Report of a course

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The Headquarters' Courses' Subcommittee has been concerned to receive reports that some health centres are being occupied by doctors without due thought being given to the changes in habit and organisation which are necessary. By taking their old methods to the new environment, difficulties and discontents arise amongst some of the doctors. These may lead to a failure to improve patient care, which aim can be the only justification for the continued expansion of capital expenditure on health centres.

A health-centre study day was held at the College on 19 May 1972. Invitations were sent to doctors and their administrative and secretarial staff who were working in health centres or larger group practices. Thirty-five people attended and after brief introductory talks, were divided into pre-arranged groups, each with its own chairman and reporter and agenda. From the groups' reports a problem list was constructed ranging from early planning to details of administration, finance, appointments and record sytems. It was concluded that courses were needed for four groups of doctors:

(1) Those at the early design stage of health centres,
(2) Those past the design stage, expecting to enter health centres within the next 12 months,
(3) Those who had recently entered health centres,
(4) Those who had been in health centres for several years.

The first of a series of courses (for doctors and staff in the second group) was held at the College on 16 and 17 February 1973. This was a Section 63 course lasting three sessions under the Chairmanship of Dr E. O. Gibson, Chairman of the Medical Staff of Walton-on-Thames Health Centre. Medical Officers of Health of areas known to be developing centres were circulated with details of the course, action on the circular being left to the recipient. Written and telephone applications were received from 180 people, doctors and ancillary staff and 36 of these were selected to attend on the basis that they were expecting an early move into a health centre.

Dr Eric Gibson

Dr Eric Gibson gave an amusing and detailed account of life in his practice before and after the move to a centre at Walton-on-Thames. He emphasised the importance of full consultation with all concerned at all stages when planning entry. Each doctor should be given his own task and thus be personally involved as early as possible. He described the layout of his centre pointing out that, as well as ten general practitioners, there was accommodation for local authority, medical and attached nursing staff and a suite of consulting rooms for visiting hospital consultants. The centre is built in the grounds of a cottage hospital.

Dr R. Warrington

Dr R. Warrington, Treasurer of Walton Health Centre, described the financial arrangements illustrating this with the reference to the figures of one year's work at Walton. There were six practices (ten doctors in all) working from the centre and he noted that they had agreed on the simple procedure of dividing all costs by ten. The complications of trying to assess the different uses by different doctors was thought by all of them to be hardly worth bothering about.

All doctors were eligible for the group practice allowance so that the costs of moving into a centre were reduced by this amount for many of the doctors who were formerly ineligible. The important things to decide were: first, to have a float to which all doctors should be invited to subscribe say £10 monthly for up to a year before entering; second, to appoint one medical member to oversee the financial arrangements and to give him clear guidelines. Where facilities and staff were shared with local authorities, it was necessary to negotiate a fair proportion of the costs. The possibility of providing cover for sick colleagues would be considered and arrangements had been made for this at Walton.

Mr B. Bayford

Mr B. Bayford, member of the Health Services Administrative Staff of Hampshire County Council who have been closely involved in the development of health centre projects in that county, spoke on the planning decisions necessary for records and filing systems. He indicated the space needed for different methods on which such decisions might be based. He further pointed out that the doctors and staff would need to decide about security arrangements, whether to file by individual doctors, practices or together.

Mrs Elaine Wareham

Mrs Elaine Wareham, a medical secretary, gave an entertaining and useful reminder by means of a tape-recording, of the faults of doctors using audiotape machines, suggesting ways in which doctors could be more helpful to their secretaries.

Dr Alan Burgess

Dr Alan Burgess spoke from his extensive experience about the legal contract necessary before the health centre could be entered. He emphasised the need for meeting all the general practitioners frequently so that they could be kept informed and could have ample opportunity to express their views before the agreement was finalised. It was important for partnerships *as such* to sign the agreement rather than individual members. The agreement should provide for a definition of the premises available, charges, responsibilities for staffing, furnishing and accident liability. Again it was most satisfactory to nominate one doctor to negotiate on behalf of all with, as with other functions, frequent reporting back.

Drs T. Stewart and J. Hamilton

Dr T. Stewart of Sonning Common and Dr Hamilton, Medical Officer of Health for a division of Surrey, spoke about the functions of the nursing members of the practice team, both within and outside the health centre. For some doctors this might mean a radical change in relationships, though many doctors entering centres had already become accustomed by attachment schemes to closer working with nurses and health visitors. Since a health centre incorporated accommodation for these staff, it afforded opportunities for ever closer integration. Doctors employed by local authorities also had opportunities for better relationships with general practitioners. Some clinics were run by these doctors and others by the general practitioners themselves, sometimes on a sessional basis.

