THE STRANRAER HEALTH CENTRE

An Experiment in Integration of Health Services

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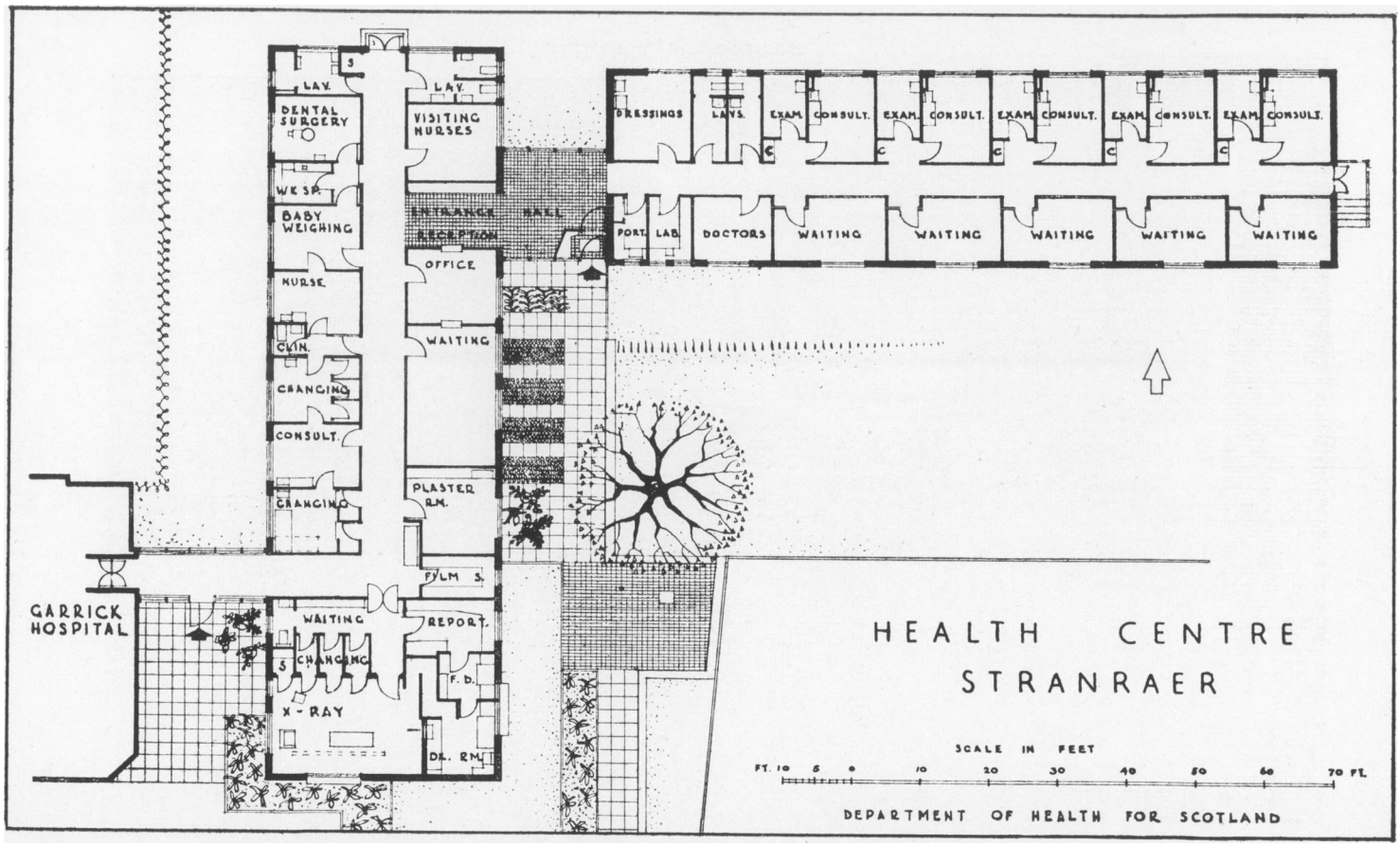
Stranraer

