

IMPROVING QUALITY OF SUMMARY LETTERS TO PRIMARY CARE



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INTRODUCTION

Effective communication between intellectual disability psychiatrists and primary care clinicians is essential for safe, coordinated care. Evidence shows that people with intellectual disabilities are at higher risk of fragmented care, diagnostic overshadowing, and iatrogenic harm when information transfer lacks clarity. Research highlights the importance of structured, comprehensive but concise GP letters. The completion of GP letters is also an important educational and reflective exercise for resident doctors.

AIM

The project aimed to assess concordance with established standards relating to communication of assessments between Humber Trust Intellectual Disability Psychiatry Team and Primary Care services and improve practice where necessary.

METHOD

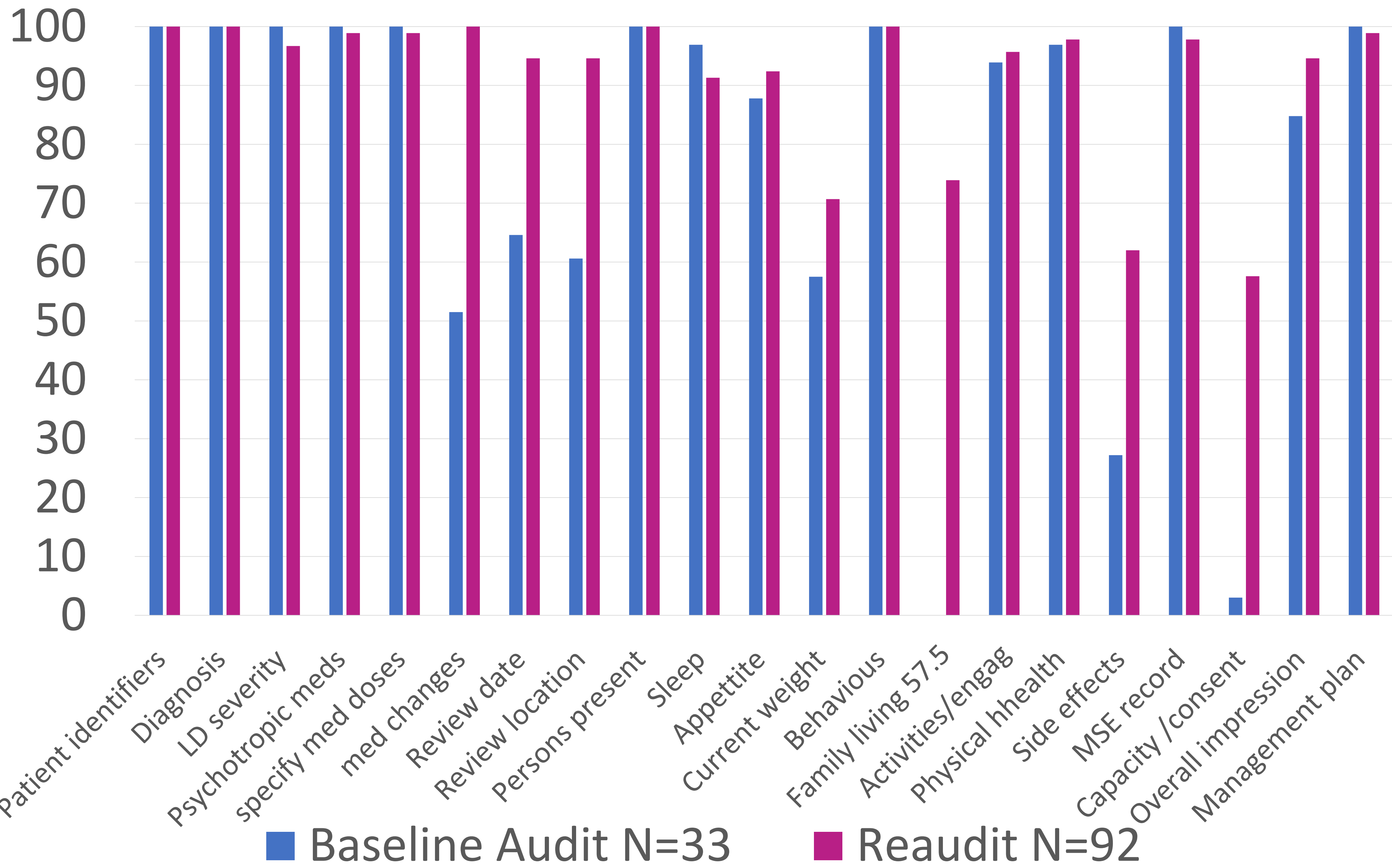
An audit data collection tool was produced with key standards identified through consultation of RCPsych guidance. Data was collected retrospectively for a three-month period, in which all GP letters produced following outpatient clinic appointments undertaken by Intellectual Disability Psychiatrists in the service were reviewed, with a final sample of 33 letters. Following interpretation of results, a pro-forma was produced to aid resident doctors in their completion of letters. A re-audit was completed with additional standards included, to fully reflect the breadth of the NICE guidelines for best practice care in Learning Disability Psychiatry. Data was again collected retrospectively for a three-month period, with a final sample of 92 letters. Compliance was compared with the previous audit. The pro-forma was updated to further improve quality of letters. .

