

Why not keep community clinics?

HARVEY GORDON, MRCCP, MFCM

District Community Physician, Mid-Surrey District

‘WHY not close community clinics?’ has been a clarion call in this *Journal* (Whitfield, 1979). The view was based on the opinion that previously these clinics filled a gap in the general practitioner service which now did not exist because of the development of specialist clinics in general practice. To test this hypothesis, two surveys were conducted.

The 39 practices, 80 doctors in all, in the district were asked by letter whether they held surgeries mainly designated for five groups of patients; antenatal, well women, baby clinics or developmental paediatrics, family planning, and any others. They were asked to specify if any combined clinics were held.

There were 34 replies producing a total of 44 specialist clinics, giving an average of 1.29 clinics per practice. Seven practices had no specialist clinics at all.

In 1968 an enquiry among general practitioners in industrial areas showed that 36 per cent had no formal training in paediatrics beyond that given to medical students (Wright, 1973). Other studies (Irvine and Jefferys, 1971; Steiner, 1975) estimate that between 10 and 20 per cent of family doctors organize their own child health clinics; in this Mid-Surrey sample eight out of 34 practices (24 per cent) conducted these clinics. Thus, such specialist clinics are not widespread.

A letter was given to 42 patients in each of the four following types of clinics: elderly, well women, child health, and family planning. In order to produce a spread of replies throughout the district, six clinics were involved in each of the child health and family planning groups and four in each of the elderly and well women sections. The letter asked why the patients had chosen to come to a community clinic for the services they had requested, rather than go to their family doctor.

Out of the 168 forms distributed 143 (85 per cent) were returned and the answers grouped by type of clinic (Table 1). Only 22 in the elderly group replied.

It is interesting that nine (six per cent) were referred by their family doctor and 83 (58 per cent) mentioned that either the clinic gave a better service or it was difficult to get an appointment with their family doctor. Another nine (six per cent) did not want to consult their own doctor, because, for example, they wished to see a

lady doctor. There are therefore substantial numbers of the public who prefer to receive advice from community clinics than from their own family doctors and some doctors themselves feel the need to refer their patients.

Where poor attendance indicates that a clinic is not required, it can be closed (which is the policy of this district), but the rest should remain. They offer a service to general practice, satisfy a public demand, and provide valuable preventive and diagnostic measures.

References

- Irvine, D. & Jefferys, M. (1971). B. M. A. planning unit survey of general practice 1969. *British Medical Journal*, 4, 535-543.
- Steiner, H. (1975). Paediatrics in hospital and community in Newcastle upon Tyne. In *Bridging in Health*. Ed. McLachlan, G. London: Oxford University Press.
- Whitfield, M. J. (1979). Why not close community clinics? *Journal of the Royal College of General Practitioners*, 29, 240.
- Wright, H. J. (1973). Primary paediatric practice in industrial and rural Britain. *Journal of the Royal College of General Practitioners*, 23, 815-820.

Table 1. Reasons for attending community clinics. N = 143

<i>Elderly (N = 22)</i>	
For physiotherapy	13
For screening tests (e.g. blood pressure, urine, haemoglobin and vision), doctor too busy	8
For chiropody	1
<i>Well women (N = 42)</i>	
Easy to get a check up, doctor too busy, clinic better organized	33
Prefer lady doctor	5
Referred by general practitioner	4
<i>Child health (N = 41)</i>	
Specialist advice available	17
General practitioner lacks time for discussion and it is often difficult to get an appointment	12
Friendly atmosphere and facility to meet other mothers	8
Good location of clinic	3
Referred by general practitioner	1
<i>Family planning (N = 38)</i>	
Easy to get appointment; examination and advice more detailed	30
Referred by general practitioner	4
Prefers lady doctor or did not want to go to general practitioner	4