Since the inception of the National Health Service there has been ceaseless criticism of its working, both in the lay and medical press. From the patients come the complaints that the old family doctor seems to have disappeared, that doctors seem to have lost interest or ability, and that they send everybody to hospital and specialist. From the family doctors themselves come complaints of constant encroachment of their fields by various clinics, that consultants and specialists appear to be the only members of the medical profession who have any prestige, and that the status of the general practitioner has been gradually whittled away. It is certainly true that modern medicine requires so many expensive aids to diagnosis and treatment that a general practitioner is forced to send many of his patients to a well equipped hospital, and thus may lose contact. This loss of contact with almost all patients who have serious ailments, gradually leads to loss of real interest in the work, and tends to make the practice of medicine no more than a means of earning an income in a hard way, by dull routine work. From the hospital doctors come complaints of outpatient departments choked with patients who could be better dealt with in home surroundings, of beds in major hospital units taken up unnecessarily with chronic cases, and of the ever lengthening waiting lists hanging like a cloud over the administrators.

Recognizing the validity of these criticisms, at least in some part, it is surely evident that the practice of medicine is gradually drifting into a highly unsatisfactory state, and many leaders of the profession are gravely disturbed. The writer feels, therefore, that a description of an experimental general-practice unit in the small country town of Stranraer might be of help to other places of similar size, and with similar problems. If units of this type multiplied, there would be more attraction to the young man who is keen to practise modern medicine efficiently, but who at present feels that general practice is the last resort, and who prefers to risk becoming jammed in the

The Health Centre, Stranraer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DEPARTMENT OF HEALTH FOR SCOTLAND

bottleneck of the registrar grade with prospects of staying there indefinitely.

The Centre

In 1948, when health centres were being suggested by the Health Departments, the practitioners of Stranraer felt that something of this nature would be the ideal solution of many of their problems. Contact was established with the Department of Health for Scotland and it was found that senior officials of that department were also much interested in the same problems. After many ups and downs a site was obtained adjacent to the Garrick Hospital and a suitable plan approved. The unit eventually opened in May 1955 and has been running successfully ever since. Both patients and doctors are pleased with the services given and none would like to revert to the old days of patients going to the doctor's surgery at his house and being sent from there to hospital, x-ray department, out-door clinic, or laboratory.

Plan of building

The general practitioner unit consists of five suites of rooms, each suite comprising waiting, consulting, and examination rooms. The suites were allocated by the well-established and democratic procedure of " names in a hat ". At the entrance to the corridor leading to the suites is a well-equipped dressings room with a nurse on duty. In the corridor at right angles to the general practitioners' suites are rooms for local authority clinics. These include a dental surgery and workshop for the use of the county dental service and accommodation for the visiting ophthalmologist (who combines consultant service to the hospital with school clinic work), health visitors and district nurses, and the child welfare department. Part of the accommodation in this section is used jointly for local authority work and the outpatient clinics of the hospital. This arrangement at first appeared to be a probable source of difficulty but proved to be no more than a question of having a suitable time-table. A large waiting room serves this joint section. At the extreme end of this second corridor, where it turns to join the main hospital corridor, is an x-ray department serving both the hospital and centre. There is a " plaster room " next door, where fractures can be dealt with. The new building is linked by a short glass corridor with the main hospital corridor. The Garrick Hospital, Stranraer, has, at present, a capacity of 28 beds though an increase in this figure is contemplated. There is a small surgical unit with well equipped modern theatre, and a small physiotherapy unit employing one full time physiotherapist.

Each general practitioner's surgery is furnished with a desk,

three chairs and all the usual diagnostic instruments, which can of course, be supplemented by the individual doctor. Small kitchen units provide drawer and cupboard accommodation round a sink. Each cupboard top is surmounted by a small sterilizer and a bunsen burner.

The examination rooms are equipped with an examination couch, stool, table for instruments, and a washhand basin.

A small laboratory is provided for the simpler side-room tests but as there is a small laboratory, with a qualified technician, situated a few hundred yards from the hospital, major procedures are performed there.

