Middle Articles

GENERAL PRACTICE OBSERVED

Standardized Filing System in the Family Doctor's Surgery

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With the inception of the National Health Service in 1948 family doctors were enabled to keep standard records for all their patients. A medical record envelope, E.C.5 (male) or E.C.6 (female), was issued for each patient. Continuation cards E.C.7 (male) and E.C.8 (female) fit into these envelopes. These basic forms are passed from practice to practice without filing problems.

But there the standardization ended. A glance at only a handful of record envelopes suggests that more could be introduced with advantage. Continuation cards in each envelope are sometimes numerous and are frequently in the wrong order. Envelopes may also contain many hospital letters, forms, and reports which are out of date, not in order, and are folded in various ways because of differences in their size and shape. Envelopes bulge with contents and sometimes split their sides. As the years pass the number of letters and reports increases. Doctor-hours are wasted because of the time taken to extract the particular record or communication required. At a time when family doctors are having to cope with an ever-increasing work load consultations are slowed down.

The principal object of this article is to suggest a standard method of filing the contents of the present record envelopes. One of us (G. N. M.) is faced with the excessive work load found in general practice in the North of England and is attempting to deal with this, in part, by increased practice efficiency. The other (M. E. S.) has experience in office administration, is dissociated professionally from the National Health Service, and has taken an objective look at the record system operating in a modern group practice with full ancillary help.

It became obvious early in this study that the present system of record envelopes and continuation cards was not ideal. To improve their record-keeping a small number of family doctors have evolved their own personal systems and do not use the standard N.H.S. records. With similar aims the Practice Organization Committee of the College of General Practitioners is experimenting in a few practices in the United Kingdom with record folders which have the same dimensions as the present envelope and contain inside pockets. Nevertheless, the vast majority of family doctors are using the E.C.5/6 system and no doubt will continue to use it for the foreseeable future. The proposed modifications should ensure that existing cards and correspondence are filed more effectively and will facilitate changeover to any new system if and when it is introduced.

Proposed Standardization

Post Office Preferred Envelopes

To some extent our proposals for standardization stem from postal mechanization which is to be introduced on 1 July 1968. From this date the G.P.O. will accept only standard sizes of envelopes if they are to qualify for the lowest postage rate. Envelopes must not be less than 3½ by 5½ in. (89 by 140 mm.) and not more than 4¾ by 9¼ in. (120 by 235 mm.). They must be oblong, and the longer side must be not less than 1.414 ($=\sqrt{2}$) times the length of the shorter side. Envelopes not within these limits will be charged sixpence instead of fourpence. Many family doctors, consultants, and public health authorities are at present using envelopes which do not comply with the Post Office preferred (P.O.P.) size ranges, and it is certain that few, if any, of them intend to pay unnecessary postage. They will therefore change their envelope sizes to conform to the Post Office regulations.

International Paper Sizes

An immediate sequel to this change will be that existing letter paper sizes will not readily fit into the new envelopes. It follows that medical letter paper will be changed to fit (probably folded once) into the new P.O.P. envelopes. At this point we make *our first recommendation, which is that international paper sizes should be used by the medical profession.*

In 1959 the United Kingdom accepted the international or metric range of paper sizes which was recommended in 1926 by a technical committee of the International Organization for Standardization. Briefly this recommends a standard size of paper the sides of which are in the proportion $1:\sqrt{2}$ (=1: 1.414). This means that for any given series the next smaller size can be obtained from a larger size by halving the latter. Envelopes have been designed to accommodate international paper sizes.

The British Federation of Master Printers is encouraging the adoption of international sizes and has issued a booklet on the subject, and already many organizations—for example, I.C.I., B.M.C., H.M. Treasury—are using these sizes. It should not be long before prices in this particular size range of stationery are lower as compared with non-standard sizes.

