MEDICAL RECORDS

An evaluation of the A4 folder system in general practice

ARNOLD ELLIOTT, OBE, FRCGP, NICHOLAS VALDEZ, B.SC, CHRISTOPHER DEMPSEY, BA, PAUL COOPER, FHA

SUMMARY. All 63 general practices known to have introduced the A4 folder system were asked to complete questionnaires comparing A4 records with the traditional medical records envelope system. Of the 77 per cent who replied, an overwhelming majority favoured the A4 system and felt that it helped them to obtain higher standards of care for patients.

Introduction

THE interim report of the Joint Working Party on the redesign of medical records in general practice (DHSS, 1974) recommended the phased replacement of the envelope system of medical records by an A4 folder system.

A limited number of interested doctors were given the opportunity of converting all their records to the new system and folders and inserts were provided by the Department of Health and Social Security (DHSS). Those participating included the general practitioners who had taken part in the original Wantage trial (Hawkey et al., 1971).

Several accounts of variations of the A4 system have been published by individual practices, including methods for information retrieval (Woods, 1974; Cormack, 1975; Elliott *et al.*, 1975; Stott and Davis, 1975).

Aim

The aim of this study is an attempt to evaluate the A4 system with particular reference to its effect on the care of patients.

Arnold Elliott, General Practitioner, Ilford; Nicholas Valdez and Christopher Dempsey, Postgraduate Social Administration Students, London School of Economics; Paul Cooper, District Administrator, East Roding Health District.

Method

The DHSS supplied the names of 63 general practices in England and Wales to whom they had provided A4 folders. Questionnaires, in three parts, were sent to each practice. One part of the questionnaire was to be completed by each doctor taking part in the conversion, a second part by every attached health visitor, district nurse, and social worker who had access to the medical records, and a third part by practice administrators/receptionists.

In total, 49 (77 per cent) of the 63 practices replied, 10 of which were unable to complete the questionnaires, either because they were only in the early stages of conversion, or had not yet started conversion (one practice had decided not to proceed with the conversion). Fourteen practices did not reply. From the 39 practices which were able to co-operate fully, 118 doctors, 81 other professional staff, and 56 administrators/receptionists returned individual questionnaires. Follow-up letters were sent to practices which had not responded to the original request. These produced a few more replies but no further action was taken when two follow-up letters failed to elicit a reply. The answers received were analysed and are presented and discussed below. The percentages show the actual number of respondents.

A4 or medical record envelope?

The question posed was whether the new system was preferred to the old one. One hundred and eleven (94 per cent) of the doctors, 78 (96 per cent) of the other professional staff, and 52 (93 per cent) of the receptionists favoured the A4 system. All three groups were asked to rank in descending order suggested advantages of the A4 system (Table 1) and suggested disadvantages (Table 2). The number of advantages compared with the number of disadvantages indicated that many respondents did not indicate any disadvantages. Other specific questions elicited the following replies.

Forty-one (73 per cent) of the receptionists considered that it was quicker to select A4 files from their filing

[©] Journal of the Royal College of General Practitioners, 1979, 29, 85.89

Table 1. Advantages of the A4 system.

| | Doctors | | Other professional staff | | Receptionists and administrators | |
|---|---------------------------|------------------------------|---------------------------|------------------------------|----------------------------------|------------------------------------|
| | Number of times indicated | Number of times ranked first | Number of times indicated | Number of times ranked first | Number of times indicated | Number of times ranked first |
| Information more comprehensive and systematically ordered | 113 | 98 | . 80 | 63 | _ | _ |
| No need to fold documents | 110 | 17 | 73 | 8 | 54 | 26 |
| Handwriting more legible | 86 | 2 | 63 | 8 | _ | _ |
| Useful for research purposes | 86 | 1 | 54 | 0 | _ | _ |
| Files more easily retrievable | _ | | _ | _ | 50 | 23 |

A dash indicates that this question was not put to all groups of workers.

system and 46 (82 per cent) considered that A4 files were easier to handle. Eighty-three (70 per cent) of the doctors and 49 (88 per cent) of the receptionists considered that information for repeat prescriptions was more readily available with the A4 system.

One hundred and eight (92 per cent) of the doctors took the A4 records on domiciliary visits and 78 (72 per cent) of these believed that the records were not more difficult to handle on visits than the standard records.

Care of patients

Views were sought as to whether or not the care of patients was helped by the implementation of the A4 system: 110 (93 per cent) of doctors considered the A4 files to be more helpful during surgery consultations; 107 (91 per cent) thought that they were better informed about the patient's medical history; 95 (81 per cent) thought that they were able to record more useful information; 97 (82 per cent) felt able to use time more profitably; 97 (82 per cent) felt able to reach more informed and objective decisions; and 92 (78 per cent) felt able to obtain higher standards of care for their patients.

