

# Do general practitioners and health visitors like 'parent held' child health records?

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**SUMMARY.** *The study examines the reactions of general practitioners and health visitors to parents holding the main record of their own child's health and development. From 1986 the parents in part of the Oxfordshire district were given their child's records while in the other part of the health district the records remained with the clinic. The responses to questionnaires sent out to all general practitioners and health visitors in the two areas were analysed and compared. The results show that over 90% of the general practitioners and health visitors with experience of parent held records are in favour of them, wish to continue to use them, find them to be available in the clinic and are able to use them at other times. By comparison only 59% of those general practitioners who had no experience of parent held records are in favour of such a scheme. In general this latter group show greater concern in almost all areas investigated. Thus general practitioners' and health visitors' experience of the record suggests that it is not only workable but actually desirable.*

## Introduction

ACCESS of patients to medical records is a subject of interest to international health organizations,<sup>1</sup> the government,<sup>2</sup> professionals<sup>3</sup> and patients.<sup>4</sup> However, in respect of practical action the UK remains behind many countries. In France, in some states in the USA and parts of Australia, the main record of a child's health and development is held by parents. In contrast, in this country the main records are kept in child health clinics — with some parents having an additional booklet.

Research from Sheffield and elsewhere<sup>5-7</sup> indicates that the majority of health symptoms in children are dealt with by parents without reference to a doctor or health visitor. Other research<sup>4</sup> indicates that if given the chance, the majority of parents would prefer to hold their own child's health record.

Based on these facts the Oxfordshire district health authority decided to develop a child health record held by the parents as the main record. The two principal perceived advantages of this were, first, that appropriate information concerning their own child's health was then immediately available to parents as the primary carers of their children and, secondly, appropriate information would also be available to all professionals involved with the child (including social services and education).

The present study set out to look at the acceptability of such a record to general practitioners and health visitors, who each also continued to hold their own clinical records on the children under their care. General practitioners and health visitors who worked in an area where child health records were held by the

parents were compared with professionals working in areas where the record was held in the clinic.

## Method

From the 1 January 1986 the district continued to issue its usual clinic card for all new babies. In one part of the district, however, (city of Oxford and south Oxfordshire, covering some 3500 births per annum) the record was folded up, put in a plastic folder and given to the parents, along with four extra pages for recording the parent's own observations of their child's development. The extra pages contained the statement 'Confidential: the documents enclosed in this folder are the main records of your child's health and development. Please always bring this folder with you whenever your child is seen by a health visitor or doctor — at a child health clinic, doctor's surgery or hospital'. At the same time in another area (north Oxfordshire, with about 3000 births per annum) the record remained in the care of the child health clinics and the parents were not given the extra pages for observations.

In April 1987 questionnaires were sent to every health visitor and every general practitioner working in the Oxfordshire district health authority. Closed ended questions were used to obtain views about parents holding child health records, actual or anticipated problems relative to their use, the actual or expected responses from parents and colleagues and attitudes to implementing or continuing the scheme.

## Results

Of the 287 general practitioners circulated, 239 (83%) replied to the questionnaire; 98 (84%) from north Oxfordshire and 141 (82%) from south Oxfordshire. One hundred and thirty seven of those replying (57%) worked in an area where the child health records were held by the parents and 97 (41%) in areas where the child health record was held in the clinic and five (2%) did not know where the clinic records were kept.

Of the 127 health visitors circulated, 117 (92%) returned their questionnaires; 46 (96%) in north Oxfordshire and 71 (90%) in south Oxfordshire. Seventy one (61%) worked in an area where parents held the record and 46 (39%) in an area where the child health record was kept in the clinic.

## Attitudes to parent held records

Ninety one per cent of general practitioners with experience of using parent held records were in favour of parents holding the main record whereas among the general practitioners in the north of the district who had no experience of parent held records only 59% were in favour (Table 1). Among the health visitors, over 90% throughout the whole district were in favour of the concept, whether or not they were experienced in the use of parent held records.

Over 95% of both general practitioners and health visitors throughout the whole district found that the records were generally available in the clinic whether they were parent held (97% and 96%, respectively) or clinic held records (100% and 98%, respectively).

