

Ballymoney Health Centre

A comprehensive health centre incorporating urban and rural doctors

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Ballymoney, Co. Antrim

THE Dawson Report (1920) envisaged health centres as places where general practitioners worked, and which would provide a wide range of clinical facilities including beds for their patients. In a few places, such as Stranraer, Huntley and Hythe, this arrangement has been achieved.

In Ballymoney, Co. Antrim, due to the generosity of a local man, the late Samuel Robinson, a magnificent cottage hospital was built in 1933. It has 37 beds, including a 12-bed obstetric unit, a physiotherapy department and an x-ray department. It cost £50,000 and Mr Robinson then made further very generous endowments. This hospital

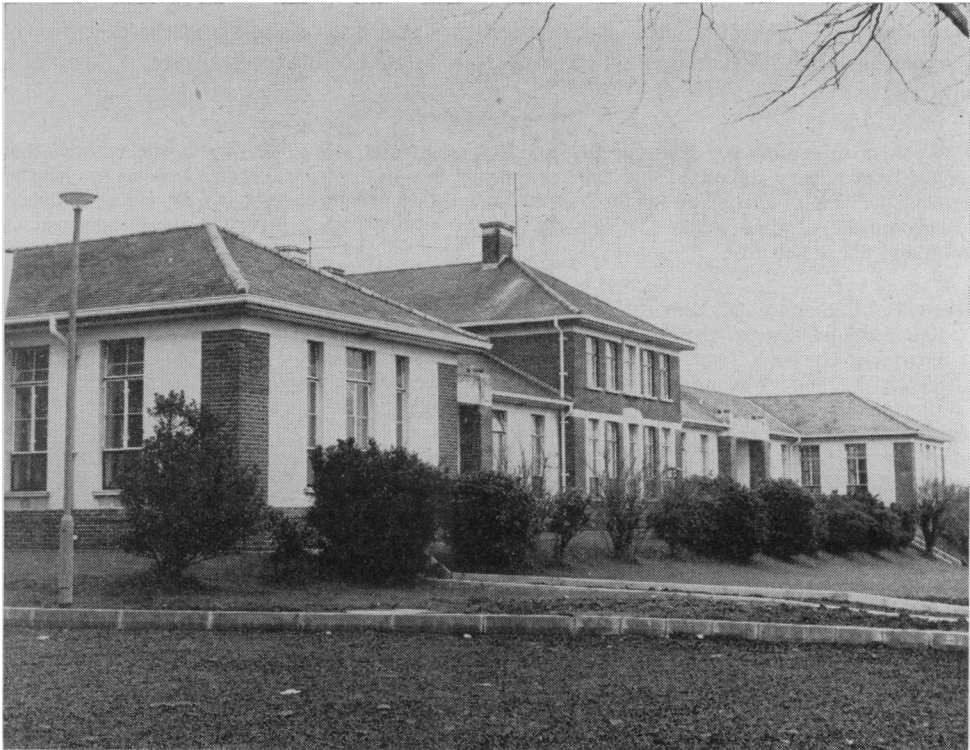


Figure 1
The Robinson Memorial Hospital, Ballymoney, Co. Antrim.

is used by the local general practitioners and visiting consultants from a nearby general hospital. Good relations exist between the general practitioners and the consultants who readily see patients for the general practitioners. There are 14 general practitioners on the staff of the hospital, five from the two practices in the town, which is a small market town with a population of 6,000, and nine from the surrounding area which is

mainly agricultural. The hospital was taken over by the National Health Service in 1948 and the endowments, after a protracted legal battle lasting five years, were vested in the Robinson Memorial Hospital Inc., the income to be handed over to the North Antrim Hospital Management Committee, to be spent on the cottage hospital.

