like the Social Psychiatry Unit, needs to be supported and preserved.

DOUGLAS BENNETT, *5 Mill Lane, Iffley, Oxford OX4 4EJ*

Section 17 (leave) of the Mental Health Act

Sir: I have recently run into problems with the use of section 17 (leave) of the Mental Health Act. The local Residential and Nursing Homes Inspection and Registration Unit has indicated that homes which are not registered under the Mental Health Act should not take patients on section 17 leave. There seems to be concern that such patients are "liable to be detained" under the Mental Health Act and therefore should only be in registered homes under the terms of the registration of homes legislation.

It seems that people can be sent to their own home, bed & breakfast accommodation and hostels but not residential or nursing homes if they are liable to recall to hospital. I have endeavoured to explain that they are only "liable to be detained" if they are recalled to hospital and are of course not detainable in the home.

I wonder if there have been similar experiences in other parts of the country and whether the College could help clarify this issue.

ADAM MOLIVER, *Delancey Hospital, Charlton Lane, Cheltenham GL53 9DU*

The problem orientated psychiatric discharge summary

Sir: Psychiatric discharge summaries generally follow a standard format but vary considerably in their content and presentation. We report an investigation into general practitioners' attitudes to a problem orientated psychiatric discharge summary, which includes information shown to be relevant to their needs diagnosis, management, medication, information given to patient, follow-up plans and prognosis (Orrell & Greenberg, 1986).

A questionnaire accompanied by three versions of a psychiatric discharge summary was sent to 100 GPs in Camden and Islington, London. *Summary 1* covered two sides of A4 paper, conformed to the traditional structure and contained detailed information under 11 headings recommended by the Institute of Psychiatry's guidelines. *Summary 2* was also on two sides of A4 paper, had a problem orientated list on the front-sheet, and contained brief relevant details under the same headings. *Summary 3* was on one side of A4 paper and contained the same problem orientated list as in summary 2, followed by a single paragraph describing the patient's presentation and management. The questionnaire asked for the summaries to be placed in order of preference and left additional space for comments.

Responses were obtained from 71 of the GPs. Telephone follow-up established that 16 had retired, moved, practised or deceased. The sample size was therefore reduced to 84 and the response rate was 85%. Summary 1 was the first choice of two, second choice of 19 and third choice of 44. Summary 2 was the first choice of 38, second choice of 20 and third choice of nine. Summary 3 was the first choice of 31, second choice of 25 and third choice of 11.

Eight general practitioners included only a first choice. Sixty-nine out of 71 (97%) preferred the discharge summaries which contained a problem list. Of these 38 (54%) preferred the summary that included the traditional headings and 31 (44%) preferred the one with a single paragraph outlining presentation and management. Ten general practitioners commented that greater detail would be preferred following an initial admission and the briefer summary for subsequent admissions.

Of a representative sample of inner city GPs, the overwhelming majority therefore preferred the summaries which contained the problem orientated list. Concise and prompt communication with primary care is essential to patient management, and this need has been sharpened by the introduction of contractual arrangements between purchasers and providers. A problem orientated list also allows easier transfer of important information onto computerised records. We believe that the requirements of both psychiatric services and general practitioners can be accommodated by incorporating problem orientated lists into discharge summaries, and suggest that, although it is appropriate to include more detailed information following a first admission, subsequent summaries could be even briefer.

ORRELL, M.W. & GREENBERG, M. (1986) What makes psychiatric summaries useful to general practitioners? *Bulletin of the Royal College of Psychiatrists*, **10**, 107–109.

SUKHI S. SHERGILL and MAURICE GREENBERG, *Jules Thorn Day Hospital, St Pancras Hospital, 4 St Pancras Way, London NW1 0PE*

Misuse of the word 'audit'

Sir: I find your publication informative and stimulating. The articles are concise and well-written, and I am pleased to see an increasing number relating to audit. However, as a medical audit officer, it does frustrate me to see the term 'audit' used in the wrong context, particularly in the correspondence columns.