Care was taken to avoid any institutional appearance, modern decor and furnishing being used to give a light, airy effect. Patients have on many occasions remarked on the brightness of the whole place. For the doctors working in it, the impression of light and space has helped to relieve *ennui* or fatigue during long surgery hours. Heating is by hot water radiators as part of the general heating system of the adjoining hospital. The gardens are attractively laid out with a large lawn and colourful flower beds. A parking space is provided for perambulators near the main entrance.

The centre is the property of the Department of Health for Scotland, the practitioners and local authority being tenants. Rent covers the use of rooms and equipment, professional telephone calls and postages, clerical and nursing assistance, and cleaning. Rent is payable quarterly on the same day as the National Health Service cheque comes along!

Administration

The clerical and administrative work is conducted from the small office (sited at the angle of the L), staffed by a secretary and two clerks. All record cards are filed here. On entering the centre, the patient states his name and address, and the name of his doctor. He then proceeds to the appropriate waiting room and his record card is delivered by one of the office staff through a letter box of the doctor's consulting room, thus the patient cannot read any notes made on his case.

To avoid muddle each doctor's suite has doors of a different colour; thus the patient, however excited, knows to go to the blue door or the red door and so on. This colour system, incidentally, has been used in filing the cards of each practice. A separate call-book (of the appropriate colour) where all messages are copied is kept for each practice. On receiving the message the doctor initials the space opposite. This relieves the clerks from blame for non-delivery of a call. Each consulting room is connected by telephone

to the office and then to the outside world, and also by direct line to the hospital office.

The regulation and running of the centre is by a committee consisting of each principal practitioner in the centre, the county medical officer, the matron of the Garrick Hospital and the county dental officer. This committee meets at regular intervals when all matters of maintenance or difficulty that have arisen can be discussed and resolved. A simple constitution regulates its functions. The chairman and vice-chairman are appointed by election, the only stipulation being that the chairmanship must change each year, and each member take a turn. This obviates any feeling that the centre is run by " the same old clique ", gives each member the feeling that it is " Our Centre ", and not his or anybody else's.

The centre is open from 8.0 a.m. until 6 p.m. As Stranraer is a market town serving the surrounding agricultural area, it has always been the custom for surgery hours to be in the morning and again in the afternoon. Urgent cases or patients who are at work during the day go to the doctor's house in the evening as of old, but no special evening surgery hours are found to be necessary. Before the centre closes, the office staff examine all call books and transmit to the doctor's house any message which has not been initialled. A rota system is in operation between three of the practices to cover half holidays and Sundays.

Medical arrangements

As has been said, five separate practices work in the centre. Four of these are two-man practices, one has an assistant. There are thus ten doctors employed. The patients on the lists of the practitioners amount to a total of just over 14,000 and come from an area within a radius of approximately 12 miles. One of the practitioners has a part-time surgical appointment in the Garrick Hospital and acts as consultant to the area. All routine surgery is done at the hospital, some more serious major cases being sent to a parent hospital at Ballochmyle, some 60 miles away. Four of the practitioners act as part-time anaesthetists and one as radiologist. The x-ray department undertakes all routine diagnostic work except highly specialized procedures such as angiocardiography and ventriculography. A twelve-bedded, general-practitioner maternity hospital is situated within a few hundred yards from the centre and four of the practitioners assist the visiting obstetric specialist at the antenatal clinics and are responsible in turn for the routine care of patients sent to the hospital by outside practitioners.

Each practice attends to its own casualty work, while patients not on a local list are attended on a monthly rota basis. Emergencies

are treated by the first available practitioner until the patient's own practitioner can be contacted. This is done on a knock for knock basis and gives no difficulty.

The dressings room, under the charge of a nurse, has proved a great boon. Patients who require regular dressings (e.g. minor burns) can attend at this room when convenient and need not join the queue in the doctor's waiting room. The doctor also has this routine task done without wasting his time, arranging with the nurse when he wishes to review the case. The nurse is responsible for keeping the surgeries tidy, the dressings jars (sterilized in the hospital sterilizing rooms) filled, and for cleaning and sterilizing all used instruments. The stock of dressings, ointments, lotions, and bandages are maintained by the Scottish E.C. 10A stock order prescription forms. Each practice takes the onus for these orders in turn and this keeps individual prescribing costs level for stock orders. The nurse is invaluable and readily obtainable when help or a witness is required during the examination of women patients.

