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Writing to patients: a randomised controlled trial

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ABSTRACT – It has been suggested that consultants should consider writing directly to patients with a summary of their outpatient consultation. In a controlled trial involving consecutive new referrals to a haematology outpatient clinic, we randomised patients to receive either a personal letter from their consultant summarising their consultation (n = 77) or a brief note thanking them for attending the clinic (n = 73). Patients were assessed for recall of and satisfaction with the consultation by a single independent observer, using standardised methods. At the second visit to outpatients, the patients' median percentage recall of items discussed during the consultation was 67% (IQ range 50–80%) in the intervention group, versus 57% (IQ range 43–76%) in the control group (p = 0.3). Strongly positive views on the personal letter were expressed by patients and referring clinicians. The findings suggest that although personal letters do not substantially improve recall of the clinical encounter, they are feasible, highly valued by patients and acceptable to referring clinicians.

KEY WORDS: personal letters, randomised controlled trial, recall, satisfaction, writing to patients

Effective communication between healthcare professionals and patients is a fundamental component of quality in healthcare.[1,2] In 2000, the NHS Plan made a commitment to give patients the right to see copies of clinicians' letters about them.[3] The Bristol Royal Infirmary Inquiry also recommended that patients should receive a copy of letters written about their care or treatment.[4] There is an emerging literature on the practice of sending patients personalised summaries of their medical consultation (Table 1),[5–17] including studies that have investigated the impact of summary letters copied to referring doctors and summary letters sent to patients only. Personal letters from clinicians summarising key elements of the clinical encounter are associated with high levels of patient satisfaction and enthusiasm.[5–17]

The impact of personal letters on patient recall of clinical information has been examined in two small randomised controlled trials, with inconsistent findings.[8,15] However, standardised methods of assessing patient recall were not used in these studies. We carried out a randomised controlled trial of the effect of a personal letter to patients following their first visit to haematology outpatients (with a copy sent to the referring physician) on their recall of key messages from the consultation. We also assessed patient satisfaction with personal letters and the attitudes of referring consultants and general practitioners (GPs) who received a copy of their patient's personal letter in lieu of the standard outpatient correspondence.

Methods

Participants and setting

Our randomised controlled trial involved consecutive first-visit referrals to a general haematology clinic in the Mid-Western Regional Hospital, Limerick, Ireland. All new patients referred to the outpatient clinic between April 2000 and July 2001 were eligible for inclusion. We recruited 150 patients from 160 consecutive referrals; 10 declined to take part in the study and four were excluded due to concerns regarding cognitive function (n = 3) and confidentiality (n = 1) (Fig 1). Ethical approval for the study was obtained from the local research ethics committee.

Randomisation and blinding

Patients were randomly assigned (without restrictions or blocking) using a computer-generated code to the intervention group (n = 77) or the control group (n = 73). The allocation sequence (generated by IJP) was held on a printed list and patients were assigned to the intervention or control groups on a strictly consecutive basis. The allocation schedule was implemented by the lead researcher following the outpatient consultation. Thus, the consultant was blinded to the randomisation status of each patient to minimise any potential bias in the delivery of information to the patient. Patients were asked by the lead researcher to participate in the study following their initial standard assessment by the clinic reception nurse. After the consultation the researcher checked the randomisation sequence from a printed list and placed a label indicating the patient randomisation status in their medical chart. The

consultant subsequently checked the chart and dictated a letter accordingly.

Intervention

Patients in the intervention group were sent a personal letter summarising their outpatient consultation within 1–2 days of the consultation. The letter included reasons for referral, main problems discussed and decisions made in the consultation, follow-up arrangements, and diagnosis where available. Letters were modified in style and language and were carefully checked by the consultant for readability. No new information was introduced to the patient beyond that discussed in the consultation. The letter to the patient was copied to the referring GP or other professional. The time taken to dictate each letter was recorded by the consultant. Control patients received a short note thanking them for attending the clinic with a standard letter to the referring GP or other professional. The spectrum of patients recruited included a range of haematological problems, eg investigation of coagulation disorders, immune cytopenias and suspected or probable haematological malignancy.

Outcomes and assessment

The primary outcome measures in the intervention and control groups were patient recall, specifically the median percentage of information items recalled and the proportion of patients recalling at least 60% of the items discussed. The secondary outcome measures were patient and referring clinician satisfaction with the summary letters.

