PRACTICE OBSERVED

Medical Records

V: A4 record system and all that

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Five doctors in three general practices entered the newly constructed Newbury Park Health Centre at the beginning of 1972 and had combined National Health Service medical lists of 15 000 patients. I participated in the Wantage pilot A4 scheme, and we jointly decided to convert records to A4 size as soon as supplies were available. To this end a large space in the reception area had been allocated for records, and Dexion lateral open shelves had been clamped to the floor back to back in 10 rows (overall dimensions 7.62 m x 3 m x 2.13 m (25 ft x 10 ft x 7 ft); fig 1). The cost of this system at August 1980 prices was about £4200. The practical significance of this is that the filing hardware is a feature and therefore included in the rent, which is wholly reimbursed. We decided that the filing system would be as simple (and cheap) as possible and still be efficient. Records were therefore filed in alphabetical order, irrespective of the practice or the sex of the patient, and they were not filed by family because we found this to be too bulky.

How we did it

With the advice and help of officers of the Management Organisation Division of the North-east Metropolitan Regional Hospital Board and of the then North-east London Executive Council, we decided that at the same time we converted from EC5 and 6 to A4 to introduce a system of embossed plastic plates. These are similar to bankers' cards and have the name and address of the patient, his NHS number, date of birth, and the name of his doctor and the doctor's code number (fig 2). A keyboard data embossing machine (originally manufactured as Bradman) was acquired by the North-east London

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FIG 1—Storage of records.

Executive Council (retail price new, August 1980, £3700). A plastic card was cut for each of the 15 000 patients and placed in a plastic see-through envelope adhered to the inside of the record folder. From 1973 to 1974 the Department of Health and Social Security provided us with A4 Welsh files, which were similar to but more robust than the files used in the Wantage experiment and were manufactured and used in South Glamorgan hospitals. They were brown manilla, with a single spine and one pocket, and insert sheets were secured by pipe cleaners. Two clerical officers from the executive council worked full time on our project, which was the first large-scale conversion in the country. At a cost of £1000 (about £2000 at 1980 prices) they cut the plate and stamped the contents on two labels so

form, and passes them to the doctor with the request letter. If, for no other reason, it is to be used, the doctor then turns up the prescription record and, if he agrees to the request, records the number of the repeat on the right-hand side of the insert. We can thus monitor the amount and nature of the drugs prescribed, and the doctor has to look at the record each time before actually writing the prescription. We have found in practice that this simple method has a salutary effect not only on the patient's prescribing habits, but as an excellent means of teaching trainees.

We also use a simple interdisciplinary communication card, which is clipped to the front of records and has the patients' basic data embossed on it (fig 4) for passing requests for action to other members of the primary care team such as doctors, district nurse, health visitor, secretary, nurse, social worker, receptionist, filing clerk, etc.

Discussion

No one now disputes that many general practitioners records leave a lot to be desired and that even basic data cannot readily be retrieved from them.¹ Doctors who are obsessive about their records will keep them in good shape whatever the system.² Undoubtedly, however, it is easier to keep reasonable records with an A4 system than with FP5 and 6. A modicum of discipline is necessary, for if A4 records are unattended for 20 years they will also be a mess.

The system described here was an endeavour to use simple methods to improve the standard of records. Only one of the five original doctors was previously committed to changing his records, but all of them (and their successors) are sold on the advantages of such a system and under no circumstances would they agree to revert to FP5 and 6. Admittedly there have been organisational problems, but a reasonably organized practice should not have great difficulty in converting to A4, provided that the majority of work is done by other staff.

Having these records has led to work satisfaction, and they are eminently superior for teaching purposes and for overseeing the trainees' clinical progress with the patients.

As regards medical audit, a recent visit to the United States has shown that most of the audit there is based on an examination of medical records. It may be that we are not yet ready for that in British general practice.

There is no doubt that good records are essential in the unfortunate case of malpractice litigation or even in a Medical Service Committee case of disciplinary action. It is difficult to

measure with scientific certainty whether the use of an A4 record system actually results in a better standard of medical care of the patient, but the great majority of doctors who are using A4 records provided by the DHSS certainly think so.³

With the publication of *Computers in Primary Care*,⁴ one may ask why go on to A4 records and why not go straight on to the practice minicomputer? It has taken 10 years of repeated searching and alterations to reach the present set up of A4 records within the profession, with only a minority of doctors fully committed and using the system. In my opinion we shall have to await the development of direct speech computer disks, at a reasonable price with an accepted UK software system that completely guarantees confidentiality for patient records. Having got that far we must have an acceptable data basis before we can transpose it. If it has taken 10 years for the present minority acceptance of the A4 system, how long it will take for a computer system one is anyone's guess.

I wish to thank Dr I S L London of Wantage who did the original work on the A4 system and convinced me of its advantages; my partner Dr I F Crabbe for permission to describe the method of recording prescriptions and for fig 3; Mrs C Pearl, assistant registrar, Redbridge and Waltham Forest Family Practitioner Committee, for kindly providing costs of embossing machines, etc, and for her continued support; and to Mrs Audrey Sutton, administrator, Newbury Park Health Centre and her staff for doing the work.