The idea of using international paper sizes is not a new one to the profession. In 1965 a subcommittee (Tunbridge Committee) of the Standard Medical Advisory Committee of the Central Health Services Council in its report, "The Standardization of Hospital Medical Records," recommended their use. This report maintained, as we do, that international paper size A5 (5.8 by 8.3 in. (148 by 210 mm.)—see Diagram) used in portrait (as opposed to landscape) shape is as suitable as any for most medical letters from hospitals. We think that family doctors will also benefit by using international size A5 letter

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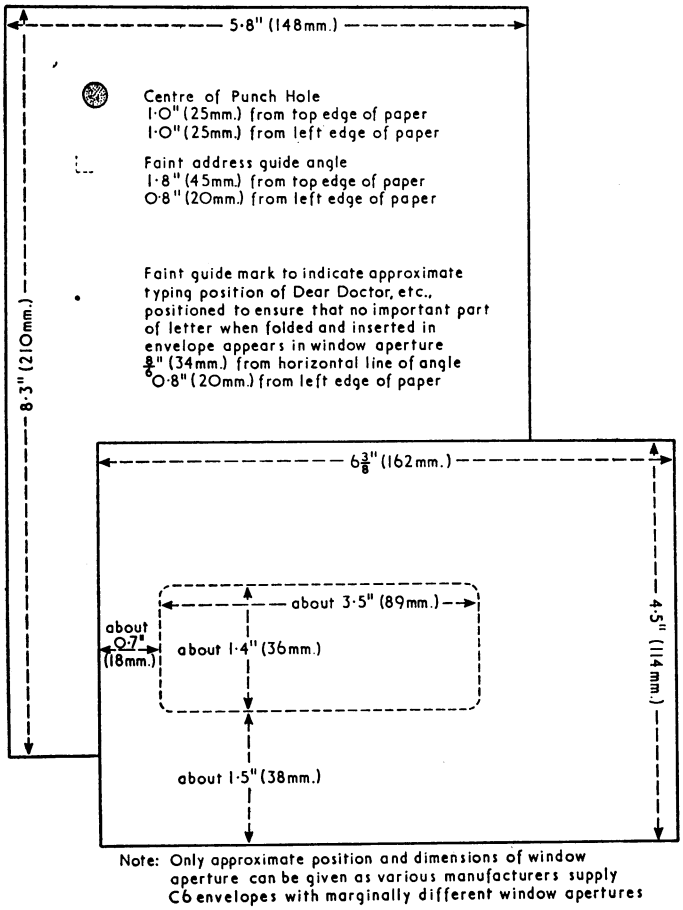
paper. Folded once, an A5 size letter fits snugly into international envelope size C6 (4½ by 6⅜ in. (114 by 162 mm.)—see Diagram), which conforms to the P.O.P. standards.

A6 (which is A5 folded once), used in landscape shape, is a suitable size for short notes and diagnostic reports. These are becoming more numerous in record envelopes, since open access to diagnostic units is increasingly available to family doctors.

Window Envelopes

An additional advantage in using standard A5 paper and C6 envelopes is that by printing a faint angle on the paper (see Diagram) 0.8 in (20 mm.) from the left-hand side and 1.8 in. (45 mm.) from the top edge of the paper a name and address



Note: Only approximate position and dimensions of window aperture can be given as various manufacturers supply C6 envelopes with marginally different window apertures

Diagram of A5 international size letter paper and of C6 envelope with recommended aperture.

typed or written, starting at the angle, will appear in our recommended window envelope aperture. This saves secretarial time because it obviates writing or typing the name and address on the envelope as well as at the head of the letter. The possibility of sending the wrong letter in a typed envelope is eliminated. *Our second recommendation is that window envelopes of suitable quality should be used more widely by the profession.*

When using window envelopes it is helpful to print a faint guide mark on the letter paper to indicate the approximate typing (or writing) position of "Dear Doctor," etc., thus ensuring that no important part of the letter appears in the aperture. The position of this guide mark is shown in the Diagram. We have had the helpful co-operation of major envelope manufacturers,[1] who, appreciating the problems, have agreed to market nationally C6 envelopes of various qualities with the window aperture in the required position. Our recommended C6 window envelope will therefore be available through local printers and suppliers. We hope that the standards of A5 letter indentation and starting-point recommended will become widely acceptable both within and outside the profession.