Assessment of patient recall. To assess recall each consultation was observed by the lead social science researcher (MO'R) to obtain an objective measure of the quantity of information conveyed to the patient. The researcher assigned an 'information score' to each consultation based on the number of information statements provided to the patient. Patients were assessed for recall at their second outpatient consultation (10–12 weeks on average after the first visit) before their meeting with the consultant. Recall was assessed using the cued recall method, based on a standard question, 'Can you tell me what you remember about your last visit here to the clinic in terms of what the consultant told you about why you were here, what they were going to do for you and what would happen next'. Patient recall was compared with the information provided by the consultant within the consultation, as documented contemporaneously by the researcher, thereby deriving an overall recall score expressed as a percentage of information items conveyed to the patient during the first consultation.

Patient satisfaction. At the second visit, intervention patients were also assessed for satisfaction with the personal letters, using a standardised interview format addressing a range of items, including whether patients were pleased to receive the letter and whether the letter was easy to understand, accurate, useful, reassuring and a good idea. Patients were also asked to appraise the effect of personal letters on their understanding of their condition, recall of the consultation, explanation of clinical information to family members and any upset or worry. The interviews included open-ended questions that yielded extensive qualitative data on patient attitudes towards and satisfaction

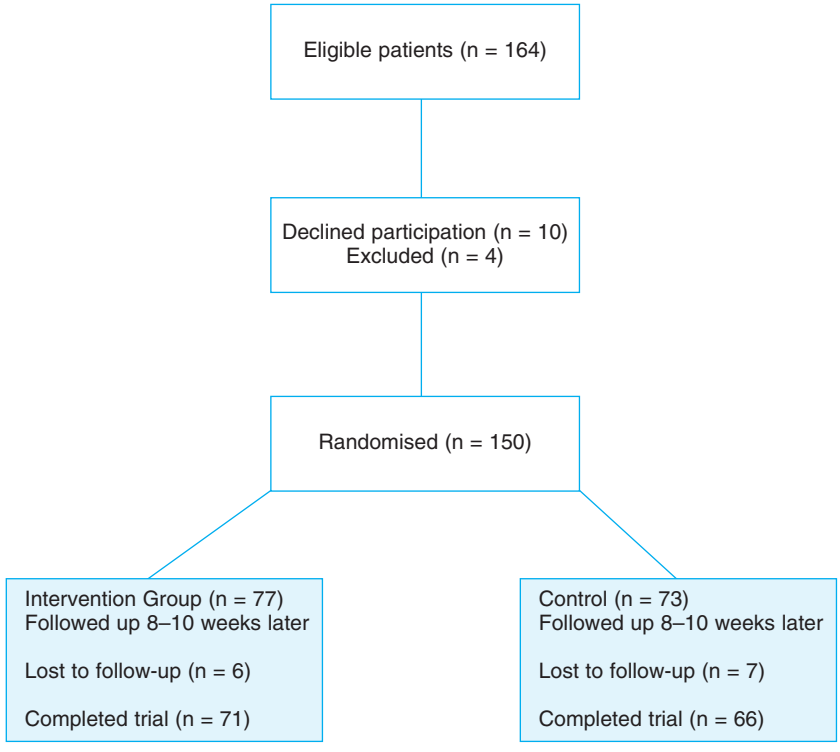
Table 1. Studies on the impact of copying doctors' letters to patients: letter type, methods, sample size and assessment of recall.

Authors	Letter	Method	Sample size	Response rate (%)	Recall[a]
Gill and Scott[5]	Copy	Questionnaire	50	84	No
Rutherford and Gabriel[6]	Copy	Questionnaire	201	94	No
Rylance[7]	Copy	Questionnaire	253	89	No
Mackinlay[8]	Patient only	RCT	40	100	Yes[b]
Coni[9]	Patient only	Questionnaire	35	Not stated	No
Humfress and Schmidt[10]	Copy	Trial[c]	56	NA	No
Hamilton *et al*[11]	Copy	RCT	171	80	No
Hamilton *et al*[12]	Copy	RCT	1,861	NA	No
Clarkson and Merrick[13]	Copy	RCT	89	Not stated	No
Cowper and Lenton[14]	Copy	Questionnaire	103	49	No
Waterston and Lazaro[15]	Copy	Questionnaire	57	60	No
Asch *et al*[16]	Copy[d]	RCT	73	71	No
Damian and Tattersall[17]	Patient only	RCT	48	100	Yes[e]

[a] 'No' and 'Yes' refer to whether or not there was measurement of recall of the consultation in studies assessing the impact of personal letters to patients.
[b] No significant differences in immediate recall/significantly poorer recall in letter group over longer term.
[c] Non-randomised intervention study.
[d] Referring clinicians received a copy of the patient's letter and an additional letter highlighting specific issues.
[e] No significant difference between intervention and control groups, but patients receiving letters were more satisfied with the amount of information given and tended to have greater and more accurate recall of the consultation.

RCT = randomised controlled trial.

