

Patient preference for Nephrology outpatient clinic letters: to me or not to me?

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Introduction

The academy of Medical Royal Colleges has said in its guidance on writing outpatient clinic letters for patients that it is in keeping with best practice to write directly to patients following outpatient appointments, with a copy of the letter sent to the General Practitioner (GP).¹ Until recently it has been our unit's accepted practice to write to each patient's GP and send a copy of this letter to the patient. This was based on a survey of patient preferences in 2011 (see table). Changing the recipient of the letter changes the way clinicians write letters: they have to use non-medical language, choosing words and phrases that patients understand more readily. It is hoped that this reduces the time GPs spend explaining clinic letters to patients and will result in patients more fully understanding decisions about their diagnoses and treatments. This creates the potential for patients to become more actively engaged with their care, thereby improving adherence to mutually negotiated and agreed treatment plans. Though these potential advantages are clear, we felt uncomfortable with changing a practice that had been supported by a majority of our patients so we decided to repeat our survey.

Method

We used a simple questionnaire to ask 372 patients attending a variety of nephrology outpatient appointments in three hospitals, whether they would prefer the clinic letter following their appointment to be written to their GP with a copy to them; written to them with a copy to their GP or written to their GP only.

Results

We do not have demographic data for 2011. In 2019, 223 respondents were male, 144 were female and gender was not specified for 5. The majority of respondents were older than 61 years (250/372). Five replies were uninterpretable. Responses are shown in the table.

In 2019 the preference for sending the clinic letter to the GP with a copy to the patient held true for patients in each of general nephrology, transplant and low GFR clinics.

Discussion

In 2019, the majority of patients still expressed a preference for clinic letters to be sent to their GP and copied to them. This could be because they were comfortable with the status quo and saw no reason to change, but in 2011 patients supported a change in clinic practice. The proportion of patients not wanting to see a copy of their clinic letter has gone down, perhaps due to familiarity with the process. Also, the constituency will inevitably have changed over the 8 years between surveys; perhaps we just tracked social change.

This survey raises interesting questions as to whether we should stick to the practice of writing to the GP as patients say they want, or adopt a practice which may be better for them. Which approach is more patient-centred?

Conclusion

It is clear that the question of best practice on addressing clinic letters is not yet settled.