Smoking and substance misuse during pregnancy are known to adversely affect foetal outcome by a reduction in birth weight associated with intra-uterine growth retardation, preterm birth and an increased rate of perinatal death (Bennedsen, 1998). It is also known that psychiatric patients smoke more than other patients or the general public (McCreadie, 2002) and that women with schizophrenia have an increased risk of obstetric and perinatal complications (Sacker et al, 1996; Bennedsen, 1998; Howard et al, 2003). This increased

risk has not been definitively accounted for; it is not known whether lifestyle differences such as smoking and substance misuse are explanatory, whether psychotropic medication is the causal factor or whether it is a result of genetic factors. There is only limited evidence supporting the assertion that pregnant women with mental illness are more likely to smoke and misuse substances than other pregnant women (Maughan et al, 2004), so we decided to investigate this at a routine antenatal clinic.