

LETTERS TO THE EDITOR

OBSTETRICS AND GYNAECOLOGY FOR GENERAL PRACTICE

Sir,
Council has approved the report of the Working Party on education for obstetrics and gynaecology (see pages 72-79). This discussion document has been sent to Faculty Boards for consideration, but I should like also to bring it to the notice of all members, who are welcome to send me their opinion, as individuals, by 30 April 1981.

JOHN HASLER

Honorary Secretary of Council

14 Princes Gate
London SW7 1PU.

PATIENT RECORDS

Sir,
The response (November *Journal*, p. 699) to Professor Metcalfe's (1980) "Why not let patients keep their own medical records?" was predictable and would perhaps have been more constructive had the work on patient-held records been summarized. This includes collaborative care of hypertensives using a shared record (Ezedum and Kerr, 1977), the use of a home record card for permanently housebound patients (Stuart, 1972), as well as American and Australian experience (all of which is obtainable through the excellent College library).

The most impressive scheme has come from the obstetricians and midwives at St Mary's Maternity Hospital in Plymouth (Murray and Topley, 1974). Out of 10,000 case records carried by patients throughout their pregnancies only two were lost. The scheme was found to save time, money and space and, more importantly, provided a continuous record immediately available to those sharing in care, including the patient. The aim was to extend this to gynaecological patients.

We have just begun patient-held records for pregnant women in the practice and hope to extend it if it proves a success—why not?

JOHN ROBSON

South Poplar Health Centre
260 Poplar High Street
London E14.

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THE 'S' CARD AND THE CENSUS

Sir,
Morbidity data collection based on the 'S' card was first promoted by the Records and Statistical Unit (later the Research Unit) of the College (1966, 1972, 1973).

In the Birchfield practice we have been collecting data in this way since 1966, and we have now computerized these data. This temporal record of morbidity enables the practice to relate episodes of illness, preventive procedures and health education to individuals and groups of patients by age and sex, ethnic group and social class. We have now added a space dimension to the morbidity record to relate some environmental characteristics to morbidity.

We did this by using columns 52 to 59 on the 'S' card to enter the 1971 Census enumeration district (ED) and postal code. Changes of address with change of ED and postal code were entered on the 'S' card before the data were computerized, so that we could relate changes of address to morbidity. The 1971 census data make possible the linking of census environmental data for small areas of approximately 200 households to the morbidity record. Because EDs are not the same from census to census, it seems to us that, for long-term studies, postal codes should be recorded, and these are to be used for the 1981 census. Postal codes do not change with time. Each ED is considered to be relatively homogeneous.

Our purpose in writing this letter is to suggest a way to link environmental data and morbidity data in general practice in England and Wales, and to identify some problems for those who

attempt to utilize the ED in this way.

EDs were not obtainable in a logical alphabetical listed form. Individual addresses had to be identified from maps which were difficult to read without a magnifier, and in our practice area within a radius of two miles from the practice centre there were 344 separate EDs. Fortunately, the Post Office supply books of postal codes for the area and the practice research clerks were able to write the appropriate ED code on the addresses in the postal code book, as they were determined from the map.

This study is part of a project on environmental aspects of health promotion and health care funded by the Department of the Environment through the Inner City Partnership Programme (Contract DGR/462/133).

L. A. PIKE

C. D. BEAUMONT

*Lecturer in the Management Centre,
University of Aston*

Birchfield Medical Centre
95 Birchfield Road
Handsworth
Birmingham B19 1LH.

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IMMUNIZATION RECORDS

Sir,
We were interested in Dr Gadsby's paper on the records of immunization in a general practice (*July Journal*, p. 410). We were not surprised by his findings that 23 of the 186 children had completed a course of primary immunizations of which the general practitioner was unaware. He does not say whether or not he also encountered difficulties in matching the general practice record with the health authority's record for the same child in other respects which, in a recent study, we found to be a serious problem (Rawson *et al.*, 1980).

In this study we compared the replies