

Patients' attitudes to the provision of medical care from a health centre

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Summary

A one in 20 sample of patients aged 18 and over registered at a health centre in Sidmouth were interviewed in their homes. Information about their personal characteristics was related to patients' use of the centre. A majority of patients found the facilities satisfactory and approved of the health-centre concept. Suggestions for improvements were also obtained.

The number of patients served by health centres is increasing year by year. By the end of 1971, 274 centres had been opened in England and Wales accommodating more than seven per cent of general practitioners (Department of Health and Social Security, 1972). Lyons (1972) hopes that in the County of Devon 60 per cent of all general practitioners will be practising from health centres by the end of 1974.

Although health centres may give satisfaction and fulfilment to the doctor and his colleagues, they are intended primarily to improve services to the patient (Gibson, 1970). In spite of possible improvement in facilities and in integrated medical care, there has been concern about consequent disadvantages to the patient. These criticisms have included the danger of an impersonal approach because of the increased size of the organisation for medical care and the distances patients might be required to travel when a number of scattered practices move to a single centre.

Previous studies

Several studies have been carried out by practitioners and local health authorities on the organisation and effectiveness of centres but there is little firm evidence about the reactions of patients. The Nuffield Centre for Health Studies as part of a management course conducted a survey of patients attending five health centres. About 50 patients were interviewed and the majority preferred attending a health centre in comparison to their general practitioner's former surgery premises (Nuffield Centre, University of Leeds, 1970). Dixon (1971) elicited the opinions of health-centre patients in Bristol and found the majority of respondents satisfied with the centre and its organisation. Millar (1972) interviewed 75 patients to examine the technical difficulties which may impede the patients' approach to the doctor and the relationship between family doctor and patient.

Sidmouth health centre

In order to obtain further evidence on patients' opinions of health centres, a survey of patients attending one centre in the south Devon coastal town of Sidmouth was carried out in April and May 1972. The patients belonged to the practice of the six doctors who served the 12,000 population of the town and some of the neighbouring villages.

Before the centre opened the doctors had belonged to three separate practices. The centre, which had been open for two and a half years, was conveniently situated to

the shopping centre, public library and adjacent to a 34 bedded general-practitioner hospital.

It provided a comprehensive range of health services. In addition to the six doctors, staff included the equivalent of five and a half full-time secretaries and one practice state-enrolled nurse, while three district nurse/midwives and two health visitors worked from the centre. As well as general-practice surgeries, other services provided within the building included chiropody, speech therapy, antenatal classes, family planning, a slimming clinic, ophthalmic clinic for children, dental clinics, and well-baby and pre-school clinics. A consultant psychiatrist visited the centre twice a month. Accommodation was provided for the use of the Social Services Department. A number of voluntary bodies, including the Red Cross, the Council of Social Service, the Womens' Royal Voluntary Service and the Soldiers', Sailors' and Airmens' Association, also held regular meetings at the centre.

Methods

A systematic sample of one in 20 of the patients aged 18 and over was obtained from the practice age-sex register. Of the 539 patients, 74 (13.7 per cent) could not be contacted by letter or by visits to the recorded address. Of these 47 were not at the address given and had left no forwarding address with the present occupants of the property; 15, whose neighbours said that they were on holiday or working in another area, could not be contacted on subsequent visits; 12 had recorded addresses not known to the Post Office. As it was uncertain what proportion of patients would have used the health centre, substitutions for these patients were obtained by taking the succeeding name on the register to try to ensure that a substantial number of health-centre users was interviewed. From the revised sample 532 (98.7 per cent) were contacted and agreed to take part in the enquiry. Survey workers from the Institute of Biometry and Community Medicine interviewed patients in their homes using a questionnaire designed to elicit:

- (1) Some personal characteristics,
- (2) The way in which patients made contact with and travelled to the centre,
- (3) Their use of the facilities,
- (4) Their impression of the accommodation provided,
- (5) Suggestions for improvement of the service.

It was emphasised that their views as individuals would not be made known to the doctors or health-centre staff. In order to try to obviate any false comparisons due to changes in the service or incomplete recollection, patients were distinguished as those who had attended the centre within the past six months, and those who had attended before this period or who had never attended.

Results

Of the 532 people interviewed, aged 18 years and over, 41 per cent were men and 59 per cent women with over 44 per cent aged 65 years and over (table 1). Of the 375 people attending at the centre for any reason within the past six months, about 35 per cent were men and 65 per cent women. Of the 375 people attending 160 (43 per cent) were aged 65 years and over. For both sexes, the proportion of people contributed by each age group to those attending rose from 45-54 years of age to reach a peak at 65-74 years of age and declined thereafter (table 2).