The general practitioners deal with a wide range of conditions that come within their competence, *i.e.* pneumonia, bronchitis, asthma, anaemias, duodenal ulcers, lumbar disc lesions, diabetes, hypertension, terminal illnesses and acute geriatric problems. They carry out routine investigations and do minor surgery. All local general

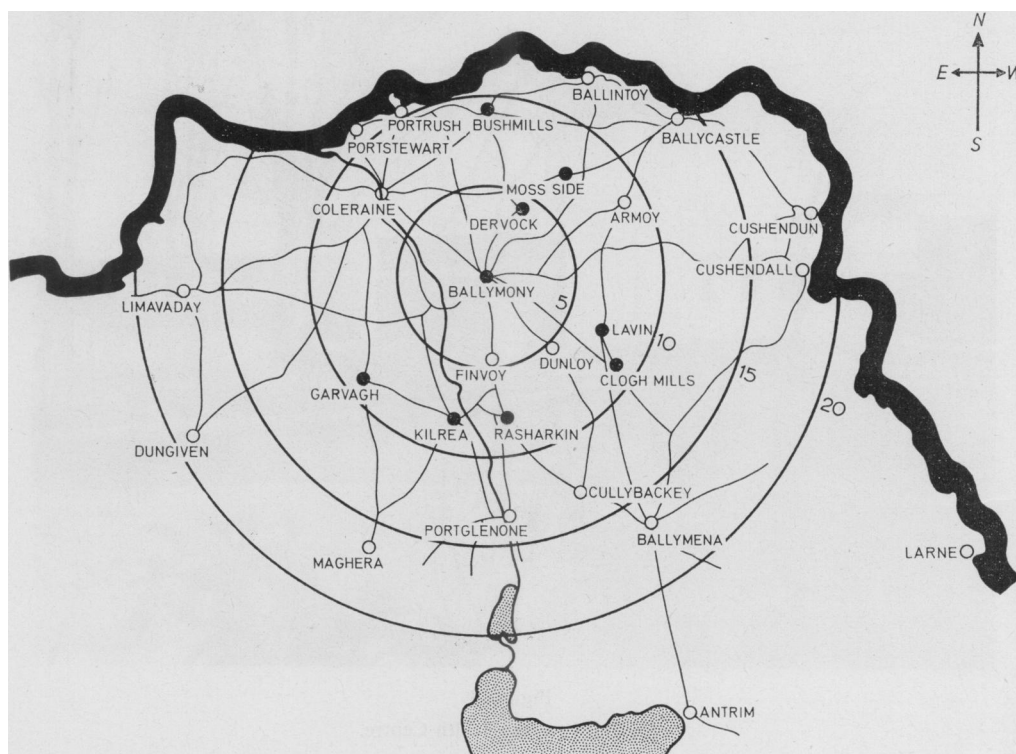


Figure 2

The location of general practitioners on the staff of the Robinson Memorial Hospital, Ballymoney.

practitioner obstetric cases are delivered in the hospital and there is now no domiciliary midwifery practised. A full and unrestricted range of x-ray procedures is carried out and reported on by a consultant radiologist. The physiotherapist is engaged by a joint appointment between the hospital management committee and the local authority. She does inpatient care for ward patients, exercises for the newly confined mothers, three outpatient sessions per week, relaxation classes for expectant mothers, breathing exercise classes and some domiciliary physiotherapy. This joint appointment is an interesting exercise in co-operation and integration between the hospital and the local authority branches of the service.

The endowments have prospered and recently were valued at £350,000. The trustees took the view that the donor intended that his benefaction should be serving the people of the town and district, and as this climate of opinion coincided with the general practitioner charter negotiated in 1966 it was suggested that some of the endowments should be used to build a health centre in the grounds of the hospital. This has

now been done and it provides health centre facilities for the doctors and the patients of the town. It has also incorporated in it an area diagnostic unit which serves the nine doctors outside the town. It further provides a small postgraduate centre with a lecture hall, medical library and common room. The planning of the project was entrusted to a steering committee appointed by the hospital committee, consisting of two general

