

Pain clinic letters sent directly to patients: a GP perspective

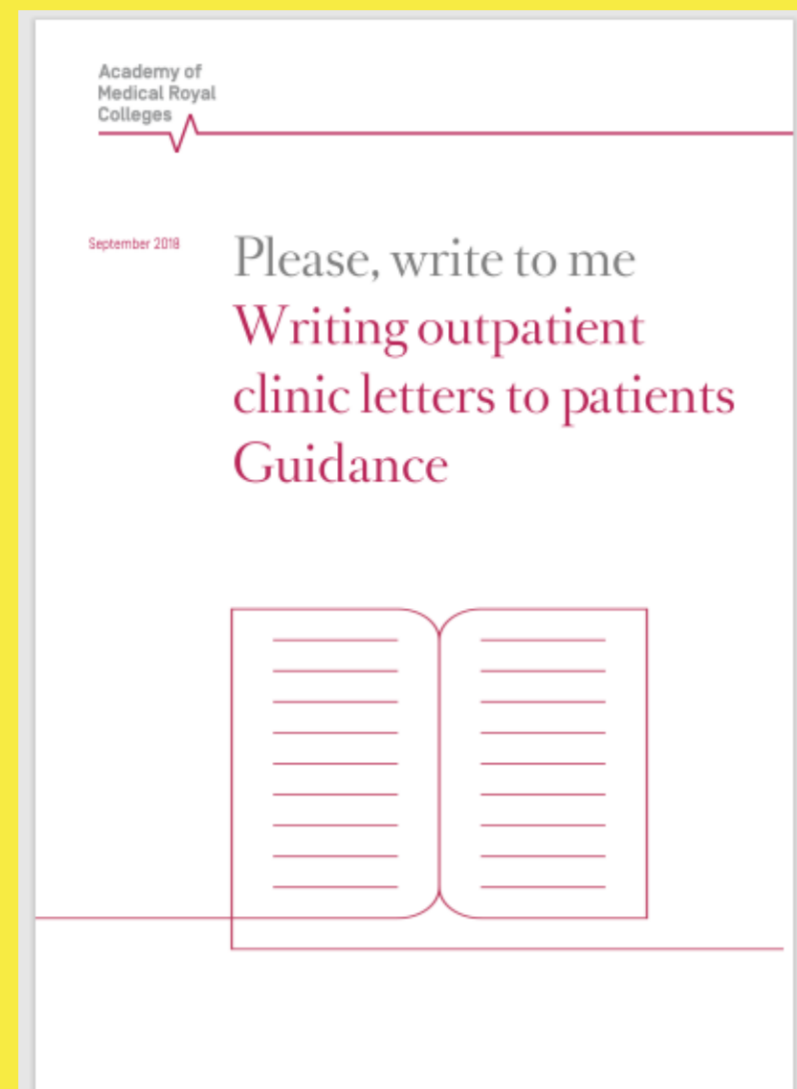
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Background

The Academy of Medical Royal Colleges (AMRC) recommends sending outpatient clinic letters directly to patients, with a copy sent to their GP, to support collaborative patient care(1) [QR code below]. Patients attending the Glasgow Pain Service who received such letters reported high levels of satisfaction (2) [QR code below].



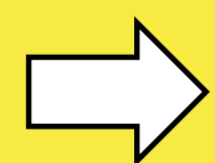
We wanted to know what GPs and other primary care clinicians thought about this practice.

Methods

- An **online survey** using MS Forms, emailed to GP practices across NHS GGC.
- **Participants viewed a sample clinic letter to a patient**, which included a clinical summary and treatment plan at the top of the letter (see below).
- Respondents rated the letter for clarity, ease of retrieval of key information such as medication changes, and overall utility to the primary care clinician.

A **follow-up transcribed discussion** with a panel including two GPs, two primary care prescribing pharmacists, a consultant MSK physiotherapist and a primary care development lead.

QR code for sample clinic letter to patient



(1) Academy of Medical Royal Colleges and their Faculties (Great Britain). Writing outpatient letters to patients. London : The Academy of Medical Royal Colleges; 2018.

https://www.amrc.org.uk/wp-content/uploads/2018/09/Please_write_to_me_Guidance_010918.pdf

