8. Repeat prescriptions can be the responsibility of the doctor initiating them.[1]

Neither a personal nor a combined list system is synonymous with quality of care. The operation of a combined list is adaptable, and personal care can be offered if and when required by the doctor or patient. Flexibility and cooperation form an essential part of the organization of general practice.

K.H. PICKWORTH

West House
Startforth
Barnard Castle
Co. Durham DL12 9AD

Reference

1. Pickworth KH, Melrose DM. Repeat prescriptions: safety and control. *Update* 1972; April: 961.

Sir,

It is a pity that Dr Tant in his editorial on personal lists mentions only the advantages of the system. As this is a controversial issue it might have been better if he had stated the pros and cons, weighed them up and come to a conclusion. To redress the balance I here record some of the disadvantages of strict personal lists.

First, for the doctor the disadvantages are:

1. He has less awareness of his partners' ways of working and has less opportunity of learning from them.
2. He loses the stimulus and enjoyment of discussing patients; discussing cases is not quite the same thing.
3. There is likely to be less consensus over management and treatment.
4. Personal lists may lead to an unfair balance of work, both in general and on a particular day when the 'busy' partner may have to lower his standards.
5. The organization of surgeries will at times be very difficult for receptionists.
6. Partners will work different hours and be less likely to meet for discussion.
7. It is uneconomic for two partners to drive long distances to the same area.
8. It is difficult for training practices to provide a realistic list for the trainee.

Secondly, from the patient's point of view the disadvantages are:

1. He has no opportunity to sample the doctors and choose the one that suits him.
2. He has little chance of seeing a different doctor if he wishes.
3. He may have to wait longer for an appointment and longer at the surgery and may feel disgruntled at other patients apparently jumping the queue.
4. In an emergency he would prefer to meet a doctor who is not a complete stranger.

To my mind the answer is a compromise. This can either be called a personal list with wide powers of discretion or a combined list with patients encouraged to see a particular doctor. The logical conclusion of Dr Tant's approach is a group of individual doctors working in the same building for convenience. This, I submit, is not a partnership.

C.P. ELLIOTT-BINNS

31 Church Street
Cogenhoe
Northampton

Sharing problem cards with patients

Sir,

I would like to support Peter Tomson's article 'Sharing problem cards with patients' (November *Journal,* pp. 534-535). In our practice we are about to computerize our records and when we have medical summaries available on computer we hope to have two summary printouts, one for the patient and one for the practice records.

I agree with Peter Tomson's list of four possible advantages of sharing problem cards with patients and I would add three more:

1. If a patient moves away and needs to register with another general practitioner he/she can present the problem card to the new doctor. In my experience it takes between three and six months for patient records to be transferred from one general practitioner to another through the family practitioner committees so that caring for a patient with a complex or chronic illness becomes particularly difficult during this period. This is particularly relevant in an inner-city practice like ours with an annual turnover rate of 28%.
2. The patient can carry his/her problem card when travelling on holiday or attending hospital.
3. Fully patient-held records will probably become standard practice in the more distant future. The patient-held problem card seems an ideal intermediate stage.

Patient-held problem cards are to be welcomed.

JOE WILTON

Lisson Grove Health Centre
Gateforth Street
London NW8 8EG

Printed record sheets in general practice

Sir,

The opinion has been expressed that good records are an essential part of general practice.[1,2]

In an attempt to improve our records we have introduced printed record sheets for certain consultations. Our practice is based in a new housing estate where 22% of the population is under five years of age. Our most common presenting complaint is the febrile child and we have therefore introduced a paediatric febrile illness chart as shown in Figure 1.

We mainly use the chart for children under two years of age but sometimes for children over this age at the discretion of the doctor. We have now been using this

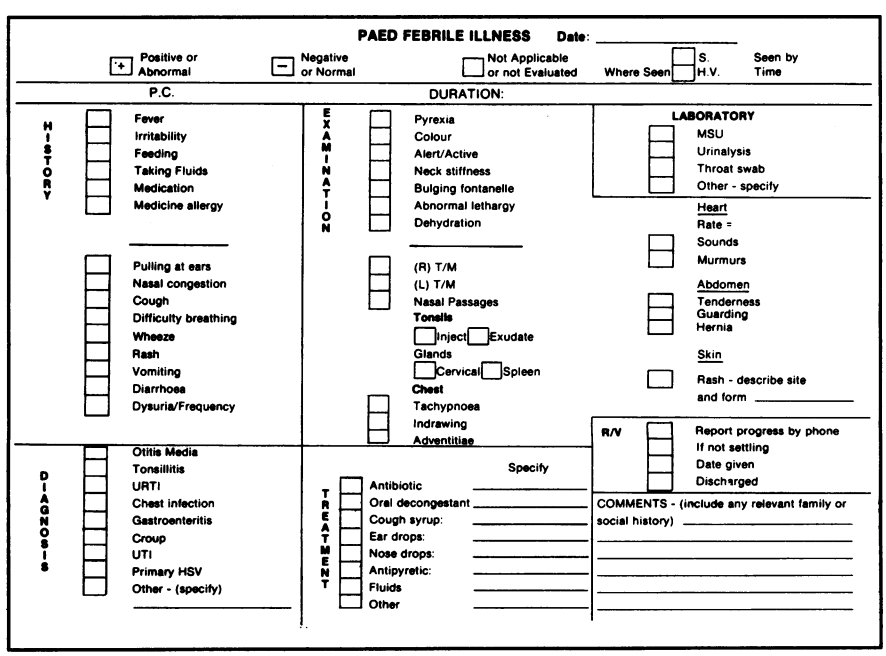

Figure 1. *The front of the paediatric febrile illness chart. The reverse side has space for details of follow-up.*