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A custom has long prevailed among physicians, of prognosticating, as they call it, the patient's fate, or foretelling the issue of the disease. Vanities no doubt introduced this practice, and fill supports it, in spite of common sense and safety of mankind. I have known a physician barbarous enough to boast, that he pronounced more *frequently* than all his Majesty's judges. Would to God that such foretellers were not so often equally false! It may indeed be alleged, that the doctor does not declare his opinion before the patient. So much the worse. A feeble patient had better hear what the doctor says, than learn it from the dissonant looks, the watery eyes, and the looks of distress, even about him. It is indeed happens, when the doctor gives an unfavourable opinion, that it can be concealed from the patient. The very embarrassment which the friends and attendants (few in disfigurement) who he has failed, is generally sufficient to discover the truth.

KIND Heaven! for the wretched ends, concealed from mortals their fate; and we do not feel what right any man has to announce the death of another, especially if such a declaration has a chance to kill him. Mankind are afflicted by a fatal error, even when they do not fail to follow the physician for his opinion. A doubtful answer, however, or one that may tend rather to encourage the hopes of the sick, is surely the most false. This conduct could neither hurt the patient nor the physician. Nothing tends more to destroy the credit

of physic than those bold prognosticators, who, by the bye, are generally the most ignorant of the art. The mistakes which daily happen in this way are so many flagrant proofs of human vanity, and the weakness of science.

We readily admit, that there are cases where the physician ought to give intimation of the patient's danger to some of his near connections; though even this ought always to be done with the greatest caution; but it never can be necessary in any case that the whole town and country should know, immediately after the doctor has made his visit, that *he has no hopes of his patient's recovery*. Persons whose impertinent curiosity leads them to question the physician with regard to the fate of his patient, certainly deserve no better than an evasive answer.

This vanity of foretelling the fate of the sick is not peculiar to the faculty. Others follow their example, and those who think themselves wiser than their neighbours often do much hurt in this way. Humanity surely calls upon every one to comfort the sick, and not to add to their affliction by alarming their fears. A friend, or even a physician, may often do more good by a mild and sympathizing behaviour than by medicine, and should never neglect to administer that greatest of all cordials, Hope.

(Buckan's Domestic Medicine, 1786).

that the information was readable in both the vertical and horizontal positions on the outside of the folder. They also stamped the information on three insert sheets, one for clinical notes, one for a summary of patients' relevant information, and one for notes by the health visitor and district nurse. The original EC5 and 6 NHS envelope was tucked inside the A4 folder pocket. It took seven months to complete 15 000 files.

It is important to note that 70% of this cost (plus superannuation) would have been reimbursed if we had employed the staff within the allowance of two whole-time staff per general practitioner/principal.

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FIG 2—Embossed plate (similar to a bankers' card) with patient's name, address, NHS number, birth date, and doctor's name and code number.

DATE	DRUG	DOSE	ROUTE	REMARKS
7.5.78	Aspirin	100 mg	PO	11.11.78
10.5.78	Paracetamol	500 mg	PO	11.11.78
13.5.78	Paracetamol	500 mg	PO	11.11.78
16.5.78	Paracetamol	500 mg	PO	11.11.78
19.5.78	Paracetamol	500 mg	PO	11.11.78
22.5.78	Paracetamol	500 mg	PO	11.11.78
25.5.78	Paracetamol	500 mg	PO	11.11.78
28.5.78	Paracetamol	500 mg	PO	11.11.78
31.5.78	Paracetamol	500 mg	PO	11.11.78
3.6.78	Paracetamol	500 mg	PO	11.11.78
6.6.78	Paracetamol	500 mg	PO	11.11.78
9.6.78	Paracetamol	500 mg	PO	11.11.78
12.6.78	Paracetamol	500 mg	PO	11.11.78
15.6.78	Paracetamol	500 mg	PO	11.11.78
18.6.78	Paracetamol	500 mg	PO	11.11.78
21.6.78	Paracetamol	500 mg	PO	11.11.78
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27.6.78	Paracetamol	500 mg	PO	11.11.78
30.6.78	Paracetamol	500 mg	PO	11.11.78
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24.7.78	Paracetamol	500 mg	PO	11.11.78
27.7.78	Paracetamol	500 mg	PO	11.11.78
30.7.78	Paracetamol	500 mg	PO	11.11.78
3.8.78	Paracetamol	500 mg	PO	11.11.78
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24.8.78	Paracetamol	500 mg	PO	11.11.78
27.8.78	Paracetamol	500 mg	PO	11.11.78
30.8.78	Paracetamol	500 mg	PO	11.11.78
3.9.78	Paracetamol	500 mg	PO	11.11.78
6.9.78	Paracetamol	500 mg	PO	11.11.78
9.9.78	Paracetamol	500 mg	PO	11.11.78
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30.12.78	Paracetamol	500 mg	PO	11.11.78
3.1.79	Paracetamol	500 mg	PO	11.11.78
6.1.79	Paracetamol	500 mg	PO	11.11.78
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27.1.79	Paracetamol	500 mg	PO	11.11.78
30.1.79	Paracetamol	500 mg	PO	11.11.78
3.2.79	Paracetamol	500 mg	PO	11.11.78
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6.1.80	Paracetamol	500 mg	PO	11.11.78
9.1.80	Paracetamol	500 mg	PO	11.11.78
12.1.80	Paracetamol	500 mg	PO	11.11.78
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