TALKING POINT

GP records: a simple and inexpensive system

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Our experiences in an average-sized three-man practice may interest those who are currently debating GP records in the *BMJ*^{1,2} and elsewhere.

Most people accept the need to improve records; the stumbling block seems to be disagreement about which system to introduce. Cost, of course, is a decisive factor. There is often the unquestioned assumption that the more expensive systems are better, in the following order of merit—computer systems, A4 records, a mixed system, and modification of existing records.

The most important criterion should be whether a system is likely to be adopted satisfactorily by most general practitioners and not just by a few enthusiasts. The next is cost, which at present weights the argument against computers and A4 folders. The third criterion is simplicity, which argues against a mixed system. The main debate is between the merits of A4 folders and the present card system. The existing records, if adapted, have the following advantages: they are already in use; simplicity; cost; portability; robustness of the continuation cards; brevity, imposed by the discipline of limited space; much of the preliminary work necessary for any future conversion to A4 or computer records will already have been completed. An argument against them is the problem of folded letters and reports. But, if a "problem card" is incorporated in the system, all significant past diagnoses, problems, and investigations can be recorded there in chronological order and the need to unfold letters and reports would virtually disappear. Hospitals use A4 records, but some are just as chaotic as existing general practice records.³ They can also be plagued by accumulations of letters and reports, by prolixity, and by the difficulties of retrieving information quickly.

Crediton system

The Crediton system, which was introduced in June 1977, is an adaptation of the present record folder. Initially continuation cards, letters, and investigation reports are arranged chronologically by a clerk into three respective piles. These continuation cards are arranged to read like a book with the most recent card at the back, but letters and investigations are filed in reverse order. The cards are punched at the top left-hand corner and held together by treasury tags, and trimmed letters and reports by paper binders. Then four cards modified by overprinting are tagged to the

front of the continuation cards when required. The first card is a repeat prescription card (fig 1). A list of drugs and prescribing details can be entered on the front. On the back is a system for indicating and monitoring repeat

SUMMARY OF TREATMENT CARD	
MALE	FEMALE
Surname	Forenames
Address	
N.H.S. Number	Date of Birth
Date	
CLINICAL NOTES	
1973	1. FRUSEMIDE 40mg tds 3/12
	2. SLOW KT 600mg tds 2/12
	3. DIGOXIN 0.25mg bd 2/12 → 3
	4. PRACTOLOL 100mg tds 3/12 4/74
1-4-1974	5. DIGOXIN 0.25mg daily 2/12

CARD ONE (FRONT)

FIG 1a

REPEAT PRESCRIPTIONS	
DATE	CLINICAL NOTES
5.10.73	1. 2. 3. 4. 5. 6.
6.12.73	✓ ✓ ✓ ✓ ✓ ✓
5.2.74	✓ ✓ ✓ ✓ ✓ ✓
1.4.74	✓ ✓ ✓ ✓ ✓ ✓
2.6.74	✓ ✓ ✓ ✓ ✓ ✓

This record is the property of the Secretary of State for Social Services

CARD ONE (BACK)

FIG 1b

prescriptions. The second is the immunisation record card (fig 2). On the back is overprinted a general purpose "flow chart." This consists of five columns for entering the date, urine analysis, blood pressure, weight, and cervical smear reports. At appropriate intervals over the years these important yet basic data may be recorded. The "flow chart" can be readily adapted, for example, to monitor patients on the contraceptive pill. The third is a problem list. A continuation card (fig 3) is overprinted on both sides, with a wide column for active problems and a narrow one for the insertion of an arrow to indicate when a problem becomes inactive. Thus all past and present problems of significance are recorded chronologically from any of the three disease groups—diagnostic, subdiagnostic, and non-diagnostic. The fourth is a continuation card overprinted with the title "Patient profile" (figs 4 and 5). On the

front family and social history may be recorded, by the excellent "family tree" system described by Zander.⁴ On the back of this card is space for any other details that may not fit into Zander's system. The construction of a "Zander diagram" by the doctor in the patient's presence not only seems a convenient way of obtaining the necessary information but often helps to increase rapport and so shortens the problem-solving process.

Day-to-day events are recorded on ordinary continuation cards in the usual way, and the diagnosis or analysis of the problem is written in capital letters and highlighted by drawing a rectangle round it. This helps to select

SUMMARY OF TREATMENT CARD	
MALE	FEMALE
Surname	Forenames
Address	
N.H.S. No.	O.S.C.I. Date
VACCINATIONS AND IMMUNISATIONS	
Wh. Cough	
Diphtheria	
Tetanus	
Polio	
Smallpox	
T.B. Test	
B.C.G.	
MAJOR ALLERGIES & NOTES OF ANY SERUM ADMINISTRATION	

DATE 5/12/74 12.74 A.G. CARD TWO (FRONT) FORM FPBA

FIG 2a

IMPORTANT NOTES				
DATE	U.R.	B.P.	WT.	C.S.
1960		120/80		
1965	Ab.			
1967				NAD
1972		120/80	115lb	

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CARD TWO (BACK)

FIG 2b

FIG 3

- (Accepted 12 October 1978)

FIG 4

§Doctors earning over £8500 did not receive the supplement of £312.

Key to symbols

① Jane 1930 = Christian name + year of birth

(R) = Registered with practice
 (X) = Relationship with extra-marital consort ended 1930
 (X) = Patient died 1930
 () = Extra-marital relationship
 () = Illegitimate child

(F) = Father
 (T) = Termination
 () = Married 1962
 () = Divorced 1960

(M) = Mother
 (Mis) = Miscarriage

Members of same household

FIG 5