

Referral Letters – The Good, the Bad, and the Ugly

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It's a 2 Way Process

- From GP's to Specialists
- From Specialists to GP's
- (Between consultants)

The Good

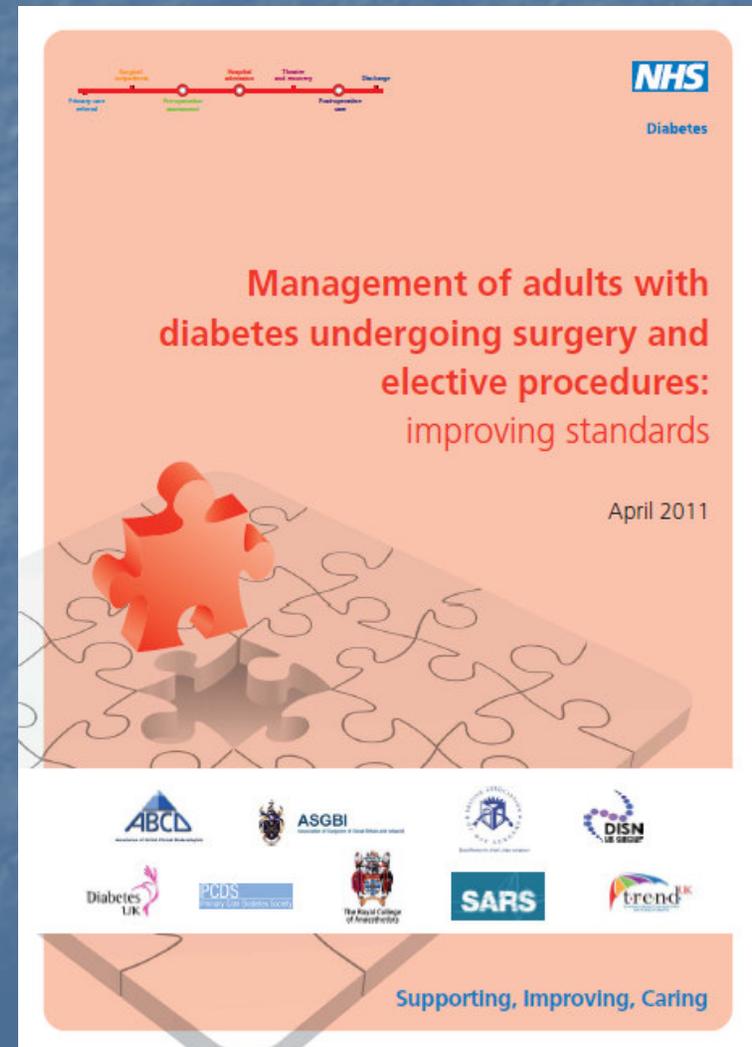
- What I as a hospital specialist want to see on the referral letter

The Good

- Name
- DOB
- Address
- Hospital Number
- Why they are referring the patient –
SPECIFICALLY
- History of complaint
- Past Medical History
- Current (up-to-date) medication list
- When were any preliminary tests done, and what were the results?
- What follow up plans would they like?

As an Example

- This document recommends that the letter for all patients with diabetes who are referred for surgery should contain the following information:



Data

Up-to-date current diabetes care

- Duration and type of diabetes
- Place of usual diabetes care (primary or secondary care)
- Other co-morbidities
- Treatment
 - For diabetes-oral agents/ insulin doses and frequency
 - For other co-morbidities

Specific complications of diabetes

- At risk foot
- Renal impairment
- Cardiac disease

Recent values for

- BMI
- BP
- HbA_{1c}
- eGFR

The Bad

- Anything that has any of the necessary information missing

What A GP Might Expect from Me

- Name
- DOB
- Address
- Hospital Number
- What's wrong with them
– SPECIFICALLY
- A list of ongoing (active) diagnoses
- A list of inactive diagnoses
- History of complaint
- List of medication
(highlighting any changes that have been made)
- List of outstanding investigations – and plan for who is going to review these
- Firm management plans
- Follow up plans

Copying Letters to Patients

- HM Government says that this is necessary and desirable
- What are the possible implications of this?

The Ugly

- “This person has recently moved to the area and tells me he has a thyroid problem. I’m happy for you to see him”
- “This person has a problem, please see and do the needful”