SCOTTISH HOSPITAL MEMORANDUM NO 64/1970
SCOTTISH HOSPITAL SERVICE
DEVELOPMENT AND STANDARDISATION OF HOSPITAL MEDICAL RECORDS

1. The Secretary of State received from the Scottish Health Services Council a report entitled "Hospital Medical Records in Scotland - Development and Standardisation", prepared by a sub-committee of the Standing Medical Advisory Committee and published in 1967. Comments received on the report show that, in general, the principles of standardisation which it recommends are acceptable to hospital authorities and to some extent their implementation is already in train. There are however divergent views on some matters and it is felt that general guidance would now be helpful.

General

2. In general, the Secretary of State commends the report to Regional Boards and asks them to proceed with their consideration of how hospital record systems within their regions can be developed on the lines recommended, particularly as regards standardisation of paper sizes and headings of case sheets. The advantages to be derived from standardisation on both a national and a regional basis are important. The report draws attention, for instance, to potential developments in mechanical processing of data from medical records to which standardisation would be a necessary preliminary.

Standardisation of documents

3. Paragraph 65 of the report recommended that certain documents should be standardised nationally, namely:

- Case folder
- Hospital in-patient records summary sheet
- General practitioner's letter of referral
- Prescription sheet
- Mount sheet

A representative working group has been set up after consultation with hospital authorities to obtain evidence on requirements for the above forms. Having done this, the group will call together for each form a "set of users" who, together, will redesign the respective forms. The working group will also discuss the nursing record, which the report at paragraph 83 recommends be designed in size A4 for use in Scottish Hospitals, and the question of headings for history sheets, etc (paragraph 74). The summary sheet has already been standardised as form SMR1 but changes in the content and layout of this form may be made in the light of experience since its introduction.
4 With regard to the other documents referred to in paragraphs 74-99, Regional Boards are asked to consider standardisation, including paper sizes as recommended in paragraph 59, as far as possible within their respective regions, but they should ensure that such arrangements will not inhibit experimentation at local level (paragraph 41 refers).

5 Preservation and Storage of Records etc (paragraphs 31-37)

While there is some measure of agreement about the value of records being retained for longer than the prescribed minimum length of time, doubts have been expressed about the need to retain all records for as long as 25 years and the need to store them locally for six years, as recommended by the report. Analyses of recall rates have suggested that the standard of service enjoined in this recommendation is not justified, and retention for as long as 25 years raises problems of storage space which may not be easy to resolve. In the circumstances, it is suggested that Boards should consider the question of retention and storage of records in the light of their own experience of recall rates and other relevant factors. Boards will be asked to report on the outcome of their consideration of this question in six months.

6 Unit systems and identification (paragraph 40)

The Unit system of indexing medical case records is commended. The proposal that the numbering systems employed have a regional and sub-regional basis will introduce initial complexities but is commended because of the ultimate simplification which may be expected to result. Indexing systems are to be developed at regional level but it is desirable to look ahead to the development of medical record linkage nationally; and with this in mind, date of birth registration is not recommended for adoption. Indeed, even looking at the matter regionally, the advantages claimed for date of birth registration have been demonstrated only in much smaller case record libraries than the regional and sub-regional records systems envisaged. So far as Scotland is concerned any given date of birth is shared by some three hundred persons, all potential entrants to the case record index. The likelihood of persons having a common date of birth grows in proportion to the population base of the case record system as does the necessity to maintain an alphabetic index within a numeric index. In the larger systems envisaged therefore the advantage clearly lies in numeric identification of patient case records which is recommended accordingly. This should of course be supplemented by accurate and full recording of date of birth as an aid to identification in the event of errors in numeric identification.

7 Pre-payment of General Practitioners Letters of referral (paragraph 70)

It has been decided that hospital authorities should be responsible for the postage payable on letters of referral from general practitioners. Many hospital authorities are already using the business reply service for this purpose, but when the proposal that a standardised letter of referral be produced nationally comes to fruition the use of this service will no longer be feasible. It has therefore been arranged, as an exceptional measure, for the "official paid" imprint to be used. The form of its envelope will have to be designed to comply with the requirements of the "Post Office Preferred" scheme and will, in addition to the "official paid" imprint, bear a partially completed address so as to ensure that it cannot be used for any other purpose.

8 Responsibility for information filed in the record (paragraph 100)

The report recommends that "the consultant in administrative charge of a unit" should be clearly responsible for the quality of the medical records maintained in that unit and related matters. Whatever the system of clinical organisation, it is important that a specified member of the team should be charged with these responsibilities.
24-hours' service in larger hospitals (paragraph 102)

This recommendation is commended, but it must be kept in mind that medical records staff employed on a night shift may not be fully occupied with work arising from emergency admissions. It will therefore be necessary to ensure that they have other suitable work to do in any slack periods, if the 24-hours cover is to be economically justifiable.

10 Future developments

It is hoped shortly to be able to announce plans for experimental developments in the field of computerisation, and to this end the Scottish Advisory Committee on computer development in the health service has been set up.

11 The Secretary of State is keen to encourage experimental work in the whole field of hospital medical records including attempts directed towards the production of an "integrated medical record" which combines hospital, general practitioner and local health authority records. In suitable instances limited funds are available to assist these developments. Applications for these should be discussed informally in the first instance with the Joint Director of the Research and Intelligence Unit, Scottish Home and Health Department, Lauriston Place, Edinburgh.