

THE MOVE TO HENFIELD HEALTH CENTRE

A study of patients' views

by

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March, 1975

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MAF

Henfield Practice Area

PLAN

Henfield Health Centre

ACKNOWLEDGEMENTS

We should like to express our gratitude to a number of people for their contributions to this study:-

To Doctors J.W. Squire and P. Wellings, Mrs. M. Peckham, S.P.N., Mrs. P. Bedwell, S.R.N., Miss K. Whiting, S.R.N., and Mrs. R. Manser and Miss R. Pickett of the Henfield Health Centre for their extreme cooperation in collecting the workload data.

To the patients who participated in the survey.

To Mrs. B. Wall, Mrs. J. Millyard and Mrs. L. Dawes for their work in the coding and analysis of the data.

To Mrs. D. Cunningham and Miss G. Dyche for their assistance in planning the postal survey and to Miss G. Baker for her help in designing record forms and for general advice.

To Professor M.D. Warren, Director of the Health Services Research Unit and to members of the Unit for much useful comment and criticism during the drafting of this report.

To Mrs. M. Joyce, Mrs. J. Steadman and Mrs. S. Woodward for secretarial assistance and especially to Mrs. E.V. Browne for typing the report.

This study was funded by the Department of Health and Social Security to whom we express our thanks.

The West Sussex Executive Council and the County Health Department of West Sussex also supported the project and we are most grateful to Mr. J.R. Knighton, then Clerk to the Executive Council, and to Mr. J. Saunders, formerly Principal Administrative Officer of the County Health Department for their interest.

INTRODUCTION

For some years general practitioners have been encouraged to form themselves into group practices, comprising three or more doctors with supporting personnel and to function as members of primary health care teams from centrally situated purpose-built premises. Local health authorities have been encouraged to build health centres in which to house primary care teams. Implicit in this concept has been the belief that benefits would accrue to patients and to doctors from such an arrangement. Though the formation of group practices and the building of health centres has until recently developed at an increasing rate,¹ little firm evidence has been produced to support the belief that benefits result from such changes.

Some knowledge of changes in the magnitude and content of the work undertaken in a practice, and of the impact of such changes on other parts of the health service is relevant in an operational sense to those concerned with the provision of resources. Likewise, improvements in the quality of medical care attributable to changes in the relevant services should be assessed objectively, but suitable indices which may be used for this purpose have not yet been identified.

This study sought the opinions of a sample of patients on the Henfield Health Centre (some 19 months after it had opened), and their experience of care received from those working at the centre. Admittedly, the views of patients about the care they received may be based on a number of ill-defined factors, related loosely, if at all, to the quality of medical care received. However, if we are unable to assess by objective means whether patients are experiencing better health as a result of the opening of health centres, their satisfaction or otherwise with the services provided (including the building and its accessibility to patients) is something which cannot be discounted in the planning of primary medical care.

The Health Services Research Unit has carried out a number of investigations of health centres, into the effects, perceived or otherwise, of family practitioners' removal. This group of studies covered a spectrum of health centres ranging from a building at Shoreham-by-Sea, West Sussex, centralising five dispersed practices (12 general practitioners), to a relatively straightforward

¹ For detailed references, see Baker and Bevan (1973), Baker et al (1974), and Brookes (1973).

rehousing operation of a partnership as in the Henfield situation. A study of such a health centre was warranted to provide a 'base line' against which the effects of greater upheavals could be compared - indeed the preliminary results showed that the largest proportion of expressed patient satisfaction towards a health centre was recorded in the Henfield survey. And it was this need for a 'base line' which determined the completion of the Henfield report as the first in the series of studies.

OBJECTIVES

To ascertain from a sample of patients in the practice, their views about the removal of the primary medical team to a health centre.

In particular, information was sought on:-

- (a) patients' views on the difficulties or otherwise of obtaining access to their general practitioners, and of travelling to the health centre,
- (b) the degree of identification of patients with an individual practitioner rather than to a practice, and
- (c) patients' views on the health centre as compared with the previous main surgery premises.

To obtain an indication of the workload of the practice so to set the patients' survey results in context.

