INDIVIDUAL STUDY

Sighthill—The evolution of a health centre

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SIGHTHILL Health Centre, the first health centre in Scotland and the second to be built in Britain, was opened on 15 May, 1953 by the then Secretary of State for Scotland, the late Right Honourable James Stuart, *M.V.O.*, *M.C.*, M.P. It was in the west of Edinburgh in an area inadequately served by the then existing community health services, and scheduled for further housing development.

The first annual report comments, " The idea behind the health centre is to bring the different health services closer together, and enable them to co-operate to the advantage of the patient in the common aim of promoting health and preventing as well as curing disease."[1]

Plan and staffing

The health centre was in the form of a square, round a central, grassed courtyard (figure 1). Each side housed a separate service: (1) general medical services. (2) physiotherapy and nursing services. (3) local authority, child welfare and school medical services. (4) administrative, and on the first floor, general dental services and local authority dental services. There are a kitchen and two common rooms on the first floor, and a lecture room in the north east corner. The health centre was unusual in having a pharmacy dispensing only National Health Service prescriptions. It was sited to the left of the main entrance. An x-ray room was in the south corridor, but has not yet been used.

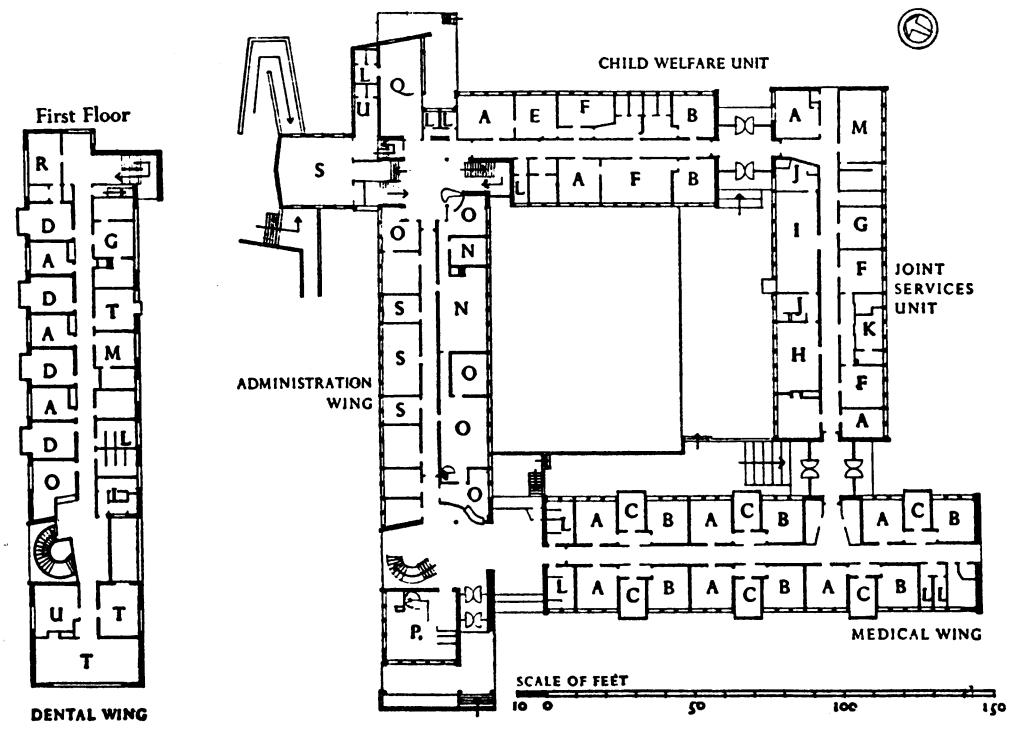
The Department of Health for Scotland had consulted the local authority and those doctors working in the area in the planning stage. Nine general practitioners—two partnerships of three and three single-handed doctors—moved to the centre with varying degrees of enthusiasm. There were about 11,000 patients. One partnership and two of the single-handed practitioners also had premises nearer the centre of the city. The local authority provided child welfare, school health, and dental services from the start. A dentist providing general dental services was also appointed by the executive council on a salaried basis.