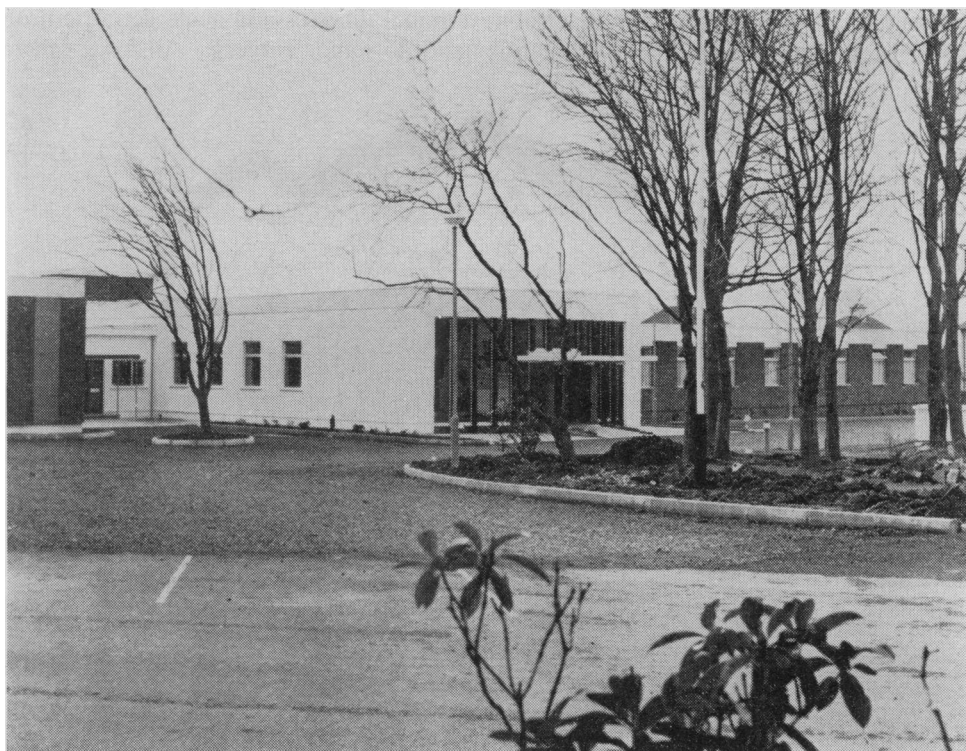
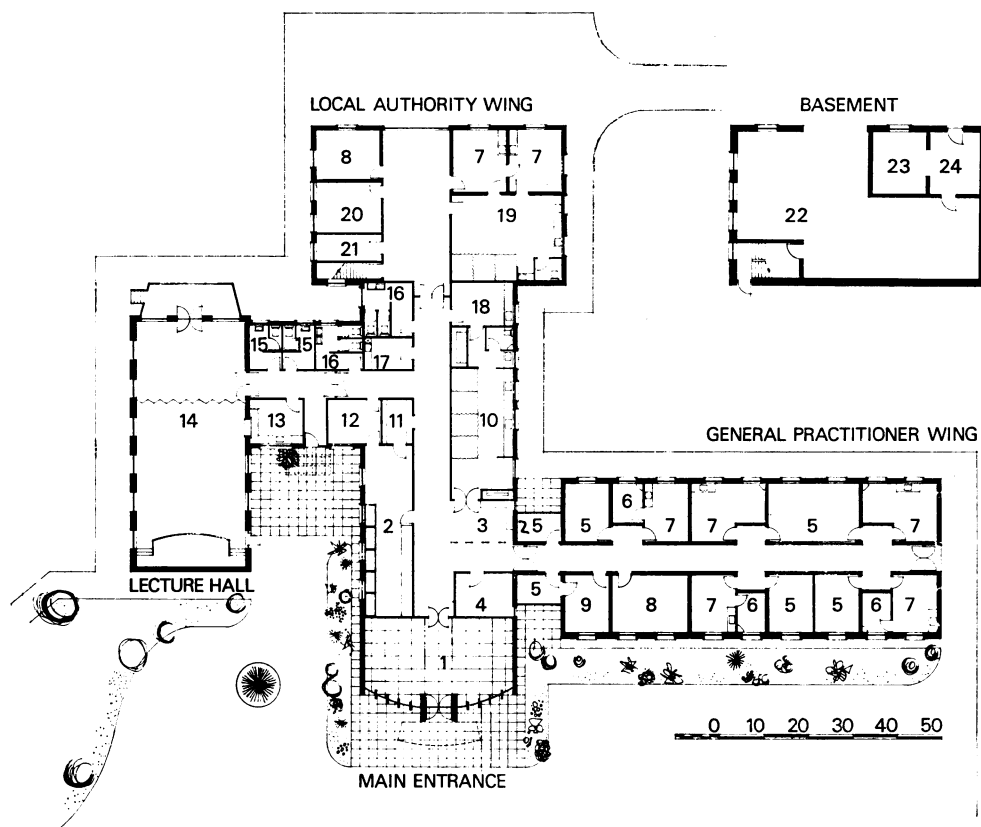