THE PRACTICE AND ITS ENVIRONMENT

Henfield is a village in West Sussex, eight miles north of Shoreham-by-Sea (Map). In 1971 (the year in which the health centre was opened), the village population was 3,600. The surrounding rural area of about 26 square miles was included in the practice area.

A bus service linked Henfield and Horsham and Brighton but it was somewhat infrequent and traversed the district north-south, so leaving much of the practice area without public transport. The closest railway station was some 10 miles distant at Horsham.

The nearest general hospitals to Henfield village were more than eight miles away at Brighton and Shoreham-by-Sea, but hospitals in Worthing, Hove, Cuckfield and Horsham also served the practice area. (These units plus nearby specialist hospitals are listed in Appendix 1.)

No consultant outpatient sessions were held at Henfield. Open access for general practitioners to radiology and pathology departments was provided at Brighton. Ambulance stations were situated at Horsham and Shoreham-by-Sea.

The practice, a dispensing practice, had 4,781 National Health Service patients on 1st January, 1971 of whom 981 (21 per cent) were over 65 years of age. The number of private patients in the practice was unknown, but was estimated by the doctors to comprise not more than 10 per cent of the total list size. The senior partner had worked in the practice for 25 years and the junior partner for 12 years before the health centre was opened.

The practice before the move to the health centre was based on a main surgery in Henfield and three branch surgeries in the neighbouring villages of Partridge Green, Small Dole and Fulking (Map). The main premises were in a converted stable in the rear garden of the senior partner's home. Accommodation comprised two consulting rooms both with adjacent examination rooms, two offices, a dispensary and a large waiting room. At the Partridge Green branch, sessions were held four mornings per week in a church hall where a desk and a few chairs were provided. A weekly session was undertaken at Small Dole in a purpose-built surgery shared by two other practices. The sessions at Fulking were also once weekly and took place in a small church hall. The branch surgery arrangements continued unchanged after the opening of the health centre. An appointment system was in operation at the main surgery (and later at the health centre) but not at the branch surgeries.

Of the two full-time receptionists, one had been employed by the practice for 12 years and the other for 18 months before the health centre opened. Another receptionist helped out on Saturday mornings and on infrequent other occasions such as during receptionists' holidays. The practice had also employed two part-time nurses for three and two years respectively prior to the opening of the centre. One nurse was in attendance from 9 a.m. until noon each weekday, while her colleague dealt with ante-natal and immunisation clinics on Tuesday and Thursday afternoons.

A district nurse, employed by the local health authority, was attached to the practice but continued to work in a traditional manner in that she visited patients who required nursing care at the request of the doctors. A health visitor attended at the main surgery each morning to see patients referred by the doctors.

The health centre

The Henfield Health Centre was opened on 8th February, 1971. The building, located only 140 yards walking distance from the old surgery, was a single-storey brick construction designed to accommodate the general practitioners and their supporting staff plus local health authority services (including a nurse's flat) for a population of about 5,000. The design of the centre is shown in the Plan. There were three consulting rooms, 120 square feet in area, and the furnishings in each one included an examination couch. In addition there were three examination rooms. A corner of the waiting room was sectioned by a reception counter behind which patient records were stored in steel wall-mounted files. The treatment room had facilities for carrying out minor surgical procedures, dressings and laboratory investigations. An electrocardiogram, purchased by the local health authority, was installed. All other instruments and equipment were transferred from the previous practice building.

The timing of the general practitioner consulting sessions remained unchanged following the move to the health centre (see Appendix 2). One innovation was the employment of an additional receptionist, a qualified nurse, during evening sessions at the centre. The practice arrangements for dispensing were continued, patients living more than two miles from the centre being supplied with prescribed medicines.

Local health authority services, available to patients of other practices (see Map) as well as those of the Henfield practice, included once weekly chiropody sessions and fortnightly child welfare clinics undertaken by a local health authority doctor. Welfare foods were distributed from the centre. These services are detailed in Appendix 2.