A physiotherapist, supervised by a consultant in physical medicine, was also provided, giving services for the general practitioners. Priority treatment was given to patients of doctors practising from the centre, but some patients referred from other practitioners, or direct from the hospitals, were also treated. Sisters from the Queen's Institute of District Nursing supplied the staff for the dressings, in the treatment rooms, during the consulting sessions.

The early years

The first year was mainly concerned with blending the various elements of community care in their new surroundings. The main break with tradition was housing family doctors in a purpose-built centre, away from their homes, and under the same roof as the other services. The patients took time to adjust but in the main adapted cheerfully. Some were unhappy at the clinical atmosphere, but soon realised the relationship with their own doctor had not changed.

Co-operation between doctors and their nursing colleagues was fostered by meeting for morning coffee in the staff room. After a few years, this informal meeting was dropped as the pressure of work increased, but the early contacts, and the fact that we



A Waiting room
B Consulting room
C Examination room
D Dental surgery
E Baby weighing room
F Treatment room
G Laboratory
H Physiotherapist
I Gymnasium
J Changing room
K Sterilising room
L Lavatory
M x-ray room
N Nurses' office
O Office
P Pharmacy
Q Children's playroom
R Recovery room
S Lecture room; study
T Staff room
U Kitchen

Figure 1
Plan of Sighthill Health Centre

were working in the same building, have proved valuable in maintaining closer links than had previously been possible.

A rota for emergencies soon proved useful. Each practice was on emergency stand-by in turn and each individual arranged cover for half-days or week-ends.

1954–55

At the end of 1953, an x-ray machine was requested and has been at intervals since. A survey was done in the first three months of 1954, when a record was made of all patients referred for x-ray, and the type requested. The results were considered not to warrant installation of equipment and supply of a radiographer. It was argued that this service would increase the scope and interest of the family doctors' work, the service would eventually expand, and would relieve the x-ray and casualty departments of some of their work-load.

About this time, Dr Richard Scott, now Professor Scott of the General Practice Teaching Unit, proposed giving experience in general practice to the Edinburgh medical students. The unit was in its infancy, and it was hoped that students might be attached for a fortnight at a time. It was felt that the practices had not yet had time to settle in, and the suggestion was not followed.

At the end of 1954, moves were made to provide antenatal care for the patients, in order to avoid the long journey and wait at the hospital clinics. No formal arrangement could be agreed with the regional hospital board, but the individual doctors were able to make informal arrangements with the consultants, and one partnership started an antenatal clinic in 1955, at which midwives and health visitor attended, held in the local authority council premises.

In 1954 also, the pharmacy took over the laboratory work for the doctors from the receptionists. With the centralisation of the medical records of all but two of the doctors in that year, the receptionists' work had increased considerably, and they were no longer able to undertake this work satisfactorily. The new arrangement has worked well, relieving the doctors of much routine urinalysis and simple haematology.

In 1955, the pharmacy supplied a sterile syringe service for the local authority's triple antigen programme, and this was extended to the treatment room and the family doctors. This came into being the following year, and continued until the introduction of sterile disposable syringes through the executive council after 1965.

At this time, the medical social worker started attending regularly at the centre to help with patients' social and financial problems. She was a local authority employee, and, in time, pressure of work centrally meant she attended by appointment only.

1956

At the request of the regional hospital board the psychiatric consultative clinic was introduced in January 1956. The west Edinburgh psychiatric services are based in Bangour Village Hospital, some 14 miles to the west of Edinburgh, and it was logical to base the outpatient sessions in a building such as the health centre. From this essentially pragmatic decision has grown a firm and useful link between the psychiatrists and the family doctors. One of the psychiatrists has been a member of the committee of management since July 1962.

Regular antenatal relaxation classes for all expectant mothers were started under the guidance of the physiotherapist in 1956. This superseded a scheme where one of the practitioners, with the senior health visitor, had run a small class for his own domiciliary maternity patients.

