

Writing an Immediate Discharge Letter (IDL)

The IDL is the main form of communication to GP practices concerning a hospital admission for someone they look after. The role of this document is to signpost-

1. New diagnoses.
2. Changes in medication.
3. Important information for future care.

It will also include a description of what lead to admission and what occurred in hospital.

When there have been good conversations in hospital resulting in a Treatment Escalation Plan (TEP) it is important that these are shared with GP practices. Not only is this helpful to the GPs in their care of that person, but it is only the GP practice that can update the person's Key Information Summary (KIS). The KIS is the one document that is visible across all of primary and secondary care so it is important for this to be accurate.

To ensure the greatest likelihood of what you write in the IDL being used to update the KIS it is helpful to ensure the following:

- All information that would be useful to have in a KIS should be under the heading **"Information to be added to KIS"**.
- TEP significant information should be included.
- Conversations with patients and/or families concerning future care should be included.
- Final functional status, where relevant, should be in this section.
- Confirm whether the person has given consent for KIS to be created if one is not already present.
- Resuscitation status. Clarify whether DNACPR still in effect on discharge.
- Succinct notes transfer more easily into a KIS. Try to use language that can be easily and quickly read.

IDLs are viewed by clinical administrators initially and they can complete some administrative tasks themselves, including adding information to KIS sometimes. They will also highlight the areas requiring action for GPs. Issues that require action for primary care, including updating the KIS, should be clearly highlighted and not contained within the body of the text that describes their stay in hospital.

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