As the town is well supplied with pharmacists, it was felt that no dispensary was necessary, and the patients take their E.C.10s to the pharmacist of their choice, as before.

A small physiotherapy department in the hospital has proved a great boon. Practitioners can send their cases to the physiotherapist for treatment, and this treatment is checked and supervised by the visiting orthopaedic surgeon at his regular visits.

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	1955—56	1956—57	1957—58	1958—59	1959—60
Total attendance at surgery ..	*From* 19 *September* 55 *to* 31 *March* 56 19,353	39,279	39,962	41,739	45,943
No. of patients treated in dressings room	No figure available	6,563	6,060	7,528	6,663
No. of telephone calls received at centre between 8 a.m. & 6 p.m.	6,243	7,123	8,623	7,868	6,235

Co-operation

The office staff, as well as the doctors have the national fondness for a cup of tea; and usually after surgery hours some of the group can

be found imbibing tea and gossiping about medical affairs or any other subject under heaven. This has been found to be invaluable as it cultivates a feeling of being one of a group although each practice remains entirely separate. Newcomers to the centre have quickly settled in and felt at home.

As the local health authority clinics are held in the same building and as the county medical officer is a member of the management committee, liaison between the general practitioners, public health medical officers, district nurses, midwives, and health visitors is excellent and easy.

Social or domestic problems frequently arise in general practice and the general practitioners can get the help of the medical officer of health or the health visitor at once. This has proved a great boon to the busy practitioner where his therapeutic efforts are being stultified by some confused home circumstances. Frequently the health visitor already knows of the home circumstances and has some solution immediately available. As the home nursing services and home midwives also work in the same department as the health visitors, their help is readily available also. A child welfare clinic is held weekly and lectures given to the nursing mothers in child care and kindred subjects.

The county dental officer can refer back any patient to his own family doctor at once and, on the other hand, dental treatment of young children is " on tap " for the practitioners. The main dentistry of the town is still done by the dental practitioners in private practice in the town.

As the hospital lies on the periphery of a wide rural area, far from main hospital centres, specialist clinics have gradually been organized in many subjects. Thus, a consultant physician comes at regular intervals to an outpatient clinic. In the same way, a senior surgeon comes to see cases where the local surgeon wants advice or help. An antenatal clinic is held at the maternity hospital, while a gynaecological clinic is held at the Garrick Hospital. Orthopaedics, chest diseases, paediatrics, ear nose and throat, dermatology, psychiatry, and child psychology, all have clinics taking place in the consulting suite kept for this purpose in the joint hospital-local authority corridor. The overall control of staff and the responsibility for supervising the general upkeep lies with the matron of the hospital, while the office work and accounting is the duty of the centre secretary. A second opinion on any case is obtained by telephoning the centre office to make an appointment through the hospital office. Correspondence is thus kept to a minimum. Any letter writing is done by the office staff at the practitioner's dictation. It has been found that personal contact with the individual specialist

has many advantages, and often the family doctor and the specialist are together at the examination of the patient and a fuller medical history is thus obtained more quickly. Most of us feel that chatting about a patient is much more helpful than the more formal exchange of letters, although, of course, formal reports are received in course of post.

X-ray examinations are done rapidly; the practitioner filling in a request form and sending the patient along the corridor to the x-ray department. Thus, all routine casualty or chest radiographs can be seen almost immediately, and as one of the practitioners is also radiologist, his opinion can be obtained in case of doubt. Laboratory examinations of blood films, sputa, throat swabs can also be arranged quickly with the laboratory, and in most cases a report given within a few hours, if speed is required. In the same way, expert surgical advice can, if necessary, be obtained while the patient is in the consulting room. If a patient needs an anaesthetic for a minor operation, or reduction of a fracture, or dislocation, this can also be rapidly arranged as four of the practitioners are trained anaesthetists.

Regional medical officers use the consulting suite on their periodic visits to see cases referred to them. Here again, personal contact eases many problems as the R.M.O. can have a talk, with the patient's consent, about a case with the doctor concerned, and hospital records are on the spot. This has been mutually helpful, and instead of the feeling of antagonism which sometimes exists between officials and general practitioners there is again the feeling that all are working as a team for the good of the patient.

