

*Medical record systems
with special reference to numerical filing*

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ALTHOUGH IT IS MUCH EASIER to retrieve records from a numerical filing system most general practitioners continue to file the records of their patients alphabetically. Earlier this year this practice decided to start a comprehensive age-sex register using the Royal College of General Practitioner Age-Sex Cards (A.S.R.2a). This meant that all the records in the practice would have to be retrieved individually to complete these cards and it seemed a good opportunity to institute a numerical filing system. From the numbers of patients in the practice, it was felt that a five digit system would be adequate to cover us now and in the foreseeable future. From time to time we intended to abstract certain records and groups of records from the main file, for example the over-sixties, patients with special diseases, 'at risk' patients, and patients from 'sick' families.

We have a branch surgery where approximately 1,800 of the 9,000 records of the practice are kept. The patients from the branch surgery frequently come to be seen at the main surgery and much confusion is caused by records being filed in the wrong place. To identify these various groups of patients we used the first figure of the five digits as a number prefix to the patients number on their cards.

We allotted our numbers as follows:

Main surgery patients	10,000 to 30,000 series
Patients over the age of 60	60,000 series
Patients at branch surgery	40,000 series
Patients at branch surgery over 60	80,000 series
Patients for family filing	90,000 series

This system is extremely flexible because it means any other group of records can have a number prefix attached to them and the receptionists then immediately know when looking up the 'master card' (see below) in which group the records are filed.

Procedure

Two age-sex cards were prepared for each patient one to be filed in the age-sex register under year of birth and the second to be filed alphabetically in a 'master-card' file. The cards in this file would not under any circumstances be removed and it is here that the receptionists would refer when seeking for records. Details on these cards were to be full name, christian name and date of birth, National Health Service number and patients address. On this card also would be inserted our own practice record number. The details on the age-sex cards were confined to the first three letters of the surname, the first letter of the christian name and the full date of birth, and the patient's practice record number. The practice record number was put on the right hand side of the back of the forms EC 6 and 7 (the record envelopes). We found this was the best position for us since we use a lateral filing system. Two students were employed to do this work during their vacation from university. We found they could complete the two cards for each patient, label the records and re-file at the rate of 30-40 records in an hour. This meant that this change-over took some weeks. To avoid confusion for the receptionists, markers were inserted in the record card files so that they knew immediately at what position the workers had got in the numbering on any one day. It was essential that no un-numbered cards were put into this part of the file and these cards were retained to be numbered first the following day.

After the whole system was completed all new patients coming into the practice have numbers allocated to them when they register and these are transferred to their EC 6's (record

envelopes) when they are received from the executive council. A useful by-product of doing this numbering system was that we found that we had about 500 more records in our files than we were credited with patients from the executive-council lists. As a result the executive council have taken all our records up for survey to find out how many of these are dead cards and how many are patients in the practice and for whom we are not being paid. There was some resistance on the part of the receptionists because of the extra time involved in looking up the 'master' card first to obtain the patients record number. This has proved easy to adjust because we have found that patients quickly learn their own personal record number and are quoting this when ringing up for appointments, or when they come to the surgery. We hope that at the end of 18 months or two years most patients will be acquainted with their record number, and it is on few occasions that reference will have to be made to the 'master' file, particularly when patients join or leave the practice. Patients leaving the practice have their cards extracted from the age-sex register and from the 'master' file, one is kept in a 'patients removed' section and the other destroyed.

There seem to be many advantages to this system where research surveys are done. Sampling of records filed numerically is extremely easy and much less time consuming than sampling records that are filed alphabetically. We know at any instant of time exactly how many patients we have in the practice. This is particularly important to us since this area is rapidly

FAMILY FILING	
	Date
Commence filing the	family
of	in the 90,000 series
	Year of Birth
NAMES	
.....	
.....	
.....	
.....	
.....	
Reason for starting file.....	
Accommodation	
Occupation	
Date of Marriage	
Remarks	
	Signed

(Figure)

growing and we have a steady influx of new patients. The retrieval and re-filing of medical records which is the most time-consuming aspect for the receptionists, should be greatly speeded up when this system is in full operation. The patients personal record number is quoted on all hospital letters, x-ray and pathology forms and consequently the time taken in filing these is also considerably reduced.

Cost

We estimated that the cost of starting numerical filing and the age-sex register was within £100. In the circumstances for the benefits accruing to the practice and the saving of time to our receptionists and other advantages to us, this seems a modest sum. It is a non-recurring amount and the only addition is the cost of buying further cards for new patients coming into the practice. The cost of the age-sex cards at present is £1. 11s. 6d. a thousand plus 6s. postage.

Family filing

We decided to commence filing of selected families in family files, and as has been stated to number them in the 90,000 series. Before a file was commenced a form (*see figure*) was completed by the doctor making the creation of a family file a deliberate decision. Families who appeared to have problems and who as a family were illness prone were selected.

All the cards EC 7 and EC 8 were emptied and placed on one side of a double-sided envelope, the letters abstracted and flattened and put on the other side, taped together as individual members of the family. Every attendance of a member of the family was noted on the inside of the envelope container by date stamp and christian name.

Although the secretarial staff were apprehensive about the creation of this system, after three months they regard it as a complete success, and are asking us to create family files as it eases space problems and since the families attending are the 'regulars', they are able to find the files more quickly.

Summary

The annotation describes a system whereby an ordinary filing system can be converted into a numerical system, with an age-sex register at small cost in a relatively short time. It describes how the different types of patients can be easily segregated and identified. After ten months the system has proved to be acceptable and practical to work.

CLINICAL TRIAL

A comparative trial of "Slow-Fe" and ferrous sulphate B.P.

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ONE OF THE COMMONEST CONDITIONS the general practitioner meets is iron-deficiency anaemia, which is treated by the simple expedient of giving oral iron in adequate dosages.

The daily dosage of ferrous sulphate required to treat this anaemia has been put at 100 mg elemental iron (*Lancet* 1965), but the principal disadvantage of plain ferrous sulphate being given in this dosage is that it causes gastro-intestinal irritation in a significant proportion of