RESULTS

KEY SUCCESSSES

The re-audit demonstrated an overall improvement in the standardisation and quality of clinic letters following the intervention. Compliance improved or remained stable across all original audit standards, with particularly notable improvements in documentation of medication side-effects (by 34.8%) and capacity assessments (by 54.6%). Assessment against the additional NICE-based standards identified several strengths; review of medication effectiveness and ongoing indication was documented in 81.5% of letters, baseline or ongoing physical health monitoring was documented in 65.2% of relevant cases, and accessible visual information was provided where appropriate in 92.4% of cases.

Areas with lower compliance included documentation expected duration of psychotropic treatment (21.7%), strategy for stopping medication (30.4%), documentation of Positive Behaviour Support (PBS) plan review (23.9%), and provision of information regarding medication options (39%).



Follow-Up Clinic Letter Checklist

Patient Details

- Patient name, DOB & NHS number
- Diagnoses
- Severity of Learning Disability
- Current regular & PRN medications
- Medication changes (or document **No changes**)

Appointment

- Date & location of review
- Attendees (names & roles)

Current Clinical Presentation

- Mood
- Behaviour (Mood/Behaviour Charts if available)
- Sleep
- Appetite & fluid intake
- Weight
- Activities/engagement
- Living/family situation
- Physical health concerns

Medication Review

- Medication changes (or document **No changes**)
- Side effects reviewed (present/absent)
- MAR (Medication) chart checked

If **psychotropic medication** is prescribed for behaviours of concern:

- ⇒ Target behaviour
- ⇒ Review date

Positive Behaviour Support or Alternative Behavioural approach completed

Review of investigations (blood tests/ECG) as appropriate

Assessment

- Mental State Examination (MSE)
- Capacity/Best Interests documented

Impression

Plan

- Management plan clearly documented
- Medication changes discussed with patient/carers (visual information if appropriate)
- PBS plan included where appropriate
- GP requests/actions included

Physical Health (if indicated)

- ECG completed/reviewed
- Blood tests requested (FBC, U&E, LFT, HbA1c, Lipids, Prolactin)
- Pulse/BP/Weight reviewed/Annual Health Check considered

Final Check Before Sending

- Letter is clear, concise and up to date
- All actions allocated and follow-up arranged

CONCLUSIONS

The project demonstrates improved compliance with standards for quality and consistency of clinic letters following the implementation of an intervention to aid resident doctors in their work. Further development of the intervention has been undertaken to improve standards and ensure best practice care in learning disability psychiatry.

REFERENCES

1. NHS Learning Disabilities Mortality Review (2016-2017)
2. LeDeR Annual Report (Learning from Lives and Deaths: People with a Learning Disability and Autistic people) (2023)
3. Tackling inequalities in care for people with learning disabilities and Autistic people, Social Care Institute for Excellence (January 2025)
4. Stopping the overmedication of people with intellectual disability, autism or both (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP) – Royal College of Psychiatrists Position Statement (August 2021)
5. NICE Guideline 54 – Mental Health Problems in People with Learning Disabilities
6. NICE Guideline 11- Challenging behaviour and Learning Disabilities
7. NICE Guideline CG178- Psychosis and Schizophrenia in Adults: Prevention and Management