When asked whether they used the child health record at any other time, for example home or surgery consultation, 53% of general practitioners involved with parent held records used the record at other times while 46% of those involved with clinic

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**Table 1.** Attitudes to parent held records.

Attitudes to parent held records	Percentage of respondents working with:	
	Parent held records (n = 137 GPs, 71 HVs)	Clinic held records (n = 97 GPs, 46 HVs)
<i>General practitioners</i>		
In favour	91	59
Against	8	36
Don't know	1	5
<i>Health visitors</i>		
In favour	91	92
Against	6	4
Don't know	3	4

n = total number of general practitioners and health visitors responding.

held records used them at other times. Health visitors showed a much higher use of records outside the clinic: 100% of those involved with parent held records used them at other times while 85% of health visitors involved with clinic held records used them at other times.

#### *Actual or anticipated problems*

Respondents were then asked whether they had found or anticipated finding certain problems with parent held child health records. General practitioners who had not had experience with parent held records were more concerned about possible loss by parents (60%) than those who had experience of the system (40%). Loss was also considered to be a problem by both groups of health visitors with results roughly comparable to the general practitioner. Forty one per cent of the health visitors using parent held records considered that there was some problem with 'loss' compared with 46% of health visitors using clinic held records who anticipated the problem of loss.

Seventy two per cent of general practitioners currently using parent held records found no problem about recording information that parents would read and 44% of general practitioners using clinic held records anticipated no problem. Health visitors on the whole had found or anticipated no problems (91% and 83%, respectively).

Twenty per cent of general practitioners operating the parent held record system had found a problem with clinic administration compared with the 39% of those using clinic held records who anticipated a problem. However, the health visitors, who were on the whole more directly involved with clinic administration, were slightly more concerned, with 25% of all health visitors involved with parent held records finding some difficulty and 33% of health visitors involved with clinic held records anticipating some problems.

Seventy four per cent of the general practitioners with experience of parent held records had not found transfer of information, for example to the child's own health visitor or general practitioner a problem, although a problem was anticipated by 35% of the general practitioners working with clinic held records. Health visitors were generally more concerned about the transfer of information, with 42% of those using parent held records having problems and 52% of health visitors using clinic held records anticipating problems.

#### *Response from parents and from colleagues*

The majority of both general practitioners and health visitors (Table 2) with and without experience of parent held records thought that parents were positive or would be positive about

the change. In both cases those with experience were more sure of parents' reactions.

General practitioners were rather uncertain about the response of their colleagues although the majority appeared to feel that they would be in favour (Table 3). Health visitors on the other hand were much more sure of the positive response of their colleagues.

#### *Quality of record keeping*

Of the general practitioners who had experienced parent held records 39% felt that the quality of child health record keeping had improved, 52% that it was unchanged and 8% that it had got worse. In the clinic held record area 32% felt it would improve, 36% that it would be unchanged and 23% felt that it would worsen. The remainder did not know (3%) or did not reply (6%). Health visitors on the whole were more optimistic, with over 85% of both groups feeling that there would either be no change in the quality of recording or it would improve.

#### *Attitudes to implementing or continuing the scheme*

Only one general practitioner out of a total of 137 who had experience of the parent held records wanted to abandon the system, 72% wanted to continue the system and 27% were uncertain or did not reply. In the area with clinic held records 20% of general practitioners wanted to implement the system, 12% were definitely against it and 68% remained uncertain. No health visitors in the south wanted to abandon the system and only two health visitors in the north were definitely against parent held records.

**Table 2.** Perceptions of the responses of parents to parent held records.

Perceptions of parents' responses to parent held records	Percentage of respondents working with:	
	Parent held records (n = 137 GPs, 71 HVs)	Clinic held records (n = 97 GPs, 46 HVs)
<i>General practitioners</i>		
Positive	76	56
Negative	4	2
Don't know	20	42
<i>Health visitors</i>		
Positive	89	70
Negative	4	4
Don't know	7	26

n = total number of general practitioners and health visitors responding.