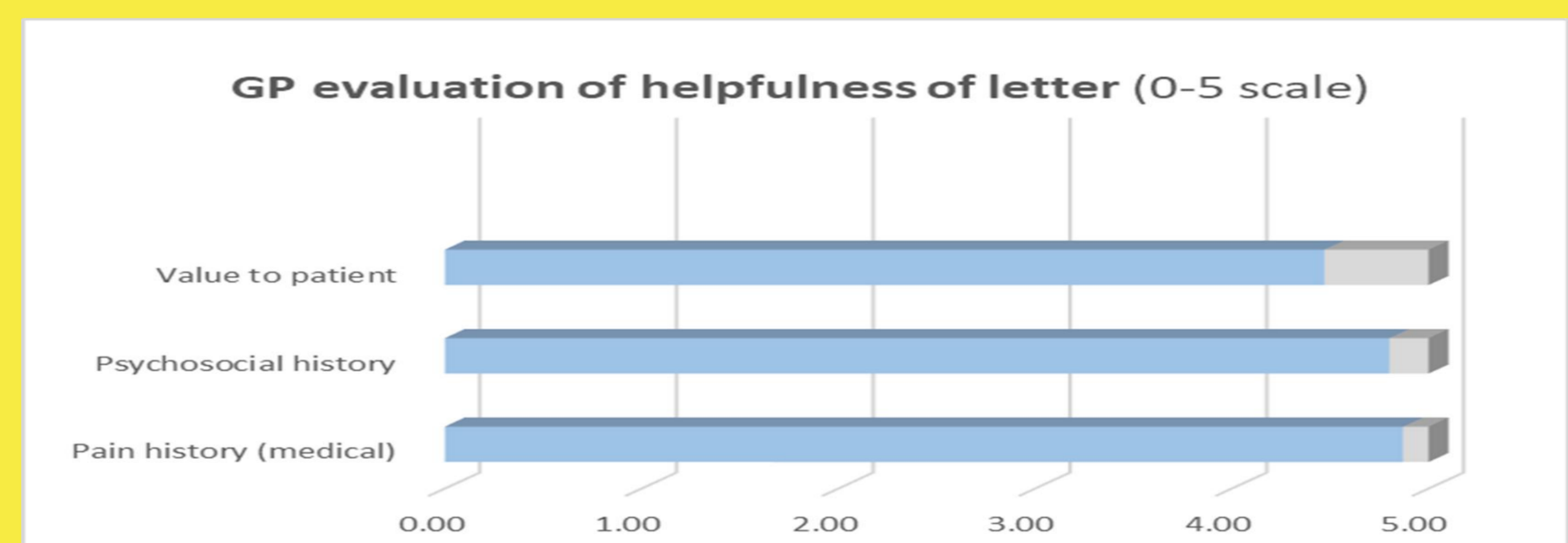
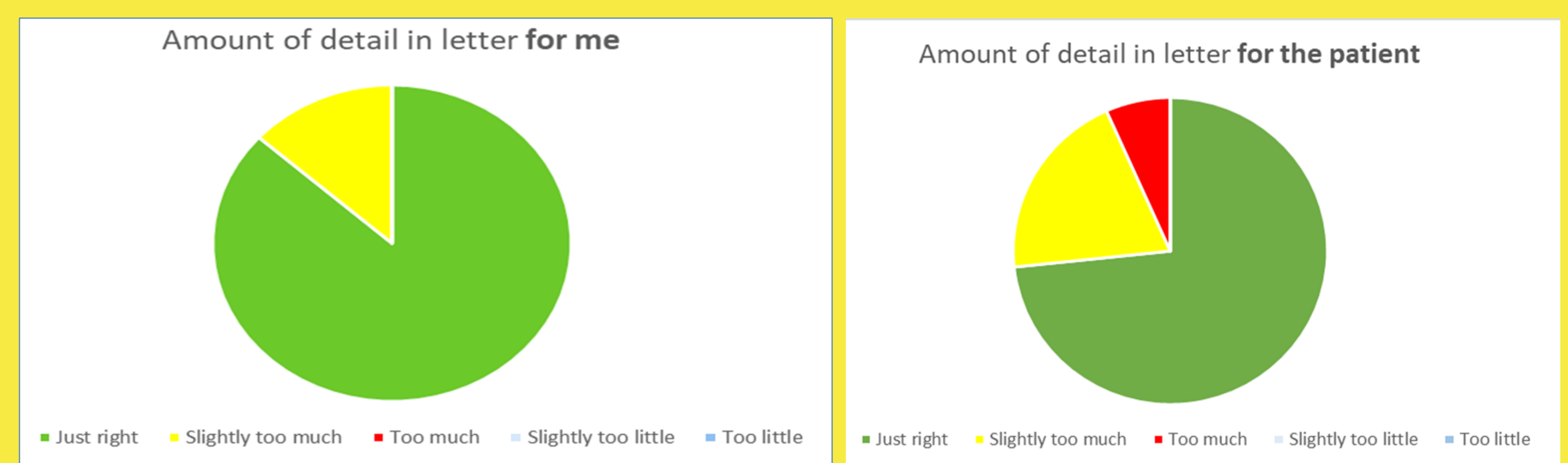


(2) L Williams and J McGuinness - Writing outpatient pain clinic letters directly to patients - might it improve patient satisfaction, communication and engagement? Poster presented at NRS / SPaRC ASM, September 2022.

