

Practice Premises and Equipment

A NEW SURGERY FOR A GROUP PRACTICE OF THREE DOCTORS

J. N. WATSON, M.R.C.S., L.R.C.P.;
R. D. C. HART, M.B., B.S., D.OBST.R.C.O.G.;
M. J. HARGRAVE, M.R.C.S., L.R.C.P.

Wootton Bassett

Perhaps other doctors are getting tired of reading about new surgeries, but the main fact which has struck us about published papers is the variation in basic design; it is obvious that there is a considerable difference of opinion as to what constitutes an ideal surgery. As a partnership we have just built a new surgery, and we publish the details in the hope that it may help others in planning theirs.

The Practice

The practice is mainly rural, based on one small town—Wootton Bassett. There are approximately 7,800 patients and all patients are seen by appointment, a system which we introduced two years ago and which works well, to the advantage of both the patients and ourselves.

We are equipped with radio-telephones which we have had for three years and would not be without. Duties are taken in rotation and the telephone is switched through to whichever doctor is on night duty. The surgery is a lock-up surgery.

Planning

Stephen Taylor's book *Good General Practice* is an essential for any doctor planning a new surgery and we have incorporated many of his ideas. From our old surgery we learnt the folly and frustration of two doctors trying to share one examination room, and we were determined not to repeat this mistake.

We visited many doctors in the surrounding region who had built new surgeries and profited greatly from their experience—we are most grateful to them. The basic layout of the building we decided ourselves, and then called in an architect who arranged it into its present form. The building was done by a local builder. The land acquired is just off the main high street so that the surgery is quiet and secluded and yet is near the centre of the town and the bus routes.

We have been anxious for some time to work more closely with the local health authority, and the building was planned with the needs of their clinics in mind. They have held their infant welfare clinics in our surgery for some months now, and we feel sure that the closer relationship is to the patient's advantage.

The basic layout can be seen from the plan (figure 1). The following points are worth noting.

Roof and insulation. The roof is of concrete—waterproofed with asphalt—beneath this there is an air space—then a layer of fibre glass, lying on plaster-board lined with tinfoil, and, finally, there is a layer of acoustic tiles (which really do cut down sound). We feel that the extra expense of this insulation is well worth it, as fuel is probably going to rise in cost throughout the years, and eventually it will pay for itself. The walls are sand-faced brick externally and thermolite blocks inside, which are both heat resisting and sound resistant.

Heating. This is done by central heating: at the back of the surgery there is an oil fired burner and a 600 gallon tank of oil. We decided on this for its simplicity of operation, and lack of need for attention. All the rooms are equipped with crane skirting heating which is designed to keep the inside temperature at 70°F. when the outside is at 32°F. The boiler is controlled by an air-temperature thermostat which can be set as desired. The rooms have individual foot controls. An extra refinement was a time switch, so that the boiler will automatically miss out Sundays—the water is circulated by an electric pump. The whole set up is efficient and cheap. Fuel bills are approximately £60 a year.

Lighting. All electric cables (and telephone cables) run in galvanized conduits in the floor, walls and roof. The lighting is by fluorescent lighting in all rooms, other than the small lobbies, and desk lights. There are several power points in each room, a ring main system being used.

Water heating. This is done by small, thermostatically controlled electric heaters built *under* the basins (and so out of sight). The basins all have special mixing taps. These heaters, which are extremely efficient, we found at the Building Centre in London and we would strongly recommend any doctors who are building surgeries to pay a visit to this centre which is full of ideas.

Floors. The floor to the entrance hall is of cork tiles to cut down sound; all the other floors are of thermoplastic tiles—a different colour for each suite of consulting rooms. The skirting is of black coved thermoplastic for ease of cleaning.

Doors and decoration. These are all flush-fitting plywood doors, packed with straw for sound insulation, all the doors from the entrance hall to the lobbies are fitted with long glass panels, and these doors are all painted different colours, which gives a cheerful effect on coming into the entrance hall. The walls are emulsion paint. Each doctor and secretary chose their own colour scheme for their suites.

