Doctors' attitudes to health centres

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SUMMARY. In one Inner London health district many doctors seemed reluctant to work in health centres. To investigate the reasons, 44 general practitioners in two matched groups were interviewed. Those working in health centres appreciated the advantages of pleasant premises and the presence of a primary health care team. Other doctors believed health centres were disliked by patients, were bureaucratic in organization, and involved difficult interpersonal relationships. These were confirmed as real problems by health centre doctors. Thus, reluctance to join health centre practices is based on a realistic appraisal of the drawbacks. Recommendations are made.

Introduction

HEALTH centres now play a substantial part in the provision of primary health care. Between 1968 and 1978 the proportion of general medical practitioners housed in them grew from 2.3 per cent to 21.5 per cent (DHSS, 1969-78 and personal communication).

The main objective for health centres is to provide accommodation for various members of the primary health care team and so bring together a number of preventive and curative medical services. The potential advantages of health centres are particularly relevant in deprived inner city areas, since such communities require above average medical and paramedical support. The Royal Commission on the National Health Service (1979) strongly recommend their increased development, but this contrasts sharply with the recent government decision to slow down the health centre building programme (House of Commons, 1980).

When a new health centre is proposed in an urban area it is usual for all the general medical practitioners working within a radius of half a mile of the intended site to be asked if they would like to join; if a sufficient number express interest, plans go forward. Thus, in inner cities, the decision to build a health centre is dependent upon the attitudes of local general practitioners. These attitudes are influenced by information they have gathered from a number of sources, from local doctors, nurses, or health visitors who work in health centres, from patients who have attended health centres, and from the press. If the impression gained is unfavourable they decline to join and development is stifled.

In one deprived inner city health district in London general practitioners seemed unenthusiastic about entering health centres even though many practices there are poorly housed. The local primary care planning team, who were concerned about this lack of enthusiasm, proposed the present investigation into general practitioners' attitudes towards health centres.

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Method

Forty-four general practitioners in one Inner London health district were interviewed. One half worked in health centres, the other constituted a randomly selected stratified sample of those working in district practices outside health centres.

Results

Health centre doctors

Health centre doctors were asked what they saw as the advantages and disadvantages of practising from a health centre.

Advantages

Most (19, or 86 per cent) felt facilities were good and that the health centre premises were far better than those from which they had formerly practised. Fourteen doctors (64 per cent) valued the presence of other members of the primary health care team. All the health centre doctors had a receptionist, nurse and health visitor and most (18, or 82 per cent) had a manager or administrator; 15 (68 per cent) had a midwife and six (27 per cent) a social worker. Consequently, health centre doctors were able to offer under one roof a wide range

of services for patients.

Among other advantages put forward were that doctors no longer bore responsibility for such things as heating, lighting, maintenance, administration, and recruitment; there was more efficient organization due to rotas and collaboration with colleagues; it was possible to practise 'better' medicine or give a more comprehensive service to the patient; colleagues were available for a second opinion; more appointments were available to patients because surgery hours were staggered; it was possible to be a trainer, practise preventive medicine, do research and more interesting work, and be more efficient generally.

Disadvantages

Health centre doctors saw their two main disadvantages as bureaucracy in various forms and difficulties over interpersonal relationships, especially with reception staff.

Examples of bureaucracy were the number of departments which had to be dealt with, delays in contacting appropriate people, and 'interference' in small matters. A particularly irritating aspect was the length of time it took to get relatively small maintenance jobs done.

With regard to interpersonal relationships, 17 health centre doctors (77 per cent) mentioned difficulties relating to staff, particularly receptionists, owing partly to doctors no longer directing their receptionists' work.

Some of these difficulties could be attributed to the design of the health centres. Doctors in five out of seven health centres complained about the design of reception and waiting areas which were said to be badly sited, too small, and to be communal when they should be practice based. Sometimes patients who were waiting could not be seen either by a receptionist or a doctor and it was not possible to monitor when patients came and left. Although design guidelines are available to architects (Cammock, 1973) they had apparently not been followed.

Other interpersonal difficulties arose over the use of appointment systems. Only 10 out of the 22 health centre doctors ran an appointment system, six of whom were happy with the way it worked. The remainder believed that appointment systems were inappropriate in their practice. Among the reasons given for this view were: acute social problems meant patients felt the need to be seen at once, even if it meant quite a wait in the surgery; few patients had telephones and public call boxes were frequently vandalized, thus appointments entailed more surgery visits; more staff were needed; it was difficult to judge how long each patient would take; barriers were set up between doctor and patient; patients would ask for a visit if they could not obtain an immediate appointment; people claimed to be emergencies when they were not or were incapable of judging whether they needed attention quickly. Hostility between receptionists and patients could be engendered as patients tried to bypass the appointment system.