We suggest that the new paper sizes, matching carbon paper, and corresponding envelopes are ordered in good time, since printers could well be inundated with last-minute orders immediately before 1 July 1968.

Preservation of Individuality

Those doctors who believe variety to be the spice of life and who would be sorry to lose the individuality of differing paper sizes can continue to make use of a number of variations in their letter paper such as letterhead layout, colour, and style.

Effect of International Paper Sizes on the Family Doctor's Record System

If hospital authorities accept the recommendations of the Tunbridge Committee and introduce standard paper size A5 for the majority of hospital correspondence and standard paper size A6 for the majority of diagnostic reports sent to practitioners, and if one's own carbon copy of a letter to a consultant is on paper size A5, then this will lead to greatly increased tidiness within the record envelope. Ideally, all letters and reports which have to be filed either in record envelopes in surgeries or by hospitals should conform to international sizes, and particularly to A5 and A6 sizes. It would be helpful if communications from public health departments, works medical officers, family planning clinics, etc., also conformed to the A international paper range. We would go so far as to suggest that the advantages which will accrue to the medical profession of using standard stationery sizes may be equally applicable to other professions.

The Hole and the Treasury Tag

Given standard paper sizes, the way is then open for introducing a universally accepted system of filing the contents of the envelope. Broadly speaking, these fall into two main categories. There are E.C.7 or E.C.8 continuation cards, and there are hospital letters and reports.

Of the various methods of attaching the continuation cards to one another the use of a 1-in. (25 mm.) treasury tag seems to us to be the most convenient. A treasury tag is a length of string linking two small metal tags at their middle. The length of the string can vary, but 1 in. (25 mm.) would be suitable for our purpose.

To use this simple device each continuation card will be punch-holed 1 in. (25 mm.) from the top edge and 1 in. from the left-hand edge of the card. Cards will be assembled in date order, the most recent on top, and a 1-in. treasury tag threaded through the punch-holes. The continuation card in current use need not be tagged, so that the doctor could extract only the current card at a consultation if this was all he required. We considered a number of alternative ways of linking documents, such as stapling, using brass paper-fasteners, gluing the top left-hand corner, or using transparent adhesive tape; but after consideration these were rejected in favour of the treasury tag.

Similarly a 1-in. treasury tag is a good means of keeping together hospital letters, reports, and enclosures. *Our third recommendation is that continuation cards, and letters and reports, are treasury-tagged in date order in two separate*

[1] At the time of going to press: Spicers Ltd., Wiggins Teape & Co. Ltd., and John Dickinson & Co. Ltd.

bundles. The most recent letter or report should be on top, and the bundle should be folded in such a way that it will slip readily into the record envelope. At a glance the doctor will know whether a report has been received of a patient's most recent consultation at the hospital. If international paper size A5 is used for letters in its portrait shape, folded once it can be inserted sideways into the record envelope. Paper size A6 (landscape shape) for reports will fit exactly on A5 and also slide sideways into the envelope.

A practical point of detail that was examined was whether or not the use of treasury tags would increase the thickness of the contents of record envelopes. The presence of treasury tags does not have a significant effect. However, the unfolding, tagging, and refolding of correspondence can make envelopes temporarily more bulky. This point must be considered if there is a real shortage of filing space. On the other hand, the sorting of envelope contents does provide an opportunity for extracting irrelevant and unnecessary papers, and this reduces bulk. This article is not apposite for a discussion on what correspondence and reports should or should not be kept permanently or semipermanently. But while experimenting with our proposed system we found that quite a lot of paper could be discarded without destroying anything which is helpful now or may be so in the future. Each family doctor will wish to decide which papers could be extracted, and can prepare a guide list for his ancillary staff. The increasing adoption of international paper sizes A5 and A6 will significantly reduce the rate of increase in the thickness of envelope contents, because A5 size requires only one folding and A6 does not require folding at all before insertion into the record envelope.