The proportion of people attending within each age group showed considerable differences between men and women. Of men aged 18-24 years, 44 per cent had attended, and there was a tendency for attendances to rise with increasing age; 90 per cent of women aged 18-24 years had attended. There was a small and gradual decline in the proportion

TABLE 1
AGE AND SEX DISTRIBUTION OF PRACTICE SAMPLE

<i>Age (years)</i>	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85-98	<i>Total</i>
Number of men	16	24	22	26	42	55	26	7	218
Per cent men	3.0	4.5	4.1	4.9	7.9	10.3	4.9	1.3	41
Number of women	19	24	25	34	64	81	51	16	314
Per cent women	3.6	4.5	4.7	6.4	12.0	15.2	9.6	3.0	59
TOTAL number	35	48	47	60	106	136	77	23	532
per cent	6.6	9.0	8.8	11.3	19.9	25.6	14.5	4.3	100

TABLE 2
AGE AND SEX DISTRIBUTION OF PATIENTS WHO HAD ATTENDED THE HEALTH CENTRE DURING THE PREVIOUS SIX MONTHS

<i>Age (years)</i>	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85-98	<i>TOTAL</i>
Number of men	7	13	15	14	26	37	16	5	133
Per cent men	5.3	9.8	11.3	10.5	19.5	27.8	12.0	3.8	35.5
Number of women	17	21	22	28	52	63	36	3	242
Per cent women	7.0	8.7	9.1	11.6	21.5	26.0	14.9	1.2	64.5
TOTAL number	24	34	37	42	78	100	52	8	375
per cent	6.4	9.1	9.9	11.2	20.8	26.7	13.9	2.1	100

of attendances of women from age 18 years to 64 years with a more marked subsequent fall.

We classified 498 people by social class according to past or present occupations. The remainder were or had been members of H.M. forces, of independent means, or had inadequately described occupations. As the numbers ascribed to some social classes are relatively small, social classes 1 and 2 have been combined, as have 4 and 5. The proportion of people attending in social classes 1 and 2, and 3 were about the same but there was a smaller proportion in social classes 4 and 5 (table 3). However, when the number of attendances was calculated, there was an average of 4.5 attendances per patient in social classes 1 and 2, 5.4 in social class 3, and 5.5 in social classes 4 and 5.

TABLE 3
SOCIAL CLASS DISTRIBUTION OF SAMPLE AND NUMBERS ATTENDING HEALTH CENTRE

<i>Social class</i>	<i>Number of patients</i>	<i>Number of patients attending</i>	<i>Per cent attendances</i>
1 and 2	235	172	73.0
3	200	147	73.5
4 and 5	63	32	50.0
TOTAL	498	351	70.6

About 69 per cent of patients took less than ten minutes and 95 per cent less than 20 minutes to reach the centre. About 37 per cent walked at least part of the way to the centre, 18 per cent used public transport for at least part of the journey and 44 per cent went by private car (table 4). Of the patients attending 51.4 per cent lived within one

TABLE 4
JOURNEY TIME AND DISTANCE TO HEALTH CENTRE AND MODE OF TRANSPORT

Journey time in minutes	Mode of transport (part or whole of journey)							
	Walk		Public transport		Car		All	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
0-5	66	40.7	5	6.3	92	47.7	163	37.6
6-10	45	27.8	21	26.6	71	36.8	137	31.6
11-15	20	12.4	22	27.9	18	9.3	60	13.8
16-20	20	12.4	20	25.3	11	5.7	51	11.8
21-25	3	1.8	5	6.3	1	0.5	9	2.1
26-30	6	3.7	4	5.1	—	—	10	2.3
Over 30	2	1.2	2	2.5	—	—	4	0.9
TOTAL	162	100	79	100	193	100	434 ¹	100

¹A further eight people cycled to the centre and six used 'other' forms of transport.

mile of the centre and 97 per cent within five miles. Patients who had not attended the centre were asked what form of transport they would use if required to go there. About 28 per cent said they would walk, 24 per cent would go by public transport and 42 per cent would use a private car. Of the 193 patients using a private car 78.7 per cent did not find any difficulty in parking close by. Just over half the patients (191) attending took the opportunity to combine their visits with some other activity, such as shopping or going to the public library.

Out of the 375 people attending, 279 had gone in order to consult a doctor on at least one occasion. The proportions of men and women patients attending for this reason was about the same. Most patients (248 of the 279) had seen their own doctor. Enquiry was also made of other reasons for which patients attended. It was found that 230 people had collected a prescription, not necessarily for themselves, but 184 had also seen their doctor, 46 people had seen the practice nurse, 45 had attended a clinic, eight had seen the health visitor and nine had attended for other reasons. Most visits for a prescription, to the health visitor, and the nurse were made by patients aged less than 65 years, while most attendances at clinics were made by people over this age. More women than men attended for all these reasons. About 28 per cent (99 patients) had also visited the centre to accompany someone else.

