

arrive. Most patients on long-term medication need follow-up, but not all will be given out-patient clinic appointments or see the community psychiatric nurse. For many, it is the general practitioner who will have to provide long-term care. Yet effective continuity is made very difficult by the lack of essential information about treatment and future management plans.

It is essential for the general practitioner to be informed about treatment as soon as possible after discharge. Giving patients the discharge summary to take to their doctor has been shown to be the quickest way to achieve this goal. It is therefore disappointing to discover that only 25% of respondents gave copies to their patients to take to their doctor. Compliance may be better than many would think, and some patients may bring their copy to the doctor before the postal copy arrives. This may be critical when patients are given medication for less than seven days.

Junior staff are rarely trained in the skills needed to write a good discharge summary. Many have expressed a preference for pro formas which were designed to help doctors to record the most relevant information.

This survey has revealed a bewildering variety of summaries in current use, most of which provide the basic minimum of diagnosis and medication only. The one used by the Maidstone and Eastbourne group of hospitals seemed very comprehensive and useful. Most GPs now consider that an early discharge summary is a pre-requisite to successful continuity of care; but although all the psychiatrists perceived the need in theory, this was not reflected in their current practice. Over half the units had some consultants who did send them, working alongside others who did not do so. There is an urgent need for all psychiatrists within a region to reach a consensus of agreement on the need for summaries and what they should contain.

It is important to identify the aims of the summary, and the advantages and disadvantages of generic v. psychiatric specific summaries criteria which could provide regional guidelines for content, design and use.

The findings of this survey suggest that other regions should also look at current practices relating to the use of discharge summaries. This could be the first step towards defining minimal acceptable standards of practice when psychiatric patients are discharged from hospital.

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Further reading

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