

Car parking requirements in general practice

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MUCH HAS BEEN WRITTEN RECENTLY CONCERNING practice administration and practice premises. It seemed relevant to assess practice car parking requirements quantitatively, this study being precipitated by discussion with a local authority over the question of car parking at the writer's practice.

During January 1968, 200 patients were asked to complete a simple questionnaire asking:

- (a) How many times per year do you visit the doctor on average?
- (b) Do you ever come by car?
- (c) If you do not use a car now do you think that you are likely to do so in the next five years?
- (d) Do you consider car parking facilities near a doctor's surgery to be important?

Two further questions dealt with the desirability of a zebra crossing adjacent to the surgery and are beyond the scope of this paper.

An 88 per cent reply rate was received. The writer works in a three-man practice which is fairly centrally placed in a Northern university city with some spread over a rural hinterland and some nineteenth century heritage of small terraced houses. In many ways it probably represents an 'average' type of mixed practice population evenly spread throughout all social groups.

The following is a summary of the replies received:

1. Ninety nine per cent of patients stated that they thought car parking facilities were important at surgery premises.
2. Sixty eight per cent of our patients usually visited the surgery by car at the time of the survey.
3. During the month of this survey 1,148 patients were seen at 55 surgery sessions, averaging 21 patients per session of which 14 came by car. As the practice list size is approximately 6,000 patients (all partners also hold hospital appointments), this would suggest approximately 2.3 parked cars per surgery per 1,000 patients.
4. Of those patients not now coming by car 40 per cent stated that they hoped to do so within the next five years so that by then 82 per cent of patients may be using their cars to attend surgeries. This means up to 17 cars per surgery at the present work-load, or to the nearest round figure three parked cars per surgery per 1,000 patients.
5. The replies to question (a) showed an average of 7.5 surgery visits per patient per year. In fact our practice average for this figure is 2.4 consultations per patient per year (14,509 consultations and 6,000 patients) our sample having obviously included many 'regulars' and few of our infrequent attenders. However, it must represent an index of the comings and goings of patients' cars to our premises of which most of us are unaware.
6. Amongst those patients attending the surgery by car an average of 8.2 visits per patient per year was noted whereas the figure for patients attending on foot or by public transport was 5.5 visits per year. No deduction is made from these figures, they are merely quoted as an observation.

Staff cars have been thus far ignored but all partners, ancillary staff, attached local authority staff and medical representatives must be considered. Perhaps enough parking space for all partners plus one other space per 3,000 patients should be permanently available for staff use, this figure representing an estimate and not a calculation.

The figures previously quoted for patients assume an 'open' surgery: with a full appointment

system the patient with the early appointment should have been seen and have left the premises by the time the later patients arrive so that theoretically five or six patients may use one parking space during one hour. However we all know how surgeries run late, patients arrive early or without appointments and also attend to make appointments or collect prescriptions. Perhaps as a compromise the parking spaces per 1,000 patients calculated could be halved where a full appointment system is practised, and 1 to 1.5 parking spaces per 1,000 patients should suffice.

These suggestions cannot be made dogmatically or didactically and represent one individual's appraisal of the problem. General practice must be as variable as its practitioners, but the future trend seems to be towards larger establishments, many purpose-built, perhaps by local authorities. Our survey suggests that to ignore the problem of patients' parking would be improvident and may provide a basis for negotiation between general practitioners and local authorities.

ACCOMMODATION AT COLLEGE HEADQUARTERS

Temporary residential accommodation for members and associates and their families is provided at college headquarters. This building, overlooking Hyde Park on one side and Princes Gardens on the other, is central and easily accessible.

The charge, including breakfast, are as follows:

For single rooms	£2 10s. 0d. per night
For double rooms	£4 5s. 0d. per night
For a flatlet (bed-sitting room for two, bathroom and dressing room)	£6 per night or £36 per week
For a self-contained flat (double bedroom, sitting room, hall, kitchen and bathroom)	£42 per week

Children under the age of 12 years cannot be admitted, and dogs are not allowed.

Members and associates may, subject to approval, hire the reception rooms for meetings and social functions. The charges for these are:

Long room (will seat 100)	25 guineas for each occasion
Damask room (will seat 50)	15 guineas for each occasion
Common room and terrace	15 guineas for each occasion

A service charge of 10 per cent is added to all accounts to cover gratuities to domestic staff.

For the convenience of members, four car ports, outside 14 Princes Gate, have been rented by the College and may be hired, at a cost of 10s. 6d. per 24 hours.

Enquiries should be addressed to the **Administrative Secretary, The Royal College of General Practitioners, 14 Princes Gate, London, S.W.7.** (Tel. 01-584 6262), Whenever possible bookings should be made well in advance.