Thirty-five (29 per cent) of the doctors said that the use of the A4 system enabled them to see more patients in a given time and 75 (64 per cent) said that it did not.

Seventy-two (89 per cent) of other professional staff thought that use of the A4 system enabled them to be better informed of the patient's previous history; 64 (79 per cent) thought that they were able to make more informed and objective decisions about patients; 48 (59 per cent) thought they were able to use the time with each patient more profitably; 47 (58 per cent) thought they were generally able to give a higher standard of care for patients and 65 (80 per cent) thought they were

better able to work as a member of a team through the use of the A4 files.

Forty-four (79 per cent) of administrators/receptionists said they thought that the A4 system had created a better service for the patient, while 54 (96 per cent) said that they thought it provided a better service to the doctor.

Discussion

It has to be remembered that the practices included in the survey were self-selected and one cannot be certain that all questionnaires were completed independently and objectively, rather than as an expression of group or practice loyalty.

That in general the doctors preferred the A4 system was predictable, since presumably they would have been reasonably convinced before committing themselves to it. Of more interest is the analysis of their response to individual questions. Perhaps greater significance can be placed in the high percentage of favourable replies from attached professional staff, and from administrators/receptionists on whom most of the work of conversion must fall.

The opinion that the care of patients was facilitated by the use of the A4 system is of course subjective. The high percentage of affirmative responses (78 per cent doctors, 61 per cent other professional staff, and 77 per cent administrators/receptionists) indicate general, although by no means unanimous, support for this view.

Only three social workers completed the questionnaires. This is in keeping with the known paucity of attachment of social workers to general practice. In addition, many doctors may be reluctant to allow them to have access to patients' medical records for legal

Table 2. Disadvantages of the A4 system.

| | Doctors | | Other professional staff | | Receptionists and administrators | |
|--|---------------------------|------------------------------------|---------------------------------|------------------------------------|----------------------------------|--|
| | Number of times indicated | Number of times ranked first | Number of times indicated | Number of times ranked first | Number of times indicated | Number of times ranked first |
| Uses twice as much space as a medical | | | | | | |
| record envelope | 90 | 51 | _ | _ | _ | _ |
| Conversion from a medical record envelope is | | | | | | |
| expensive | 80 | 41 | _ | _ | _ | _ |
| Records take longer to enter | 31 | 2 | 22 | 7 | _ | _ |
| Information is less accessible | 21 | 1 | 17 | 2 | _ | _ |
| File is too bulky for constant handling | <u>-</u> | _ | 22 | 11 | 20 | 13 |
| Folder is less durable than medical record envelopes | _ | _ | 21 | 11 | _ | —————————————————————————————————————— |
| Files less easily retrievable | _ | _ | _ | _ | 11 | 4 |

A dash indicates that this question was not put to all groups of workers.

reasons and reasons of confidentiality. However, this does not apply to health visitors and district nurses, 80 per cent of whom are now attached to general practice (DHSS, 1977). It is an important observation that the majority of other professional staff who completed the questionnaire thought that the A4 system enabled them to work better as a member of a team in relation to the care of patients.

References

Cormack, J. J. C. (1975). Family portraits—a method of recording family history. *Journal of the Royal College of General Practitioners*, **25**, 520-526.

Department of Health and Social Security (1974). Interim Report of the Joint Working Party on the Redesign of Medical Records in General Practice. London: HMSO.

Department of Health and Social Security (1977). Nursing 1974-76. Report of the Chief Nursing Officer. London: DHSS.

Elliott, A., Walker, G. H. D. & Brockis, R. J. (1975). Complete conversion of health centre medical records to A4 size. *British Medical Journal*, 4, 773-774.

Hawkey, J. K., Loudon, I. S. L., Greenhalgh, G. P. & Bungay, G. T. (1971). New record folder for use in general practice. *British Medical Journal*, 4, 667-670.

Stott, N. C. H. & Davis, R. H. (1975). Clinical and administrative review in general practice. *Journal of the Royal College of General Practitioners*, 25, 888-896.

Woods, J. O. (1974). Improved record keeping in general practice.

Journal of the Royal College of General Practitioners, 24,
865-874.

Acknowledgements

We acknowledge with thanks the advice and help of Professor Margot Jefferys, Department of Medical Sociology at Bedford College, London, the co-operation of the Department of Health and Social Security, and the participation of all those who took the trouble to complete and return the questionnaires.

Addendum

The questionnaires also elicited information on technical variations and on conversion methods and costs, a summary of which is available, with copies of the questionnaires, on request from Dr Arnold Elliott.