Matters to be clarified

Basic salaries

Clarification of the precise commitment for occasional emergencies and unforeseen circumstances is essential.

There must be a finite limit which relates only to the current pay policy over claims being withheld relating premium payments.

Further clarification on the mechanism for giving joint oral and written evidence to the Review Body is required.

UMT payments

The circumstances relating to the payment of class A type UMTs must remain in the hands of medical staff, and would be related to the contract and job descriptions.

Adequate provision for class A payments for doctors operating from their homes would have to be safeguarded.

Any such payments would relate to rates within the pay policy presently in force.

Locum payments

Standard rates of pay would operate immediately that the doctor worked outside his own job description.

Staff complements

Alterations could only take place with the full agreement of the profession irrespective of hours worked.

Appeals machinery

There would be two sorts:

- (1) intraprofessional to determine duties;
- (2) Whitley Council when there was a dispute over the interpretation of the legal contracts.

TALKING POINT

Complete conversion of health centre medical records to A4 size

ARNOLD ELLIOTT, G H D WALKER, R JOHN BROCKIS

Since the Tunbridge Committee recommended the use of international A4 size paper for hospital medical records in 1965¹ many people have advocated the abolition of the medical record envelope in general practice and suggested other ways of keeping patients' records.²⁻⁴ The 1971 annual conference of representatives of local medical committees resolved "that as a matter of policy the future medical record should be of a size to contain unfolded paper of A4 size, and should be made available to those doctors who wished to use it, provided that a firm understanding is given by the Department of Health to finance all consequent alterations to equipment and premises arising therefrom."

The Department accepted the findings of a pilot scheme on the A4 file set up by four general practitioners at Wantage⁴ and a Joint Working Party on the Redesign of Medical Records in General Practice was set up. It issued an interim report in 1974 recommending the phased replacement of medical records by an A4 system. The original 50 practices in the Wantage

FIG 2—Medical record envelope (EC5 and 6) in open filing at another health centre.

FIG 1—A4 folders and Dexion open filing at Newbury Park Health Centre.

scheme were given the opportunity of being provided with record files and inserts for the conversion of the whole of their practices. But the DHSS has now said that the substantial conversion to A4 records cannot proceed at present because of the financial state of the NHS. In 1975-6, however, a small quantity (up to £20 000 worth for England) of the new record materials will be made available to those practices which have a special interest and which are prepared to go ahead without financial assistance.

Conversion

When the Newbury Park Health Centre was planned, as much room as possible was left for the filing area in the hope that A4 filing could be introduced. The centre opened in January 1972 and when A4 record supplies became available steps were taken to convert the records of the 15 000 patients. The records were filed alphabetically

and the initial conversion took seven months. Five general practitioners were involved—three were in a group practice (plus a trainee practitioner) and two were single-handed practitioners.

The A4 folder used in the conversion may be filed either horizontally or vertically and it was necessary for the identification details of the patient to be recorded in two positions on the outside of the folder and in one position on each of the insert sheets. At present to raise a new medical record envelope (EC5 or 6) for a patient the normal identification details have to be handwritten on the record envelope. With this additional written work on A4 folders and the risk of incorrect information being transcribed, an alternative method was considered.

It was decided to introduce a system of embossed plastic plates. A plate with the identification details of each patient registered with the general practitioner at the health centre was produced at the family practitioner committee from the information stored in the committee's medical register. The plate was then used to print two self-adhesive labels for the face of the folders and also used to print two insert sheets. The plastic plate was then placed in a self-adhesive plastic pocket inside the folder and the folder sent to the health centre.

Useful check

At the centre the folders were placed in the metal shelving and the original medical record envelope (EC5 or 6) was stored in the pocket of the folder. This exercise was a useful check of the records for over 10% of the addresses known to the family practitioner committee were out of date. Over 500 records remained in the files after the A4 folders had been introduced. These were returned to the FPC, found to be patients of other GPs, and forwarded to the correct doctor. The clerical staff at the centre removed the clinical notes and hospital letters from the medical record envelopes, sorted them into chronological order, and secured them to the flanges in the A4 folder. The practitioners agreed to summarise the clinical notes and to sift out redundant letters. This is a lengthy exercise and will take some time to complete.

During this trial period the old medical record is retained in the pocket of the A4 folder as it will be necessary to revert back to its use if, on change of doctor, the patient transfers to a doctor not participating in the trial. But, if the A4 folder is accepted nationally, the old record could eventually be destroyed.

The embossed plate (8.5 cm × 2.4 cm) can be used whenever an accurate identification of a patient is required—for example, prescription forms, clinical letters to hospitals, pathology or x-ray requests. They can also be used for the internal documents at the centre—for example, appointment lists, appointment cards, and also the print of an age/sex register based on the RCGP-designed form. If all referral letters were embossed by the GPs with the patients' details including the NHS number it would reduce the risk of mismatching of records. One noticeable advantage is that the health centre staff immediately notify the FPC of a change of address or name, as the plastic card is of no use if the details are incorrect. The plate could also be used at the FPC before sending the record to the doctor, to imprint internal FPC documents or even a medical card.

Discussion

The main advantage of the A4 folder is that it allows the storage of hospital records and reports without the need to fold the documents. It is easier to write notes in a problem-oriented way and to make summaries and diagnostic test results more accessible than in the old medical record envelope. Nevertheless, ruthless trimming, jettisoning unnecessary correspondence, and making summaries requires strong motivation on the part of the doctors.

The obvious disadvantage is that at least twice the amount of storage space is required. Provision has been made for the allocation of the extra space in the building of new health centres and of purpose-built private premises under the cost rent scheme. The use of the A4 folder does create some extra clerical work at the FPC and in the practice, but by utilising the system fully in the registration department of the FPC this could offset the increased work load. In the practice the use of the A4 folder improves the standard of filing and the documents are much more accessible; these advantages make the small increase in clerical time worthwhile. The latter can be funded under the 70% reimbursement scheme for ancillary staff.

The use of the plastic card embossing system has enabled the doctors and staff of the health centre to identify incomplete or wrong information about patients. This has meant that there has been a strong incentive to print corrected and complete identifying information in which the FPC has to be involved so that its records are also up-to-date.

We are continuing to assess the system.

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¹ *The Standardisation of Hospital Medical Records*, Central Health Services Council. London, HMSO, 1965.

² Kuenssberg, E V, *British Medical Journal*, 1968, 2, 420.

³ Cormack, J J C, *The General Practitioner's Use of Medical Records*, Scottish Home and Health Department. Edinburgh, HMSO, 1971.

⁴ Hawkey, J R, *et al*, *British Medical Journal*, 1971, 4, 667.

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