Costs

Health centres are expensive buildings to maintain and run, partly because they are in constant use. Ten health centre doctors (45 per cent) thought charges were excessive. For each suite of rooms 30 per cent of the running and maintenance costs were paid to cover heating, lighting, telephone, decorating and cleaning, and salaries of some members of staff. Staff salaries may be at a higher rate than would be paid by other doctors since staff are on Whitley Council scales. Doctors in two health centres who had been assured of a three-year moratorium on charges after their health centres opened were upset when the agreement was not kept owing to unexpectedly high inflation. There was a general feeling of insecurity in relation to costs even by those who did not feel charges were too high (50 per cent), especially in view of the belief that expenditure was out of the doctors' control.

Independence

Half the health centre doctors believed that they had less independence than their colleagues outside. The rest felt they were perfectly free to act as they liked, and were not subject to interference.

Finally, doctors were asked if they had any regrets about joining a health centre. Two thirds (14) did not regret joining, four had mixed feelings, and four did regret their decision. On the whole, therefore, most doctors working in health centres were glad they had chosen to do so, despite certain difficulties.

Non-health centre doctors

Most of this group of doctors had at some time seriously considered joining a health centre but had decided against it, although half of them said they might change their minds if certain disadvantages could be overcome. This attitude was particularly apparent among those with poor practice premises. Furthermore, many of these doctors could see that health centres possessed certain advantages.

Advantages

The single principal advantage was felt to be the availability of members of other health professions such as nurses, health visitors, or social workers. Seventeen doctors (77 per cent) mentioned this feature. It was perhaps on this point that single-handed practitioners were most rueful. They appreciated their independence and autonomy but recognized that their relative isolation involved a greater burden of personal responsibility.

Other advantages included improved practice premises, the ability to consult with medical colleagues, and collaboration over rotas and other matters. However, several doctors added the rider that such advantages were not necessarily limited to health centres but could be found in group practices and were not great enough to compensate for the disadvantages.

Disadvantages

The perceived disadvantages associated with health centre practice can be classified into three categories:

1. Patients were felt to be adversely affected in a number of ways (for example, former health centre patients had complained of waiting time, appointment systems, and of being unable to see their own doctor).

2. Bureaucracy, institutionalization and impersonality were thought to characterize health centres, resulting from their size and administration.

3. Interpersonal relationships were believed to be a potential problem. It was considered generally more difficult to work with a large number of other people, and local doctors had become aware of strained relationships in some health centres.

Costs

Eleven doctors (50 per cent) believed that health centre costs were higher than their own practice expenses. The remainder did not know how costs compared but felt health centre doctors had no control over costs, and some believed that costs were actually lower in health centres owing to subsidies.

Independence

Thirteen doctors (59 per cent) considered that their health centre colleagues had less independence because other people had to be consulted before certain forms of action could be taken.

In conclusion, many doctors not working in health centres had no objections to them in principle but felt they were not working out well in practice. Their reluctance to join a health centre was based on a realistic appraisal of the drawbacks. In addition, there was the feeling that once the decision to move to a health centre was taken it was irrevocable. Many were simply not prepared to take the risk of finding themselves worse off than they now were.

Discussion

This study indicates that health centres can be successful from the point of view of a majority of doctors working within them. However, as integrated organizations their success can be marred by inappropriate design, poor interpersonal relationships, and certain bureaucratic controls. A number of changes might well remedy some of these problems:

1. Reorganization on a practice basis could provide a more personal service, although the proposal may be difficult to implement given the design of many health centres.

2. Research is needed into alternative means of organizing surgeries or appointment systems in a variety of circumstances, including the particularly demanding ones which exist in socially deprived areas.

3. Irritation caused by delays in dealing with small matters of maintenance could be overcome if doctors or their staff could be permitted to arrange these matters themselves through private contractors; if they so wished.

4. Doctors' relationships with various authorities should be clarified to ensure that communication regarding health centre problems is centralized and consequently simplified.

5. Health centre doctors might consider forming an organization wherein matters of mutual interest could be discussed.

In planning new health centres a number of factors should be borne in mind. Design and organization should enable each practice to operate as a semi-autonomous unit. This and other research (Beales, 1978) suggests such an approach would ameliorate problems of interpersonal relationships, enhance job satisfaction, sustain the valued sense of intimacy between doctor and patient, and modify doctors' feelings of lost independence.

Conclusion

In the light of these findings, it seems it would be cheaper and altogether less complicated if health authorities were to build group practice premises which would house doctors, receptionists, and members of the 'inner team' (Beales *et al.*, 1976)—nurses, health visitors and midwives—rather than rely entirely on health centres.

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