Thirty seven people reported that they had suffered from ill health of some kind in the six months before the survey but had not attended. Nineteen had been visited at home by their doctor, eight had contacted their doctor without attending the centre, seven felt that their illness was too trivial to consult a doctor, six felt that the health

centre was too far away and the remaining seven felt that either a visit to the centre would take too much time or that they were unable to leave their families.

During the previous six months 178 homes were visited by a doctor either to see one of the 532 patients or a member of their family. Twenty per cent of these patients considered that a visit would not have been requested if transport had been provided.

The general practitioners had appointments systems and of 375 patients who had attended, 92 per cent remembered its presence and of these 90 per cent approved. Of the people who had not attended, 79 per cent knew of the appointments system. About 11 per cent of patients who had used the telephone to make an appointment had found some difficulty in getting through.

Two hundred and eighty four patients were able to give information about the interval between the request for an appointment and the day they were seen, but the questionnaire did not distinguish between delays at the request of the patient and delays caused by the system. Of these 186 (65.5 per cent) were seen either on the day the appointment was requested or on the following day. Over 83 per cent of all booked patients who gave an estimate of their waiting time said they were seen within 20 minutes of the time of their appointment (table 5). A majority of the patients (62.3 per cent) criticised the clarity of the ' call system ' which was of the public address type.

TABLE 5
LENGTH OF WAITING TIME IN CENTRE

<i>Time in minutes</i>	<i>Number of patients</i>
0-5	90
6-10	86
11-20	67
21-30	24
Over 30 minutes	25
TOTAL	292

Comments were invited about the most convenient times between 09.00 hours and 19.00 hours inclusive at which surgeries might be held. Of the choice made, 52.2 per cent showed a preference for a time between 09.00 and 12.00 hours, 23.9 per cent preferred a time between 17.00 and 19.00 hours and 10.9 per cent chose a time between 13.00 and 16.00 hours. Thirteen per cent of the replies showed no choice of times.

Patients were asked to give their comments on the heating, lighting, cleanliness, comfort and washing and lavatory facilities provided. Almost all (98 per cent) thought the centre was adequate in all these respects. About the same proportion thought the centre provided adequate privacy during consultations.

Patients were also asked whether they felt that health centres were a good way of providing health services and, of the 375 who had attended, 93.3 per cent felt they were, while 4.8 per cent were uncertain. Of those who had not attended, 61 per cent thought they were a good way of providing health services and 31.8 per cent did not know.

Views were elicited on possible improvements. Of the people who were generally satisfied 101 gave suggestions or criticisms (table 6). A further 28 people voiced criticisms of the present services. Sixteen felt that the system was less personal than in the general-practitioner type of surgery and less time was spent with the patient. Nine felt that their doctor was ' over protected ' by the receptionist so that they were unable to

speaking personally to him. Three people were entirely dissatisfied with the health centre, one of whom felt it was 'noisy and disorganised', one did not like the National Health Service in any of its forms and one felt that health centres were an improvement for the doctors but not for patients.

TABLE 6
SUGGESTIONS FOR IMPROVEMENTS

(1) *General*

Eight people would like a chemist on the premises.

Six others (all over 65 years) felt that they either had to wait too long for their request prescription or had to go home and come back again to the chemist, occasionally needing extra bus fares.

Six patients suggested that some form of booklet of information should be readily available indicating the full range of services provided by the medical and allied health professions: one of these also thought that this could include simple first aid instructions and treatment of common minor disorders.

Two people would like a private dentist in the centre for adults.

Two would like an eye specialist to hold a clinic there regularly.

One (young) person expressed the need for a lady doctor or a younger doctor for consultation.

(2) *Services requested for the elderly (65 years or over)*

Seven would like the elderly (no lower age specified) visited every four to eight weeks by a doctor, health visitor, or nurse.

Six elderly or infirm would appreciate transport to the surgery.

Four patients would like the chiropody service on the ground floor.

Three would like a domiciliary chiropody service

One person considered that the chiropody service was over-loaded.

One suggested that an annual check-up would be a welcome innovation.

(3) *Organisation and reorganisation of existing services and staff*

Ten would like a doctor available on duty to cover emergency only; four of the latter suggested that two-way radio installation in the general practitioner's car may help the patient to contact them in emergencies more quickly.

Seven were dismayed at losing their telephone money because of the need to make two calls to reach the "out of hours" duty doctor.

Six people expressly said that if possible they only ever wanted to see their own doctor.

Two would like a doctor present in the centre all day.

Two emphasised difficulty in getting through to the health centre on the telephone.

(4) *Design improvements*

Two thought the outside doors and lavatory doors were difficult for the elderly or severely arthritic to open.