Conclusions

The keynote of the whole organization is friendship and informality and over the 7 years a wonderful spirit of camaraderie has been built up. Each practitioner has come to feel that he can do his individual work in pleasant surroundings and with modern facilities, and at the same time, realize that in his chosen sphere he is assisting his fellows. With the senior members, there is the feeling that at long last this is what medical practice should be, our dreams come true. To the younger members, it means that they are able to carry on working in conditions closely approximating to those obtaining in the hospitals where they trained. The ease of obtaining help in diagnosis or treatment is appreciated by both patient and doctor. The writer has noted that while local patients, after an initial short period of suspicion of something quite new, now take the whole idea as an everyday affair; and he has heard none in the last few years wish to return to the old days of going to the doctor's house and then requiring to be sent to hospital for further investiga-

tion. On the other hand, when patients on holiday from some other area are seen at the centre, they are amazed, and frequently ask why such centres are not more common. Sometimes it is exceedingly difficult to answer that question as in many ways it would appear to be a simple answer to many problems.

The writer, who practised in the town for 25 years before the centre started, is very aware that he can now give a much better service to his patients and have help always at hand. He also has the satisfaction of doing his bit towards the common good in the speciality he has chosen. Meeting other practitioners daily and discussing queer cases, new drugs, and articles in medical literature, has also the effect of keeping him much more up to date than in the old days of solitary domestic practice. By sending a patient to hospital for another opinion or for some procedure he is not qualified himself to undertake, he does not thereby lose all contact with the patient. On the other hand, the patient feels that his own doctor has still something to do with him, and the old bond between patient and practitioner is preserved.

The reader may get the impression of a rather disorderly administrative problem in all this interchange between the general practice side and the purely specialist or hospital side. In practice, however, it has worked out well and the visiting specialists have all stated that they think this is the ideal way to conduct the practice of medicine.

Much has been said of research in general practice. The writer feels that this is not a common object in the busy life of a general practitioner, but in this atmosphere, every encouragement can be given to any member of the staff who has an urge to conduct some line of research bearing on general practice. With easy and constant record keeping, and with clerical assistance, it is possible to gather any clinical or statistical evidence that he requires.

From the national viewpoint it would appear that if this type of practice was developed, much of the minor routine work would be sieved off and never reach main hospital units whose accommodation and staff would be less taxed, and would have more space and time for the major work they are intended to undertake. Many doctors would be attracted to general practice if they could at the same time hold a small hospital appointment, and retain an interest in their pet subject. Such doctors would not require, for financial reasons, to have a very large list of patients and would then be able to devote more time to the individual patient, and derive more satisfaction from their work. The outpatient departments of the larger hospitals would have much less routine work to perform and staffing problems and expense would thereby be lessened. The need so frequently advertised for a greater number of larger and better hospitals would

be considerably curtailed.

The recent development in Edinburgh of a general practitioner diagnostic centre would appear to provide a solution of some of the problems applicable to large cities. Perhaps the Stranraer experiment may prove to be the solution in the smaller towns. The frustration of working alone or in a small partnership, more or less cut off from the main and interesting stream of modern medicine can be replaced by the daily stimulation of contact with other members of the team. This is excellent, even if it merely means disagreeing with the others, as one has thereby to think and defend one's point of view.

With the latest solution of the remuneration of doctors, some thought is overdue for the improvement of the service as a whole. Is this not the time to reconsider the health centre as a solution of the problem of medical services in a rural area?

Acknowledgments

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FACULTY JOURNAL

South-west England Faculty

The *South-west England Faculty Newsletter* is now printed and distributed by the Geigy Pharmaceutical Company Limited. This newsletter gives information of what is happening at board and general meetings, and other faculty news, but makes no attempt to compete with the college *Journal*. In its 27th issue (February 1962) there is a list of board members, details of a symposium to be held at Torquay on Saturday 19 May, notices of postgraduate courses to be held in the faculty area, and other items including a list of new members and associates and changes of address.