Figure 3
The Ballymoney Health Centre.

practitioners representing the two practices, the divisional medical officer of health, the hospital group secretary, the divisional welfare officer and the matron of the hospital. This was quite a herculean task, as, apart from the actual planning, the following bodies had to be consulted and kept informed: Ministry of Health and Social Services, Northern Ireland Hospitals Authority, Northern Ireland General Health Services Board, County Antrim Health Committee, County Antrim Welfare Committee, Hospital Management Committee and the Trustees. The centre can be divided into six departments:

1. *Personal medicine*

In this wing each general practitioner has a suite consisting of a consulting-room, examination-room and small waiting room. The question of these individual waiting rooms was controversial at the planning stage, as a great number of people took the view that this was a waste of space when an appointment system was in operation, but the doctors, and indeed the hospital committee, felt that there should be these small waiting rooms where patients could sit, albeit momentarily, and compose themselves for the ensuing consultation. The idea of one large waiting area was considered to be too much like an airport lounge and would tend to erode the intimate doctor-patient relationship which it was hoped would be preserved. Also in this department there is accommodation

**KEY**

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|-------------------------|-----------------------------|-----------------------------------|
| 1 Entrance hall | 9 Social worker | 18 E.C.G./Recovery room |
| 2 Reception office | 10 Treatment room | 19 Clinic room |
| 3 General waiting area | 11 Food store | 20 Audiometry/Speech therapy room |
| 4 Centre superintendent | 12 Private office | 21 Store |
| 5 Waiting room | 13 Kitchen | 22 Basement storage |
| 6 Examination room | 14 Lecture hall/Common room | 23 Calorifier room |
| 7 Consulting room | 15 Staff toilet | 24 Switch room |
| 8 Health visitors | 16 Patients' toilet | 25 District nurses |
| | 17 Cleaners' store | |

Figure 4

Ground-plan of the Ballymoney Health Centre.

for the health visitors, the district nurses and the medical social worker who are fully attached to two practices. This results in easier consultation and better team work.

2. Community medicine

This department provides a wide range of clinics:

- (a) General practitioner antenatal and postnatal
- (b) General practitioner immunization
- (c) General practitioner cervical cytology
- (d) Baby clinic
- (e) Children's ophthalmic
- (f) Chiropody
- (g) Speech therapy
- (h) Family planning
- (i) Roman Catholic marriage advisory service

- (j) Audiometry
- (k) Group physiotherapy
- (l) Geriatric.

3. *Area diagnostic unit and treatment room*

This large room links the two previous departments. It serves the local doctors and the doctors from the surrounding area. It has four cubicled couches and an ECG-recovery room, with ample storage space. The sisters provide the following services: injections, bandaging, ear syringing, fractional test meals, erythrocytic sedimentation rates, haemoglobin estimation, electrocardiographs, vitalographs, glucose tolerance tests, urine testing and the taking of bloods etc. for dispatch to the clinical laboratory. Also the district nurses work in close liaison with this department and they encourage their ambulatory patients to come to the treatment room and this tends to conserve valuable nursing time.

4. *Reception and administration*

The day-to-day responsibility for the smooth running of the centre is in the hands of the centre superintendent, who is a health visitor and has a central office near the reception area. The reception area contains:

(a) A telephone switchboard. There are two telephone systems installed, GPO and an internal one, which is also linked to five departments in the hospital.