One suggested that if the steps outside the centre were painted white it would be easier for the elderly to see them in the evenings.

One requested a peg for hanging clothes in the treatment room.

One said the whereabouts of the lavatory was not clearly indicated.

One required more up-to-date reading material.

(4) *Miscellaneous*

Nineteen people emphasised their dislike of the appointment system.

One felt that the health centre must not get any bigger.

One person wanted the method of making complaints publicised.

Discussion

It seemed necessary to request patients to give information and comments about their use of the health centre during a period of six months, in order to find from the sample a substantial number who had experience of the centre. The length of recall made it unlikely that accurate information about the nature and numbers of episodes of ill-health would be remembered. Questions about the nature of ill-health were therefore excluded.

Patients asked about attendances for medical care can fail either to report an attendance occurring within the six months or to report one occurring outside that period. Studies on physician consultation in the United Kingdom (Cartwright, 1963) and in the

United States (National Center for Health Statistics, 1972) suggested that the response found was subject to under-reporting as well as over-reporting which, to an undetermined extent, tended to compensate for each other.

The survey showed that a large majority of people who had attended the centre approved of this method of providing health services. There was no evidence that those who had not used the centre's services had not done so because of their dislike of this type of medical care. As might be expected amongst those who had not attended, there was a considerable proportion of patients who would not express an opinion either way, but only 8.2 per cent did not approve of services so provided.

Enquiry was made to find out why people who had suffered ill health of any kind in the six months before the survey had not attended the centre. As already indicated, the response to this type of question will be subjective depending on the patients' judgment of ill health and their recall of illness. Nevertheless, the amount of ill health not brought to the attention of a doctor either at the centre, by a home visit, or by other means, was surprisingly small but no comparison can be made with findings such as those of Wadsworth *et al.* (1971) in Southwark, where episodes of ill health were elicited with the aid of check-lists of symptoms, chronic illness and disability.

Of the 375 patients attending the centre during the previous six months, 133 said that they or their families had received one or more home visits from a doctor during that period. No policy to restrict home visits had been operated by the doctors since moving into the centre, as it was considered that a visit to the home often gave valuable information relevant to the management of a particular patient. One fifth of the patients whose homes had been visited said that the visit would not have been requested if transport to the centre had been available. Knowledge in retrospect of the nature of their illness might have affected this response.

About 11 per cent of patients found difficulty in contacting the centre by telephone in order to make appointments. The experience of the receptionists suggested that five lines were enough as most callers were able to receive an answer from the switchboard quickly, but delays in transfer of calls to the required extension due to use of the extension telephone were the major cause of delay. In specific comments some patients found it inconvenient when using a public telephone to have to make two calls in order to contact the 'out of hours' doctor on duty. This occurred mainly with one practitioner who could not be supplied with a direct line to his home from the centre and sometimes relied upon a recording machine for redirecting calls.

The appointment system itself was generally welcomed and from the patients' own impressions their flow after arrival at the centre appeared satisfactory with short waiting times. The call system, which was of the public address type, was not considered satisfactory by many patients because of distortion of the sound. Some elderly patients were so concerned that they disliked attending unless accompanied by someone else in order to avoid missing their name when called. The facilities in terms of privacy for consultations, heating and space were generally approved. The three patients who were generally dissatisfied each gave different reasons for their dissatisfaction.

Patients were asked to describe those aspects of the Health Services which might be improved. Not all of the requested innovations are practical and some of the criticisms, such as privacy at the reception desk, are common but difficult to solve (Edwards, 1972). However, several suggestions are being or have been met. The chiropody clinic is now held on the ground floor and new handles have been placed on doors to aid arthritic patients. A treatment room has been modified to provide three cubicles with separate clothes hanging facilities and efforts are being made to improve the call system. Modifications to the telephone system should soon be adopted which will solve the difficulties found with a small number of 'out of hours' calls. Some of the problems were

recognised before the survey but from comments made during and after the survey, patients appreciated the opportunity of making their views known.

These findings cannot be considered of general application. Even when built by the same local authority, no two health centres are identical but are fashioned to meet local needs and individual requirements (Lyons, 1970). Those attending represented, in the main, an urban population but with an element living in villages and rural areas. Sidmouth is a district favoured for retirement, accounting for the number of patients aged 65 years and over, with a predominance of social classes 1 and 2. While it is true that this suggests a degree of affluence, this is not invariable; many elderly retired people, particularly widows, find that inflation has progressively reduced their circumstances to the point of financial hardship.

Arguments can be advanced either way that the composition of the population would make it either more critical or less critical of health-centre services. It cannot be implied that a similar proportion of satisfied patients would be found in practices or clinics using some other type of organisation. However, the findings must give encouragement in that the health-centre concept as developed in Sidmouth provides an acceptable form of medical care.

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