Car park and pram shelter (figures 2 and 3). Surrounding the surgery there is a car park which is gravelled and can accommodate

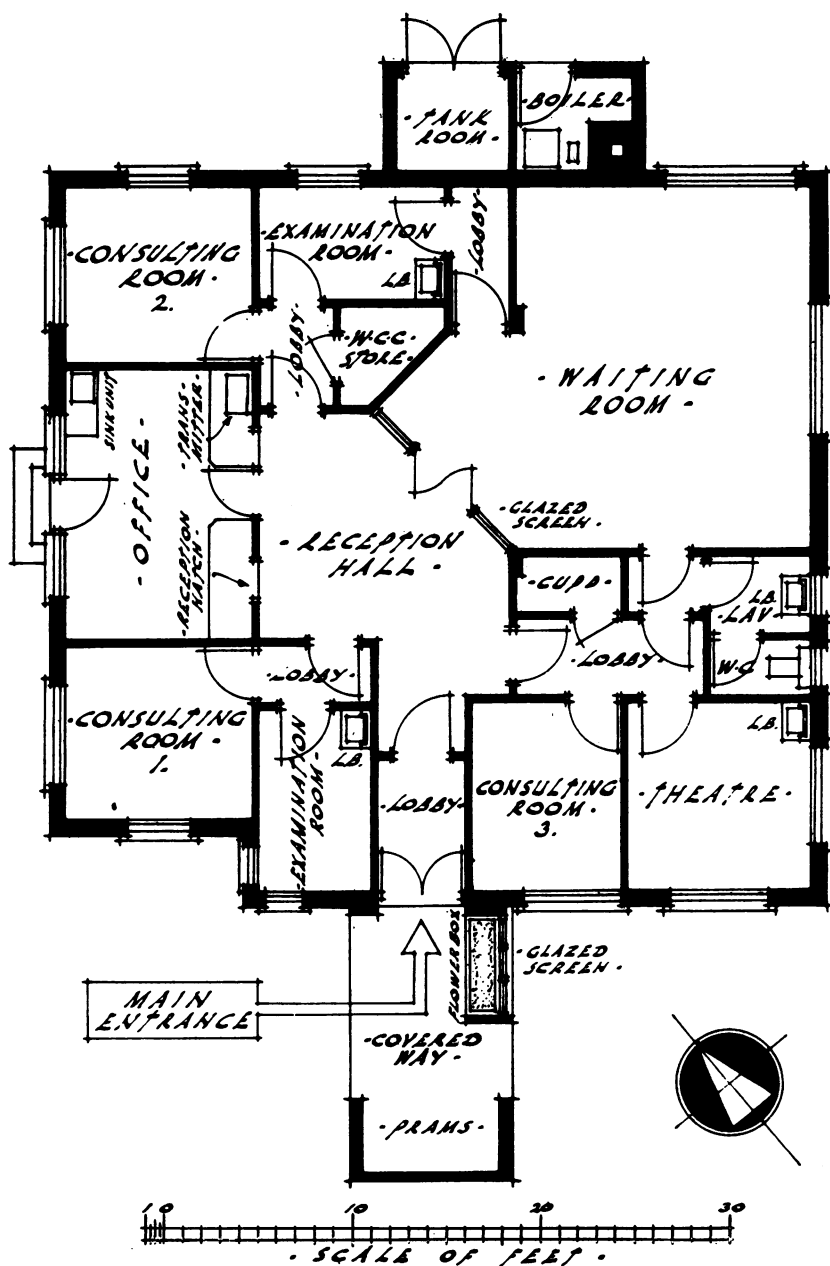


FIG. 1. Ground Plan of the Surgery.