**Table 3.** Perceptions of the responses of colleagues to parent held records.

Perceptions of colleagues' responses to parent held records	Percentage of respondents working with:	
	Parent held records (n = 137 GPs, 71 HVs)	Clinic held records (n = 97 GPs, 46 HVs)
<i>General practitioners</i>		
Positive	65	51
Negative	6	9
Don't know	29	40
<i>Health visitors</i>		
Positive	79	74
Negative	7	4
Don't know	14	22

n = total number of general practitioners and health visitors responding.

## Discussion

The parent held child health and development record is a substitute for the clinic held record not the general practitioner record. With the new general practitioner contract some information concerning general practitioner activity in child health surveillance will need to be recorded for payment purposes and this information is likely to be computerized. Previous research carried out in Oxfordshire<sup>4</sup> showed that 78% of parents were in favour of holding their own records of their child's health and development, but until now the attitudes of general practitioners and health visitors to parent held records has not been established. Because the trial of parent held records was being carried out in only part of the district we were able to compare the views of general practitioners and health visitors who had experience of parent held records with those who had not. The overall return rate was high and perhaps reflected the relative brevity of the questionnaire and an interest in the subject. The fact that there was a marked difference in the number of general practitioners in favour of the parent held record among those with and without experience of them suggests that familiarity has bred confidence rather than contempt. The large number of general practitioners in the area with clinic held records who were definitely against the concept (rather than 'not keen') would however indicate active antipathy in this group, rather than lack of interest.

In discussions before the introduction of parent held records, the major concerns of the primary health care teams involved in child health surveillance had been possible loss of the record, the problem of recording sensitive information, such as concern about non-accidental injury, and the possibility that parents might be unnecessarily worried about some of the things that they read in the parent held record.

The problem of parent's losing their records may be slightly exaggerated as little is known about the rate at which professionals themselves lose records. There is also a peculiar inconsistency in the responses to the questions of loss in the present questionnaire. Whereas over 90% of general practitioners and health visitors with experience of parent held records were in favour of them, wished to continue to use them, found they were usually available in the clinic, and were able to use them at other times, nevertheless 40% of both health visitors and general practitioners claimed to have found loss to be a problem. This brings into question what exactly is understood by 'loss'. Does it mean lack of availability, transiently mislaying them or permanently losing them? A further direct audit of the availability of child health records (both parent held records and clinic held records) is being carried out by visiting the clinics in order to clarify this; the initial results indicate more concern about possible loss rather than actual loss.

The second concern — recording information about non-accidental injury — was dealt with by suggesting that where this was either found or suspected it should, for legal reasons, be recorded on separate notes held by professionals, in addition to the parent held record. Recording it on the parent held record ensures that the facts and suspicions have been fully discussed with the parents.

The third concern, that of worrying the parents unnecessarily, had not proved a significant problem to general practitioners using the system, though this was still anticipated as a potential problem by general practitioners without experience of parent held records. Very few health visitors either found or anticipated such problems, possibly because they are increasingly encouraged to share information and records with their clients. In fact, with an occasional exception, health visitors were more optimistic about the use of parent held records than were the general practitioners.

Clinic administration and transfer of information were not areas of great concern to the general practitioners, possibly because in Oxfordshire the main burden of clinic administration falls on the health visitor.

An initial concern from the administrative point of view had been the poor quality of record keeping when records were kept in the clinic. Part of the problem has always been the fact that the health of children is of concern to a large number of different professionals providing different services from a number of different bases. As a result the records were not always available to write on or read off. It is therefore satisfying to find that, when asked about record keeping, more general practitioners in both areas felt that record keeping had improved or would improve, rather than deteriorate, and over half the health visitors in the south thought that record keeping had actually improved. This benefit in record keeping should surely be seen as a major advantage and this aspect of parent held records is being further explored in the clinic audit.

The single most significant result is the fact that of the 137 general practitioners with experience of parent held records only one wanted to revert to a clinic held record system. The results of the study have led to parent held records being introduced throughout the whole Oxfordshire district from 1 January 1989, with the long term hope that a standard parent held record will be introduced throughout the UK.

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