METHOD

Postal survey

Questionnaires¹ were posted to a sample of the practice population 19 months after the centre opened. This systematic random sample was obtained from the routine practice records and comprised a one-in-four sample of the practice records of patients over 18 years of age. The original sample was obtained nine months prior to the mailing date, but later was amended to take account of deaths and known removals from the practice, and a further systematic random sample drawn to top up the original sample. This was done by a practice receptionist six weeks before the mailing of the questionnaires.

The questionnaires were posted on 19th September, 1972 and each one was accompanied by an introductory letter, a stamped-addressed envelope, and a slip of paper asking that the questionnaire be completed only by the person to whom it was addressed.² A reminder letter was sent to those who had not responded to the first mailing on 6th October, 1972, and a second reminder letter plus another copy of the questionnaire and a stamped-addressed envelope was mailed to those who had not yet responded by 23rd October, 1972. A copy of the questionnaire is in Appendix 3.

Workload data

To gain an impression of the workload of the practice and of any related changes which could be attributable to the transfer to the health centre, the general practitioners, practice nurses and receptionists recorded every consultation (both in the surgeries and at home) during three short periods. The data collecting forms³ are in Appendix 4. Background details of age group and sex for surgery patients and times of surgery sessions were filled in by the receptionists. So the effort required of the doctors and nurses was reduced to a minimum - the entry of one or more 'ticks' for each consultation indicating the type of consultation (e.g. new onset of illness, chronic, casualty) and the action taken. The home visit forms required additional details to be completed

¹ Designed for use in the series of health centre studies being carried out by the Research Unit, and modified to take account of items specific to the Henfield Health Centre.

² This was to minimise replies from spouse substitutes, a problem recognised in the earlier surveys.

³ Also a modification of documents designed by the Research Unit and used in an earlier health centre study.

by the doctors at the end of each visit, i.e. the patient's address, time taken to carry out the visit and the reason for the visit.

There were two six-week recording periods, the first 'before' the health centre opened from Monday, 14th December 1970 to Saturday, 23rd January, 1971; the second 'after' the opening of the centre covered Monday, 14th February until Saturday, 27th March, 1971. A third two-week record collecting session was undertaken by one principal and three practice nurses 12 months later (from Monday, 3rd January to Saturday, 16th January, 1972).

RESPONSE TO THE SURVEY

Postal survey response rates

Of the 973 persons approached, 672 (69 per cent) completed the questionnaires, see Table 1. The Post Office returned 88 questionnaires marked "gone away" or "not known at this address", a further 13 were returned by new occupants of houses while eight were sent to persons deceased. So in all, at least 11 per cent of the names/addresses sampled from the practice records appeared to be inaccurate although some of the removals from the practice may have occurred during the six-week period between the collection of the sample and the mailing of the questionnaires.

Thirteen persons refused to participate in the survey and 41 indicated non-cooperation by returning blank or spoiled questionnaires. No reply of any kind was received from 136 (14 per cent) of those approached.

Two-thirds of the completed questionnaires were returned soon after the initial posting; the first reminder letter prompted a further 22 per cent of the respondents to cooperate. About 232 second reminder letters and questionnaires were dispatched resulting in 65 valid returns or 10 per cent of all completions (Table 1).

Comparability of respondents with the total sample

When the sample was drawn from the practice records, individuals' sex, date of birth, marital status (where known) and doctor registration were noted. Thus it was possible to assess the representativeness of the respondent group compared with the total sample in these variables. The sex composition of the two groups was similar - females comprising 55 per cent of the total sample and 57 per cent of the respondents. The distributions of age groups by sex were also comparable (Table 2). There were slightly fewer respondents aged 25-44 years (of both sexes) than might have been expected, and corresponding relative excesses of women respondents in the 45-59 years group and men aged 65 years or more.

Patients in the total sample were almost evenly divided in doctor registration - 49 per cent with Doctor A and the rest with Doctor B. In the respondent group 50 per cent were registered with each doctor.

It does seem therefore, that the respondents as a group were fairly representative of the total sample surveyed.

CHARACTERISTICS OF THE RESPONDENTS

Who were the respondents?

In age they were broadly distributed between 18 to 44 years, 45 to 64 years and 65 years and over - this last category containing the smallest number (Table 2). Women predominated in all age groups but especially amongst the over 60s.