We considered whether it might be more convenient to secure reports and letters in separate bundles, each with its own treasury tag, and whether specialty letters should also be kept together. On balance we decided that this would be an advantage only where there are many letters and reports in an envelope. We believe there is room for variations from doctor to doctor on how bulky contents can be assembled most conveniently. However, we have analysed the record envelope contents of a large northern group practice with high area morbidity and find that the average number of reports in an E.C.5 (male) is less than one and the average number of letters is three; the average figures for an E.C.6 (female) are one and six respectively. Therefore the vast majority of envelopes could have reports and letters filed in one bundle and still give rapid access.

It is hoped that standard A5 and A6 paper sizes used by hospitals and the public health departments would be automatically punch-holed 1 in. (25 mm.) from the top edge and 1 in. from the left-hand edge by the printers. The family doctor's stationery should be punch-holed similarly, though some doctors may prefer that the clerical staff of the recipient should punch the holes. Letters and reports accumulated up to the present should be punch-holed by the surgery clerical staff.

Cost to the Family Doctor

Clerical Time

We have studied the time taken for teenage clerical staff without special training or experience to convert the contents of 300 medical envelopes (150 male and 150 female) of a northern group practice to the proposed method of filing. To punch-hole and treasury-tag all continuation cards and punch-hole and treasury-tag all letters and reports, to assemble both bundles in date order, and to replace the contents in the envelope and the latter in the filing cabinet took 12 hours. To carry out this procedure for a 3,000-patient practice would take 120 hours. If girls were paid between £5 and £10 for a 38-hour week the clerical cost would be between £16 and £32, of which approximately 70% would be reimbursed by the Ministry of Health under the ancillary-help scheme. The actual clerical cost of introducing treasury tags could in fact be minimized if doctors decided that only bulky record envelopes should be converted initially. Such a procedure would mean that ancillary staff already employed could do this at off-peak periods, concentrating on those record envelopes extracted in the normal course from the filing system.

Materials

One-inch (25 mm.) treasury tags bought wholesale cost about 25s. to 28s. a 1,000. If we assume that every record envelope required two tags, the cost for a 3,000-list practice would be about £8. In effect, however, analysis of the record envelopes of the practice to which we have already referred showed that just over half the envelopes contain fewer than three letters and reports. A slightly higher proportion hold less than three cards. These statistics suggest that on average only one tag will be required for every patient on the list. The cost for a 3,000-patient practice would then fall to £4. The cost would be somewhat higher if the tags were bought retail. As the Ministry of Health provides record envelopes and continuation cards, it seems to us not unreasonable to expect that the Ministry would provide tags also.

A one-hole punch which pierces cards and documents in any specified position costs about £2.

The cost of A5 stationery and the corresponding envelope (C6) which comes within the P.O.P. specification should not be significantly different from present stationery; the marginally more expensive international window envelopes should pay for themselves in secretarial time saved, and, because they conform to the Post Office preferred size, will avoid postal surcharges.

Saving to the Family Doctor

Many family doctors will agree that lack of any permanent order within the record envelope is a recurring irritation and that minutes of consulting-time are wasted. In the proposed system the continuation cards, letters, and reports will be filed tidily, in date order and with the most recent on top. Postulating a minimal saving of four minutes "sifting time" per surgery, this would come to about 32 minutes a week, or a yearly saving of about 20 hours—or 240 five-minute consultations.

A considerable amount of time would be saved when completing forms such as life-insurance reports, or when answering solicitors' letters, by working with medical records which, once filed, cannot get out of order.

Summary

We recommend a method of filing the contents of the family doctor's record envelopes in date order by means of treasury tags. The system is simple to introduce, and will facilitate change to other record systems in the future. We recommend the use of international paper sizes and window envelopes, and link this with the forthcoming Post Office preferred envelope size which is to be introduced in July 1968. The cost to the family doctor and the saving of his time are estimated.

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