Dr J. A. B. Weston

Dr J. A. B. Weston gave an account of his experiences in developing communication systems in the Chertsey Health Centre. Again it is important for one of the doctors to familiarise himself with all the different alternatives which are now available so that he may make his recommendations to the medical staff committee from a well-informed base. Dr Weston advocated a separate " hot line " direct to one's own secretary and also discussed the various available methods of calling patients, all of which have their advantages and disadvantages.

Mrs Jo Gibson

Mrs Jo Gibson described the trials and tribulations of the administrator, stating that one of her major difficulties were the doctors. She noted that general practitioners were suspicious of change especially moving into a health centre with other colleagues, attempts to alter their old routine can be met with opposition. She thought it was important that administrators should be appointed some time before the centre was due to open, in her case she only had two weeks to get the centre organised beforehand. She found herself doing a whole range of duties concerned with organising 13 part-time ladies who worked in the centre.

She thought it was important in the design of the centre that there was no question of separation of organisation from the patients, at the same time there was the problem of confidentiality and these two facts were difficult to reconcile. New staff needed training quickly and she found it useful to have a compendium as a reference for the various forms used by doctors and the local district general hospital. In the centre one girl was responsible for all the prescriptions and here again it was important to get agreement among the doctors about the method they were going to use.

It is important to keep statistics to show clearly and accurately the amount of work being

done at the practice, especially when it was necessary to increase, change or redeploy staff. Cleaning was one of her big problems and the matter of confidentiality is one that needs consideration. She concluded by saying that she feels like a Jill-of-all-trades, caterer, cleaner, interviewer and even attempting to do minor repairs at times. In addition she plays the role of hostess to visitors from all over the world.

Dr George Adams

Dr George Adams, who was Medical Director of the General Practice Advisory Service, and is now doing similar work in the Cardew-Stanning Foundation spoke on the subject of appointment systems. He emphasised the importance of doing some research work into the rate of working and the list size and determining the number of hours required from general practitioners in any one week in order to make an appointment system work. He felt that one doctor in the health centre should be responsible for reading all literature on appointment systems and presenting the results of his labours to the combined meeting of the medical staff to get some decisions made. At the same time an appointment system should not be so rigid that it prevented time to talk to patients. However the minor deterrents of an appointment system were not a bad thing in practice as anything which made patients think and make their own decisions made them more responsible citizens.

Dr D. J. Price

Dr D. J. Price spoke about the future of health centres, he briefly outlined the history of the development of the health centres from the Dawson Report in 1920 through the discussions at the time of the National Health Service Act to the increase in the number of centres during the past few years. At the end of 1973 there were more than 350 health centres working, accommodating ten per cent of all general practitioners, and by the end of 1975 this was expected to increase to 700 centres with 20 per cent of practitioners.

The size of the health centre was important and in an urban area the optimum size seemed to be accommodation for ten or more doctors, but there should always be space for expansion. While at present there were constraints due to financing from local authorities it was hoped that when the budgeting for development came within the scope of the area health authority that they would realise that at a cost of £8 per patient in a health centre against £40 per patient served in a hospital, there should be some diversion of resources to health centres. There was a need to increase the numbers of health centres and increase the numbers of doctors and ancillary staff using them. Soon there would be a new kind of general practitioner who would know no other form of practice than that in a centre and it was most important that the personal touch with the patient remained and that each doctor should have his own room and not "box and cox" through the centre. This had been illustrated earlier in the course where one doctor had his Chippendale furniture, carpet and curtains and this gave individuality in what could otherwise be rather dreary uniformity.

Health centres would increasingly develop screening functions, looking for the early signs of disease, and engaging in preventive measures. In this context the health visitor was important and she would not spend so much of her time weighing babies, but would be responsible for case finding and for seeing old people regularly. It seemed reasonable to expect that in a large health centre there should be a social worker available every day. He hoped that most of the primary medical care services could be concentrated in a health centre including chiropody, electrocardiography, contraception and the various clinics many of which were run now in different centres in the same district. Some centres had outpatient clinics and this was a desirable development. Health centres gave a splendid opportunity for research and an age/sex register and diagnostic register were basic.

Finally health centres should become teaching centres not only for vocational trainees, but for medical students who would see that general practice afforded a satisfying career and was not merely for those who had dropped out of other specialties. In short, there needed to be more capital, more space, more adaptability both in buildings and in people, more communication and more preventive care to make these places really *health* centres.

Addendum

The course reported here was repeated in November 1973 and will be organised again in February 1974. Now that the long room at the College has been quietened it will be possible to accept more of the many applications.