

# Computerizing FPC registers

**F**OLLOWING several years of research and development, firstly by West Sussex Family Practitioner Committee and then by the Trent Regional Health Authority, the DHSS (1981) has now recommended computerization of registration work undertaken by FPCs. Does this signal the end of these friendly and efficient officers and staff at the local FPC and the beginnings of the cold, uncommunicative computer? Will the Dickensian pen-and-paper methods which have served us so well in the past now be replaced by a machine which is either 'down' and not working, or else sending us a third and final reminder for a patient's notes which we returned six months ago? Depending on your viewpoint, this is either the beginning of the end, or the start of a new era. What, then, will be the benefits of computerization to the FPCs themselves, and to the general practitioners and patients they serve?

Anyone who has spent a few hours at their FPC will appreciate the complexity of their registration procedures, with numerous filing systems, forms, statistics to compile and constant enquiries from local doctors and the public. It is of interest to note that most of the FPCs' officers are themselves convinced that a computer is essential in order to maintain and extend their services. Early work at Barnsley and Calderdale has shown that installing a computer produces a small saving in space, and some small saving in staff. The main benefits have been to make the exchange of information between the FPC and other health authority services easier, and to make available to the general practitioner an increased amount of information about his or her patients.

After computerization, each general practitioner should be able to obtain an age/sex register on demand from the FPC. It has recently been shown that the FPC register is more accurate than registers created by the practice (Fraser and Clayton, 1981), so this development will remove the burden on the practice staff of creating and maintaining an age/sex register. All the advantages of such registers for patient recall, surveillance, education and research should, therefore, be made available to every practitioner at no personal cost.

The system designed by the Trent Regional Health Authority includes a facility whereby each patient file can have extra coded characters, added on the instruc-

tions of the general practitioner. These could be used for identifying patients for recall, or those at risk, or for a simplified diagnostic index, with no-one but the doctor knowing what his or her codes signify. However, this facility may not be used in all FPCs, as it will require extra work by the FPC staff and will no doubt receive a low priority, leading to the familiar remark, "I'm sorry doctor, we would like to do it, but with staff shortages . . .".

And what will be the cost? A few staff will have to go (no doubt by that horrible term, natural wastage); there will be occasions when everything stops because of a power failure or some other machine malfunction; likewise, a few computer operators may proceed, on the instructions of their union, to pull out all the plugs. But these are hazards of this new information age, and we will have to learn to adapt and cope.

This move in itself will not affect the need for general practitioners to acquire their own practice computer as well. The uses of the FPC computer will be very limited as far as the doctor is concerned, and should assist rather than reduce the spread of dedicated general practice computers. Unfortunately, not much attention so far has been paid to the possibility of direct communication between the FPC computer and the practice computer. This will be essential within a few years to stem the flow of paper now needed. Before it is too late, each general practitioner who either has, or anticipates having, his or her own computer in the next five years should, perhaps, contact the local FPC and enquire how their computers will communicate in the future.

With the computerization of FPC registers, there is no doubt that general practitioners will be pushed a great deal further into the computer age.

## References

- Department of Health and Social Security (1981). Development of a computer-based registration system for family practitioner committees. Health Notice HN(81)19.
- Fraser, R. C. & Clayton, D. G. (1981). The accuracy of age-sex registers, practice medical records and family practitioner committee registers. *Journal of the Royal College of General Practitioners*, 31, 410-419.

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