

## *Records in general practice*

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The problems of records are well known to all and recently there have been many papers reviewing the difficulties and suggesting new forms of records for general practice. Looking at first principles it would seem that any new record should be based on the international paper size.

### **International paper size (IPS)**

The international paper size was devised in Germany and in 1926 the International Organisation for Standardisation recommended it. This system of printing and writing paper sizes has been used in most European countries for over 30 years. In 1959, Great Britain accepted this system and it is making an increasing impact here. The Civil Service, hospitals and industry are gradually changing to IPS and our old quarto, octavo, foolscap and double foolscap sizes will gradually disappear.

International paper sizes are also known as the DIN sizes, continental standards or the A-series in three sizes—all of the same proportion—designated A, B and C. The most widely used is A for stationery and general leaflet printing. The B series is intended primarily for larger printed items such as posters and the C series for envelopes.

All sheets in the three series of sizes are of the same shape—a rectangle with the same proportion between long and short sides. This shape is the diagonal of a square and has been known to architects and designers throughout the ages as the 'golden square'. It is recognised as being a perfectly balanced rectangle. The A series of sizes is based on the AO sheet which has an area of one square metre. The AI size equals half of AO, that is an AO sheet folded in half with two short edges brought together; similarly A2 is half of AI, A3 is half of A2 and so on. The two sides of the A, B or C series are always in the constant proportion of  $1:\sqrt{2}$  or 1: 1.414.

In practice A4 is about foolscap size and is the size of hospital folders, temperature charts and used for writing long and full letters. A5 is the usual hospital letter size and A6 is the small one, slightly larger than a post-card and used to inform a doctor that his patient has been discharged. Any change in general practice should take into account hospital and local authority practice. In a new record system certain factors have to be considered; the size of the document and its layout or format, and in view of the general acceptance of the international paper sizes, any new record folder should conform to the international paper size A4 or A5.

### **The A5 size in general practice**

I consider the A5 to be the most suitable size for general practice and there are several reasons for choosing this. The amount of paper work per patient in general practice records is considerably less than in the hospital system. The filing space available in the average general practitioner's surgery is limited, and a large proportion of records in general practice contain very few notes and large folders would be wasteful and unnecessary.

I organised a pilot survey and 800 international paper size A5 double-pocket wallets were printed. These were tried by about 100 general practitioners and many comments were received after this pilot trial and the general consensus of opinion was that a new record system was required for general practitioners and the A5 record largely met this need.

The wallet, figures 1 and 2, was of A5 size, two colours, blue for males and yellow for females. The cover layout was similar to the EC5/6 record. The increased size was used to record special data and colour codes. The inside consisted of two pockets which were cut away so that the present-day records EC5/6/7/8 could be suitably housed.

It was expected that eventually new continuation cards of an A5 size would be stored in

these pockets as would maternity notes, immunisation details and other records. The inside pockets could be used to record important episodes, e.g. previous illnesses, accidents, operations, biochemical results, x-rays, height, weight or ECGs. The back of the record was for further special notes, e.g. smear results, obstetric history, vision, hearing, family history.

Many views and ideas were expressed during the survey and probably the most important one was that the back spine should be gusseted. This would be helpful should the records become bulky. Most hospital letters being of the A5 size could be stored without folding, and the large A4 letters folded once.

An envelope manufacturer advised that from the production viewpoint the pockets should be horizontal instead of vertical and that this would make a more robust record and prevent loss of documents. The two main objections to any change were cost and increased storage space required. Storage would not be a real problem for those doctors using a lateral filing system but where metal box files were in use there could be some difficulties.

Recently a number of practitioners have experimented with an A4 folder, the best known being the 'Wantage' folder. A group of doctors in Wantage with the Medical Officer of Health and with the help of the Department of Health and Social Security have devised this new record system and details have been published. The main advantage is that this size conforms to the size of the hospital records and in years to come, should the local authority, the hospital service and the general practitioners come into closer unity, then interchange of records would be easier.

The General Medical Services Committee have approved of an A4 folder and suggested that general practitioners use these. They have already given details as to how a scheme could operate and suggested that these new records should be supplied by the Department of Health and Social Security and that doctors changing their system should be given financial aid.

Much water will, no doubt, flow under the bridge before a final new record for general practice has been decided. In this paper a suggested form has been proposed for consideration with other possible record folders or systems.

### Conclusions

A new record system is necessary for general practice. Any new record should conform with the international paper size. The A4 folder has many advantages but may well be considered too costly and rather unwieldy. The A5 double-pocket wallet would be an ideal compromise between the existing small records and the large hospital records.

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### Addendum

Since my survey and paper an ECN No. 946 has been circulated giving full details of the A4 international paper size records to be introduced as recommended by a joint working party of the medical profession, executive councils and the Department of Health and Social Security.

### REFERENCES

- Brown, J. M., Jarratt, D. & Bywater, H. C. I. (1973). *British Medical Journal*, 2, 483-484.
- Cormack, J. J. C. (1971). *The general practitioner's use of medical records*. Scottish Health Service Studies No. 15. Edinburgh: Scottish Home and Health Department.
- ECN 946 (1973). London: Department of Health and Social Security.
- Hawkey, J. K., Loudon, I. S. L., Bungay, G. T., Greenhalgh, G. P. & Oakley, J. G. (1968). *British Medical Journal*, 2, 699-700.
- Hawkey, J. K., Bungay, G. T., Loudon, I. S. L. & Greenhalgh, G. P. (1971). *British Medical Journal*, 3, 188.
- Hawkey, J. K., Loudon, I. S. L., Greenhalgh, G. P. & Bungay, G. T. (1971). *British Medical Journal*, 4, 667-670.
- Oxford Regional Hospital Board (1971). *Evaluation of Wantage medical records Project*. Oxford: R.H.B.

Surname			Christian Names	
Date of Birth	Single		National Health Service Number	
	Married			
	Widow(er)			
Address			Doctor's Name	Ex. Council
Occupations			Year	Colour Code

Figure 1 Front cover of A5 record.