In November 1956 it was felt that simple anaesthetic equipment, the Boyle's machine, would enlarge the scope of work and the value of the treatment room, particularly as some members had recent experience of casualty work. The Department of Health for Scotland were reluctant to proceed before full discussion with the head of the department of anaesthetics in the Royal Infirmary. It was suggested that the dentists' Walton machine could be used, but as this would have entailed transporting a heavy machine from the dental department to the treatment room or the handling of septic cases in the dental suite, neither alternative was acceptable. Statistics were collected, and the work at that time was not thought to be enough to justify the equipment.

1957

Serious thought was taken in 1957 on ways of developing the services in the centre. Following Professor Scott's approaches, some doctors had taken students for two weeks during the students' holidays. With the development of the General Practice Teaching Unit, with its staff of part-time lecturers, we have not in recent years been asked to assist with the training of students.

The provision of facilities for x-ray and ECG was explored, as were the possibilities of further consultant clinics in different specialties, but without results.

1958

In March 1958 an Edinburgh campaign to tackle pulmonary tuberculosis was under way. The Sighthill Community Association and the social workers' group (formed in

1954 to co-ordinate social work in the neighbourhood) actively promoted a campaign based on the centre. The mobile x-ray units attended for a fortnight and as a result of the energetic local voluntary effort the target set was surpassed. The annual report quote 114 per cent of target and stated the results " demonstrate the value of active community participation in such campaigns."

At the end of this year, the Marriage Guidance Council started its services. The counsellors have continued to do good work for the local populace ever since.

1959

The health visitors' services in the city were reorganised, creating a satellite centre at Sighthill to serve a part of the west side of the city. Six health visitors were based on the centre, where previously only three had been.

In April 1959, the Sighthill sub-clinic of the Edinburgh mothers' welfare clinic (now the Family Planning Clinic) was opened, initially on two Thursday evenings a month. The work has steadily increased. In January 1965, a weekly clinic was started, and oral contraceptives prescribed at the sub-clinic, having previously only been available at the main Stockbridge clinic. With recent population increases at Sighthill, the clinic is now a twice weekly event.

In July 1959, the first bacteriology specimen collection service started, operated by local authority staff, delivering specimens to the central laboratories. The demand grew, and the local authority found difficulty in maintaining an efficient service. In 1965, the Regional Hospital Board took over the service, using the health centre as one of their collecting points.

1960

In 1960, there was much discussion between the committee of management and industrialists from the nearby Sighthill industrial estate on the problems of creating an industrial health service based on the centre. The needs of the industrial estate and the time available on the doctors' side were not reconcilable, and the service has been developed, probably more satisfactorily, on the estate itself.

The laboratory extended its services by offering blood urea and blood sugar estimations in addition to the recently introduced rheumatoid arthritis screening test. These were followed in early 1962 by estimations of urea in the urine, which, coupled with blood urea, gave the opportunity of better estimation of kidney function.

The middle years

The first appointments system

An appointments system started in 1962 in one of the practices. All patients were circulated and asked to make appointments for all consultations. The majority appreciated the added convenience to themselves of being seen at or near a given time.

This practice had long-established premises where the appointments system was introduced simultaneously. The attendances at Sighthill showed an incidence of 75 per cent by appointment, whereas in the older central area the incidence was 62–65 per cent. Both figures have improved steadily over the years, and are now 92 per cent in the town, and 96 per cent at Sighthill. These figures probably represent the maximum that can be achieved where there is access to the doctor during surgery for emergencies.

Other items of note from the 1962–63 annual report were the start of the regular collections of blood at the centre by the blood transfusion service, and the start of a further antenatal clinic by one of the practices in its own premises.