Fig 1. Progress of patients through the randomised controlled trial.



with the summary letter. Control patients were asked to indicate whether they would like to receive a summary letter and to identify potential effects of such a letter.

Feasibility and attitudes of referring clinicians. The participating consultant recorded the time taken to dictate the personal letters, complaints or queries relating to the letters from patients or GPs and the extent to which additional information had to be conveyed to the referring medical practitioner. Attitudes towards the patient summary letters were also assessed by means of a short questionnaire sent to the 25 consultants and 77 GPs who received patient summary letters.

Key Points

In 2000, the NHS Plan made a commitment to give patients the right to see copies of clinicians' letters about them

We studied the impact of personal letters to patients on their recall of and satisfaction with the consultation in a randomised controlled trial involving 150 consecutive, new referrals to a haematology outpatient clinic

At the second visit, there was a non-significant trend towards higher recall rates of key items discussed during the consultation among patients randomised to receive personal letters relative to controls

Personal letters had a substantial and favourable impact on satisfaction with the consultation; the letters were valued and used by the overwhelming majority of patients

Most referring consultants and general practitioners who received a copy of their patient's personal letter in lieu of the standard outpatient correspondence were satisfied with the information provided

Data analyses

Data were input and analysed using SPSS 10.0 for Windows. Means and medians were compared using the Student *t*-test and Mann-Whitney U-test, respectively. Differences between proportions were assessed with estimates of p values and 95% confidence intervals using a mid-p approach to Fishers exact test (using Stats Direct 1999–2001). The effects of potential covariates (age, sex, education, number of information statements) on recall was assessed by logistic regression analysis. Qualitative data obtained during assessment interviews were content analysed according to the data analysis techniques described by Miles and Huberman.[18]

Results

A total of 137 patients (71 intervention and 66 control) returned for their second outpatient consultation. The baseline characteristics of the intervention and control patients are summarised in Table 2, together with details of the number of information statements provided to patients in the two groups. The intervention and control patients were similar in age and gender. A higher proportion of intervention patients had a primary education only, but a smaller proportion received more than six information statements.

Effect of personal letters on recall

In the intervention group, the median percentage of items recalled was 67% (IQ range 50–80%) versus 57% (IQ range 43–76%) in the control group (p = 0.3). Intervention patients were not significantly more likely than controls to recall more than 60% of the information, 59% versus 47% (difference 12%; 95% CI –3 to 9%). Recall was significantly associated with age (p = 0.01) and educational status (p = 0.01). In logistic regression analyses, adjusted for the effects of age, education, gender and number of information statements, recall of at least 60% of the information provided was not associated with randomisation to receive a patient summary letter.

Patient satisfaction with summary letters

Patients reported high satisfaction rates with the personal letters, regardless of age, gender and educational status. Reported use of the letters was high: 71% of intervention patients reported that they read it several times and 61% showed it to a family member, mainly a spouse or sibling. A substantial majority (80%) of patients were very pleased or pleased to receive a written summary of their consultation. Similarly, 81% found the summary letter to be very useful or useful, with 10% indifferent and 9% not considering it to be useful. Most patients (92%) were not upset in any way by the contents of the patient summary letter. Four patients (6%) reported that the summary letter had upset them and a further two noted that it had worried them. However, these six patients all indicated that they were pleased to have received the letter. Strongly positive and enthusiastic comments on the clinic summary letter were made by the majority of patients, reflecting high satisfaction rates (details of qualitative findings are available from the authors).

Patients were asked to assess their level of comprehension of the medical details in the personal letter; 57% reported that they understood all of the letter's contents, 29% understood 'most but not all', 8% understood 'a small part of it' and 6% understood none of its contents. Only six patients showed the letter to a family member for explanation purposes and five sought clarification from their GP. While most patients (83%) were very satisfied with the accuracy of information provided in the personal letter, 10% identified inaccuracies.

Table 2. Baseline characteristics of intervention and control groups.

	Intervention group (n = 71)	Control group (n = 66)	Difference (%)
Mean age (range)	50 (15–90)	49 (15–87)	
Number female (%)	41 (59)	44 (66)	–8 (CI –23 to 8)
Number primary education only (%)	27 (39)	16 (24)	14 (CI –1 to 9)
Number >6 statements (%)	22 (31)	31 (47)	–15 (CI –31 to 0.9)
Mean number of information statements (range)	5.8 (3–12)	6.5 (3–12)	

Control group attitude towards personal letters

Approximately 75% of patients in the control group indicated that they would like to receive a personal letter from the consultant following their visit to the outpatient department and most (61%) felt that such letters should be sent routinely to patients.