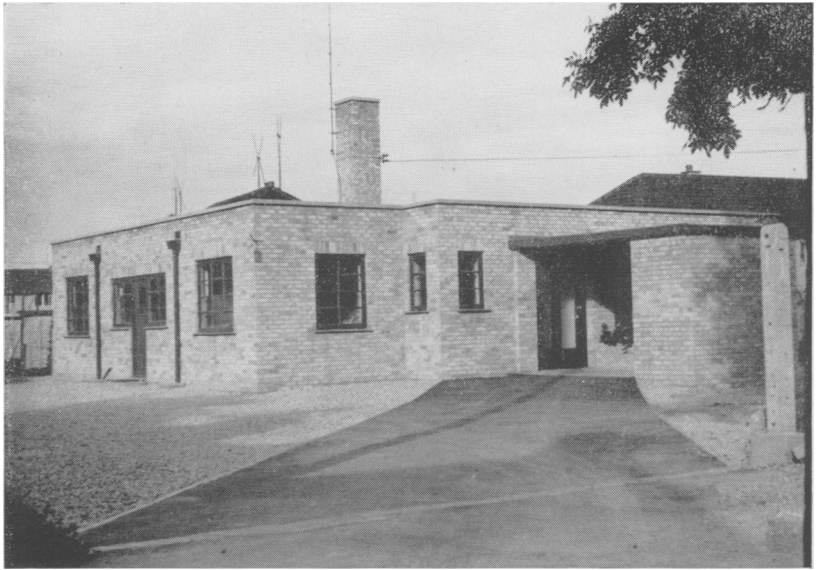


FIGURE 2. *General View of the Surgery, and part of the Car Park.*



FIGURE 3. *Entrance Hall as seen from the Waiting Room.*



FIGURE 4. *The Waiting Room seen from one of the Secretaries Hatches, showing part of the skirting heating.*



FIGURE 5. *A Consulting Room.*

approximately ten cars. The patients walk up to the entrance porch, which includes a covered pram shelter by a tarmac path. In the entrance porch a flower trough adds a touch of brightness.

General Working of the Surgery

Waiting-room (figure 4). This is more than large enough. As we run an appointment system, we seldom have more than a few patients waiting, but it allows the county council clinics plenty of room. The floor is yellow and the chairs of grey tubular steel with seats of black plastic; these we feel are preferable to bench seating. A lavatory with a wash-basin leads off from the waiting room.

Office. We employ two secretaries and so there are two hatches from which a direct view of the waiting-room can be obtained. Patients are called by name by the doctors, as we find this is less impersonal than a bell system. We have our own telephone exchange with two lines, extensions to each consulting room and to each doctor's house. We have had galvanized conduits laid under the floor in case in the future we can afford an intercommunication system. The office is equipped with a sink and cupboards for urine testing, etc. Two storage cupboards have been built into the surgery, one for our use and one for the use of the Wiltshire County Council.

Consulting rooms (figure 5). These are light and airy, and have aluminium venetian blinds. A lobby is provided between each consulting room and examination room which ensures both privacy and sound-proofing.

Examination rooms. We feel that these are essential. They are equipped with tubular steel examination couches, wash-basins, formica shelves, electric sterilizers and venetian blinds. One examination room was made considerably larger to allow it to be used as a minor theatre.

Lobbies. Normally the separate examination room allows the doctor to make a start with his next patient while the previous one is dressing; but, if as is sometimes helpful, both lobby doors are left open, conversation can still be carried on while the patient dresses in privacy, without being overheard in the reception hall.

Conclusions

The total cost of the building, including land and architect's fee, was approximately £6,500, of which the greater part was provided by a group practice loan. We find that working in these surroundings is a pleasure, and undoubtedly helps to performing better medicine, by having everything to hand and removing minor frustrations. The only fault to date is that one of us finds his examination room a little narrow (9-ft. x 6-ft.).

We wish to thank Mr. T. Burrington of Swindon for his help and for permission to publish his ground plan.