Research projects

One practice co-operated in a survey of mental illness in the community undertaken

by the College of General Practitioners and the political and economic planning committee of the Scottish Home and Health Department in 1962 to discover the amount of mental ill-health in the community, and the adequacy of facilities to deal with this—an important survey in view of the provisions of the Mental Health Act (1960).[2]

Health centre family doctors took part in two further research projects in 1963. They assisted in a survey on chronic bronchitis and atmospheric pollution, and with the help of the chief pharmacist, a survey of the practices using ' clinistix ' as a screening test for diabetes. Known diabetics were excluded from the survey. All other patients attending were asked to take envelopes containing the ' clinistix ' reagent for themselves and their household, to mark the envelopes with the result of the test (which was explained on the envelope) and return it. Of the envelopes issued, 1,232 were returned with 60 positive results for further checking. Ten patients had blood sugar estimations done, but no true diabetics were discovered.

1963–64

In July 1963, it was decided that sterilisation of dressings for the treatment room would be more economically done centrally at the Royal Infirmary. This practice has continued until January 1971, when pre-packed sterile dressings packs were used in the interests of greater sterility—a point recently underlined by the recent hepatitis outbreak in the renal units of the city, and a milder outbreak in the community.

By the end of 1964, all practices had appointments systems with centrally held records. The preparation of the records before surgery, and filing afterwards, allowed more efficient use of receptionists' time, but required adequate staff for the extra work. The establishment had to be increased periodically. Two receptionists had an easy life in 1953, but six receptionists work hard in 1971.

In October 1964, on the retirement of one of the senior practitioners, two of the partnerships united. As they both had premises in the centre, this was a logical regrouping. The medical staff at the centre now numbered ten; two groups of four, and two single-handed doctors.

The maternity services supplied by the doctors were this year supplemented by mothercraft classes under the guidance of a senior health visitor. They were held on the same day as the relaxation classes.

The work of the local authority dental service was increasing in parallel with the increasing population. In 1964, a dental auxiliary was appointed in a part-time capacity. The auxiliary was a new idea. She is trained to work on teeth, including simple fillings, only under the supervision of a qualified dentist, who must plan the course and check the work at the end of the treatment. She began work full-time the following year (1965).

The recent years

1965–69

In the first quarter of 1965, the pharmacy had staffing difficulties, and had to curtail the laboratory services. Coincidentally, greater freedom of access to the central laboratory services was developing, and by March 1968 the laboratory services were limited again to simple urinalysis and haematology.

In April 1966, one group was joined by another practitioner serving a similar area, bringing the number of doctors to 11. This group then formulated a family register book —the " F " Book—in which at a later date they intended to form a disease register, using the code numbers of the *International Classification of Diseases*.[3 4] The books can be used to obtain an age–sex analysis of the practice.

The trainee assistant practitioners were shown the health centre as part of their training programme in 1967. As their half-day release programme extended in 1971,

this visit was repeated, and we hope will become a regular part of their future training programme.

Increase in rooms and staff

By April 1968, the increasing housing and population in the area made it clear that further consulting accommodation would be required. Part of the administrative corridor was to be converted to provide four new consulting rooms, each pair of rooms to be served by a common waiting room. This limited waiting accommodation was now feasible with the general use of the appointments system.

The psychiatrists asked for two rooms. As they had been moved from room to room in the centre as developments proceeded, this was readily agreed. The other two rooms were requested by one group already consulting in the centre. They had recently taken on a new junior partner and also required accommodation for their trainee-assistant. This request was agreed. The rooms were ready in July 1970, and the tenants moved in.

Concurrently, a new dental suite was being planned using part of the old recovery room in the dental wing. Already the orthodontic room had been re-equipped in 1968 to allow for the appointment of a third dental officer. Plans for the new room were completed in 1969, and the work completed in January 1970, allowing the appointment of a fourth dental officer who was urgently needed for the expanding work.

By 1966, the medical social worker attended at the centre only as required. The Edinburgh council of social service—a voluntary body—helped with case-work and financial help. Their officer still attends twice weekly, supplementing the over-stretched resources of the Department of Social Work created under the Social Work Act 1969.[5]

The treatment room had also become busier, and the superintendent of the Queen's nurses started a three shift system in January 1969, from 09.00 to 20.00 hours, including the lunch hour. This has continued successfully.