Feasibility of personal summary letters to patients and attitudes of referring clinicians

The mean time taken to dictate the personal letters was 6.8 minutes (range 3–15 minutes). For only one patient was the information provided to the GP substantially different from that contained in the personal letter. In a further 10 letters (13%) a limited amount of additional information (deemed sensitive or unduly technical) was communicated to the referring clinician. Of those doctors sent a personal letter in lieu of the standard outpatient correspondence, 20 (80%) consultants and 44 (57%) GPs returned questionnaires. A substantial majority (92%) of referring clinicians rated the summary letter as a 'very useful' or 'useful' method of doctor–patient communication.

Discussion

In this randomised controlled trial no statistically significant impact of sending personal letters directly to patients was detected on their recall of the consultation. As in the small randomised controlled trial reported by Damian and Tattersall,[17] there was a nonsignificant trend towards higher recall rates among patients randomised to receive personal letters relative to controls. However, in multivariate analyses, patient age and educational status were the only significant factors predicting recall of at least 60% of information statements conveyed during the clinic visit. Despite the negative findings on the major outcome variable, we have shown that it is feasible for consultants to write directly to patients following a visit to outpatients and that personal letters are valued and used by the overwhelming majority of patients. Indeed, it may be argued that patients have a right to see relevant correspondence in a form accessible to them, and the effect of personal letters on satisfaction with the consultation provides adequate justification for the practice. We have also shown that personal letters sent directly to patients (with a copy to the referring clinician) are acceptable to the overwhelming majority of referring GPs and consultants.

It is likely that the study lacked power to detect a significant effect of patient summary letters on recall of the clinical encounter. It may also be argued that these findings, based on the work of a single consultant, are not widely generalisable. Thus there is a need for additional data from larger studies involving a representative sample of clinicians. However, given the consistent findings from this and previous studies on the feasibility and acceptability of sending clinic summary letters

directly to patients, it is clear that the NHS commitment to the principle of copying clinicians' letters to patients is well founded. We anticipate that written communication between clinicians and patients, including personal and generic material,[19] will assume increasing importance over the next decade.

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References

1 Siegfried M. Improving doctorpatient communications not an option but a necessity. *BMJ* 1998;**316**:1922.
2 Jones R, Pearson J, McGregor S, Cawsey A *et al.* Randomised trial of personalised computer based information for cancer patients. *BMJ* 1999;**319**:1241–7.
3 Department of Health. *The NHS plan, a plan for investment, a plan for reform.* London: Stationery Office, 2000.
4 British Royal Infirmary Inquiry. *Learning from Bristol: the report of the public inquiry into children's health surgery at the Bristol Royal Infirmary 1984–1995.* London: Stationery Office, 2001.
5 Gill MW, Scott DL. Can patients benefit from reading copies of their doctors' letters about them? *BMJ* 1986;**293**:1278–9.
6 Rutherford W, Gabriel R. Audit of outpatient letters. *BMJ* 1991;**303**:968.
7 Rylance G. Patients' right to know. *BMJ* 1990;**300**:608–9.
8 Mackinlay D. Written summaries for parents. *BPS Div Clin Psychol Newsletter*1985;**47**:241–54.
9 Coni D. Summary letters may be especially appropriate after emergency admissions. *BMJ* 1998;**316**:18–30.
10 Humfress H, Schmidt U. Effects of sending clients a personalised summary letter is being studied. *BMJ* 1997;**314**:141–6.
11 Hamilton W, Round A, Taylor P. Dictating clinic letters in front of the patient. *BMJ* 1997;**314**:141–6.
12 Hamilton W, Round A, Sharpe D. Effect on hospital attendance rates of giving patients a copy of their referral letter: randomised controlled trial. *BMJ* 1999;**318**:1392–5.
13 Clarkson JE, Merrick PL. Paediatricians' reports to general practitioners: should parents receive copies? *J Paediatr Child Health* 1993;**29**:451–4.
14 Cowper DM, Lenton SW. Letter writing to parents following paediatric outpatient consultation: a survey of parent and GP views. *Child Care Health Dev* 1996;**22**:303–10.
15 Waterston T, San Lazaro C. Sending parents outpatient letters about their children: parents' and general practitioners' views. *Qual Health Care* 1994;**3**:1421–46.
16 Asch R, Price J, Hawks G. Psychiatric out-patients' reactions to summary letters of their consultations. *Br J Med Psychol* 1991;**64**:39.
17 Damian D, Tattersall MH. Letters to patients: improving communication in cancer care. *Lancet* 1991;**338**:923–5.
18 Miles MB, Huberman AM. *Qualitative data analysis.* London: Sage, 1994.
19 Car J, Sheikh A. Email consultations in health care: 2 acceptability and safe application. *BMJ* 2004;**329**:439–42.