Almost half a million PHRs have been distributed of all babies born in, or moving to, NSW since January 1988. Almost half a million PHRs have been distributed.

The PHR is intended to:
- provide documentation of important health events (including immunisation status);
- act as a means of communication between the health professionals providing child health care — including the general practitioner (GP), early childhood nurse, paediatrician and hospital Accident and Emergency (A&E) Department staff;
- provide information and advice to parents on a range of child health-related topics, including immunisation and normal child development;
- provide a lifelong health record for every child and adolescent receiving health care in NSW; and
- enhance parents' involvement in, and sense of responsibility for, the care of their child.

The PHR has recently undergone an external evaluation, commissioned through the office of the NSW Health Department's Chief Health Officer. The evaluation was under the direction of a multidisciplinary steering committee including representatives of the NSW Health Department, obstetric and children's teaching hospitals, paediatricians, community-based child health medical officers, child health nurses and general practitioners. This proved to be a good model for successful intersectoral working. The steering committee recommended two parallel studies.

The retention and use of the PHR in children born after January 1, 1988, and parents' opinions about it were assessed through a doorstep interview. The study population consisted of a stratified population sample of 622 households in 25 randomly selected local government areas, in 10 of the 16 Health Service Areas/Regions in NSW (representative of 74 per cent of all children under five years in the State). Ninety-seven per cent of eligible parents completed the questionnaire.

In a related study the views of general practitioners, community-based child health nurses, paediatricians, child health medical officers and A&E staff were obtained using a pre-tested postal questionnaire. Response rates were high — with a 95 per cent response among child health nurses, 79 per cent among general practitioners, 69 per cent among paediatricians and child health doctors, and 97 per cent among A&E Department staff.

RESULTS

Results of the evaluation were released by the NSW Health Minister, Ron Phillips, at the Fifth Annual NSW Child and Family Health Conference held recently at Macquarie University. The evaluation demonstrated that the PHR continues to be popular with parents and health professionals, and fulfils many of its intended objectives. In particular:

- ninety-three per cent of participating parents said they still had their child's Personal Health Record, and 78 per cent of all parents surveyed were able to produce the PHR for the interviewer;
- ninety-one per cent of the records examined had at least one immunisation recorded, and almost 70 per cent had the full immunisation schedule recommended by the National Health and Medical Research Council documented by age four years;
- eighty-nine per cent of parents said they found the PHR helpful or very helpful and 90 per cent wished for it to continue to be issued;
- eighty-nine per cent of the GPs said they had used the PHR (but only 36 per cent stated the purpose had been explained to them);
- eighty-nine per cent of parents believed doctors should regularly make entries in the PHR;
- eighty-seven per cent of all health professionals surveyed were aware of the PHR, and 84 per cent believed it was beneficial to the health care children received;
- eighty-four per cent of health professionals believed the PHR was an effective communication instrument and 80 per cent said it contributed to the parents feeling more responsible for their child's health;
- forty-five per cent of parents usually or always took the PHR when they went to their GP; and
- forty-three per cent of parents said that if the doctor did not ask for the PHR, or did not fill it in, they would make entries in it themselves on their return home.

CONCLUSIONS

The Personal Health Record issued in NSW is valued by parents and used by, and useful to, a range of health professionals.

The evaluation report makes seven recommendations, which have been referred to the Health Department for consideration. Foremost among them is that the Personal Health Record should continue to be issued for all children born in, or moving to, NSW and that its use should be extended throughout adolescence. It is believed the PHR could become even more valuable if more health professionals were aware of its potential. An education strategy is being developed to promote its use by health professionals.

Those in the NSW Public Health Network also need to be aware of the role of the PHR in promoting and documenting immunisation, and in improving communication between the sectors involved in child health care.

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