In September, 1969, a week-end conference was held in Edinburgh, attended by representatives of all medical and nursing disciplines, with ' the team ' as the theme, One of the doctors attended. The conference has helped to mould opinion on the development of the health services.[6] It stimulated an approach at the end of 1970 to the regional hospital board to see how the consultant can better help in the maintenance of the health of the community.

A further development was the attachment of two district nurses and two health visitors to the six-doctor practice, followed later in 1970 by attachments to the four-doctor practice. A result of the attachments has been the introduction of a practice well baby clinic by the six-doctor practice in October 1970, with one of the doctors present for developmental assessment of the infants, in addition to immunizations and consultations for advice.

The district nurses attended each morning to discuss patients and treatment with the doctors, and have improved the interest and value of their work to the group.

Discussion

Some problems encountered at Sighthill have occurred through the design of the centre, which with hindsight would have had a larger reception area, giving greater room for record storage, and longer counter-space for contact between receptionists and patients. The services accommodation would be better grouped around the reception area where nurse, health visitor, and doctor might more easily meet each other and the patients.

The reception area has twice been extended to accommodate the increasing numbers of records, and is again becoming inadequate if the present record storage—in Roneo

filing cabinets—is continued. We are examining this, remembering the probable alteration in size of the National Health Service records, and possible computer linkage of records.

The old six-line manual switchboard demanded much of the receptionists' time, and was becoming inadequate. An automatic PABX1 was installed in June, 1971. The operator is relieved of internal calls and out-going calls, leaving her more time.

The relatively slow development of the medical services within the centre is another point on which criticism could be made, though the medical social aspects have developed apace. The pace of work allows little time for thought and the original staff were, perhaps, not committed health centre workers. However, the general climate of medical opinion in the past few years has developed rapidly, and we have shared in this.

The future

Sighthill Health Centre enters the seventies with vigorous work and growth. The building is being used almost to capacity. The future prospects are interesting. The relationship between family doctor and local authority (represented by the health visitor and district nurse) has developed and co-operation is close. There are moves to involve the consultant services, particularly paediatrics and geriatrics, more closely in the community, and this initiative by the committee of management will be watched with interest.

With open access to laboratory and x-ray facilities, there is less incentive to develop these further, but we must still consider whether local x-ray facilities would not better serve the needs of the Sighthill community—in addition to the saving of time and x-ray facilities in hospitals for the more specialised investigations.

The laboratory might again provide tests within the building such as the rheumatoid test, or pregnancy diagnosis, if a demand is found.

Another possible field is in the organisation of a bacteriological service, using modern slide culture media. This would give a moderately rapid, preliminary diagnostic aid, with the ability to send the culture for further identification and sensitivity testing to the central laboratories. The central laboratories may welcome such a diminution of their work, however small.

Research in the use of the computer at the centre gives food for thought. A linkage with the scheme at Livingston New Town might be assessed. The capital cost of alteration of 20,000 records may be a deterrent but the present health service medical records are inadequate for modern general practice, and will, soon, require nationwide modification.

The centre is well placed as a base for further community studies in health and disease. Although some assistance has been given by individual doctors in research projects, the full potential has not yet been exploited.

The other field where health centre practice can be of value is in the vocational training of the future general practitioners. Some of the doctors at Sighthill are keenly interested in these educational possibilities, and one member is a trainer-practitioner under the present trainee-practitioner scheme. When the new vocational training schemes begin, the health centre must surely have a part to play.

In the same way, it may be possible to establish a link with the General Practice Teaching Unit in Edinburgh for training medical students in general practice in their elective studies.

Following the Social Work Act of 1969, all statutory social workers now work from the social work departments, and it may be that the time has come to consider again the regular attendance of the social worker at the health centre—perhaps by the establish-

ment of a district office in the centre. Unfortunately, this would mean further building. We are likely to be overtaken by events, as there may well be suitable accommodation for the social work department's regional office in the new Wester Hailes housing development nearby. Whatever the outcome, we hope the existing health centre services and the social workers will co-operate fully in the service of the community.

There are many paths into which the energies of the Sighthill centre may be directed and the next decade should prove as productive in patient care as the past two decades have been.

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