(b) A filing system for record cards. All the records (12,000) are in family folders. There are two reasons for this: (i) when a patient, during a consultation, asks for a prescription for another member of the family the doctor has the relevant record card at hand; (ii) the folder confers a degree of confidentiality on the records. The records are stored in the 'open plan system', that is, they are all on a single counter which is subdivided for the two practices. A tray can be pulled out from under each section and the clerical staff, while seated, can place the records into specially constructed boxes, one for each doctor. These boxes are left on the doctors' desks with a list of patients for the next surgery. When the surgery is finished the records are filed again. All records are colour coded for the individual doctors.

(c) Filing of x-rays. All patient's x-rays and reports reach the doctor's desk so that on the patient's next visit the doctor has them to aid him. After he has finished with them they are filed in the office and this makes for easy reference.

(d) Private office. There is also a private office in the administration area for dictation and typing of medical reports and letters. This was so designed to cut down noise in the general office area. As there are no clanging filing cabinets and the typewriter is isolated, there has been a considerable planned reduction of noise in this area.

5. *Common room*

This is a large and comfortably furnished room with a magnificent view and used by all the staff.

6. *Postgraduate medicine*

A panelled lecture hall which seats 100 people is separated from the common room by a sliding partition which can be opened and will then seat 150 people. In this department are held:

- (a) Monthly clinical meetings of BMA (membership 120)
- (b) Area obstetrical statistical meetings
- (c) Public health educational meetings
- (d) Refresher courses sponsored by the department of postgraduate medicine, Queen's University, Belfast
- (e) Clinical meetings sponsored by drug firms

- (f) St John Ambulance
- (g) Nurses' recreation
- (h) Meetings of hospital committee and health centre committee.

Also, in this hall is the medical library which contains over 200 volumes and which are specifically general-practice orientated.

Teaching facilities

1. The Faculty of Medicine of Queen's University, Belfast encourages and has a scheme whereby students spend some time with the general practitioners in this centre to 'see' general practice. They are usually in their fourth year.

2. One of the practices has been recognized for training doctors under the General Practitioner Vocational Training Scheme, under which a young doctor spends a year in the practice as a registrar.

3. The New University of Ulster, Coleraine sends students in social science to the centre to do 'field work' under the supervision of the medical social worker.

Administration

1. The day-to-day running of the centre is undertaken by the centre superintendent.

2. A committee of management has been appointed by the hospital committee and consists of the five general practitioners using the centre, two medical officers of health, the divisional welfare officer, the matron, the hospital group secretary and two general practitioners representing the general practitioners who use the area diagnostic unit. The superintendent acts as secretary to this committee.

Financial

The building is owned by the hospital management committee, and the health and welfare committees together with the Northern Ireland General Health Services Board are the tenants. They pay a basic rent which is fixed by the local valuation officer, while lighting, heating, cleaning and telephone costs are shared by all the users. The cost of clerical staff is borne, one third by the Health Committee and two thirds by the general practitioners who receive re-imbursement on their portion. There is as yet no re-imbursement for the cost of telephonists or cleaner which can amount to a considerable sum.

Staffing

1. Centre superintendent—seconded from health committee.
2. Two sisters—seconded from health committee.
3. Three health visitors—seconded from health committee.
4. One medical social worker—seconded from welfare committee.
5. Three full-time receptionists—shared by general practitioners and local authority.
6. Two part-time receptionists—shared by general practitioners and local authority.
7. One full-time cleaner (male).

Summary

The cottage hospital, the health centre, the area diagnostic unit and the postgraduate centre form an exciting and comprehensive general practitioner complex involving the doctors of the town, the doctors from the surrounding area (a number of whom are single handed and isolated), and local authority services. It is an example of integration between all branches of the National Health Service, *i.e.* hospital, general practitioners and local authority. It provides an extensive range of services and, at the same time, leads to great professional friendliness and mitigates against the professional isolationism of the single-handed general practitioner.

The time taken from planning to completion was 3 years 10 months and the contract price was £98,985.

REFERENCE

Report of the Future Provision of Medical and Allied Services. (1920). London. H.M.S.O.