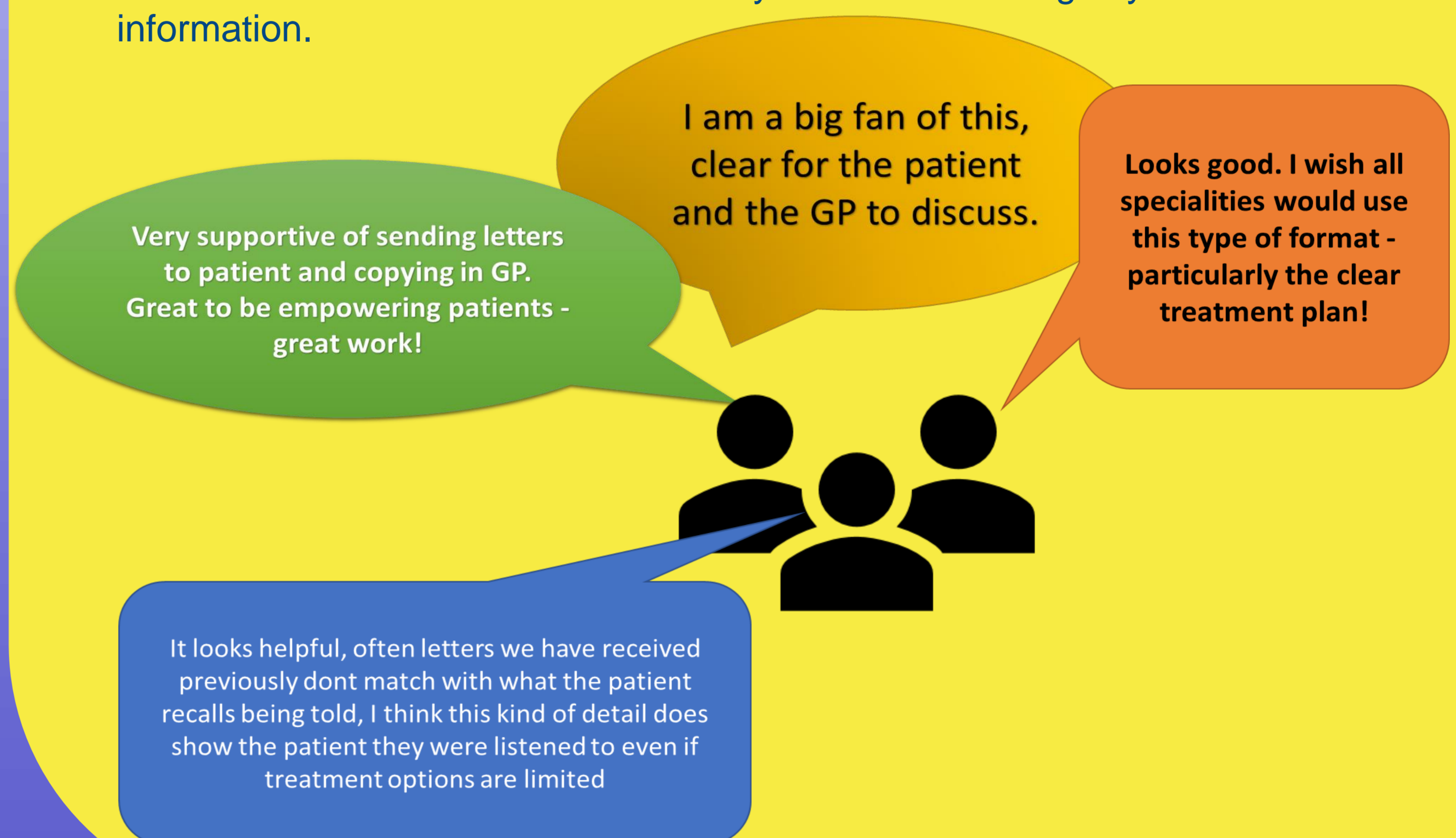
<http://dx.doi.org/10.13140/RG.2.2.24851.08486>

Results

Online survey: 15 responses (14 GPs, 1 pharmacist). Respondents overwhelmingly rated the letter as clear, informative and safe. Most felt that the letter contained the right amount of detail for both clinician and patient. The results and a selection of free text comments are presented graphically below.



Panel discussion: All felt this was a positive development, likely to enhance collaborative patient care. The prominent clinical summary in the sample letter was felt to be an effective and safe way of communicating key clinical information.



Conclusion:

GPs and other primary care clinicians reported high levels of satisfaction and no concerns with pain clinic letters written in layman's language and addressed directly to patients, as the main method of communication following a pain clinic appointment.

Previous work established patient satisfaction with pain clinic letters addressed directly to them rather than to their GP. This follow-up survey reassures us that GPs and other primary care clinicians have no concerns about this model of communication. We advocate wider adoption of direct-to-patient letters to improve patient care.