Married respondents comprised three-quarters of the total; the remainder were equally distributed between the categories of single and widowed/divorced/separated. One third of the respondents resided in two-person households and 11 per cent lived alone (see Table 3), three-quarters of whom were aged 65 years or more and were mainly women.

Cars were normally available to slightly more than half of the respondents wishing to get to the surgery, but about a quarter never had the use of one¹ (Table 3). This broad distribution of car availability applied to respondents in all household sizes apart from single person units - here the pattern was reversed and it was not an unexpected result in view of the high proportion of elderly women amongst those living alone. However, this household group was only a little disadvantaged regarding home telephones relative to the overall distribution, see Table 3. In all, 68 per cent of respondents were on the telephone at home. (There were about 29 private subscribers for every 100 households in the United Kingdom in 1969 (Consumers' Association 1969).)

The varying periods spent by the two doctors in the district were reflected in the patients' estimates of registration time with their physicians. Doctor A had been in the practice for 25 years, and of those claiming attachment with him two-thirds thought that they had been registered with him for more than 10 years. In the case of Doctor B who had been with the practice 12 years, half of 'his' respondents had registered fewer than six years previously, (Table 4). However, despite the vastly differing distributions in individual doctor registration periods, the age distributions of their respective respondents were quite similar.

In the complementary workload data recorded just prior and almost immediately after the opening of the health centre, there were also similarities in the age group distributions (for persons over 15 years) of the two doctors' consultation patterns, surgeries and home visits combined, (Table 5). These recordings do

¹ Note that 34 per cent of households in the Rural Districts of West Sussex were without a car in the 1971 Census and the figure for England and Wales was 48 per cent (OPCS 1973).

of course relate to consultations rather than individual patients as in the survey data, and therefore are not strictly comparable. Yet the data suggest that the doctors' differing periods of association with the practice had by 1972, little effect upon the age distribution¹ of their respective patients.

Most respondents displayed an attachment to their individual doctor (for non-urgent matters) which reflected the practice policy of encouraging patients to attend only the doctor with whom they were registered.² In answer to the question, "If your doctor is not available when you wish to see him about a non-urgent matter but will be available later in the day, which ... would you prefer to do?", three-quarters of the respondents stated that they would wait for their own doctor. A related question about the action preferred if own doctor was not available until another day, produced a very similar attachment of patients to their doctors,³ (Table 6). This table also shows that women seemed to have a 'stronger' attachment to their own doctor than men. But generally attachment was age related, patients over 60 years being the least likely to prefer to see another doctor over a non-urgent matter.

Contact with primary medical services

(i) The site Nearly 80 per cent of respondents indicated that they usually attended the health centre and five per cent were more likely to go to a branch surgery. Allowing for the proportion who did not state which surgery they frequented (16 per cent), the figures showed reasonable comparability with those of the workload data in that 86 per cent of all surgery consultations occurred in the main surgery before and very soon after the health centre opened, (Table 7). (Surgery consultations with patients aged 15 years or more were slightly more concentrated at the main surgery in the two recording periods.) The proportions of respondents and consultations attributed to the branch locations reflected the frequency of surgery sessions in these surgeries; four times weekly at Partridge Green and once weekly at the other two sites, this scheduling having been determined by the population densities of these village areas. The geographical distribution of respondents' addresses was, Henfield village 69 per cent, Partridge Green 9 per cent,

¹ Ages were grouped in the workload recordings so it was not possible to derive a comparable group of 18-24 years as in the patient survey.

² Note that for all but nine respondents, their replies to the question, "Who is your own doctor?", matched their doctor registration on the practice records.

³ Kaim-Caudle and Marsh (1975) found in their patient-satisfaction survey (stratified towards intensive users of the practice services) that over 80 per cent of their respondents expressed a preference for seeing their own doctor at the surgery rather than another doctor in the group.

Small Dole 5 per cent, Fulking 2 per cent and scattered hamlets and farms 14 per cent. It is of interest that in the workload data there was not an observable redistribution of patients from the branch surgery sites to the health centre once the building had opened.

(ii) Frequency of contacts Four out of five respondents stated that during the preceding year they had visited the doctor at a surgery either on their own or to accompany someone else. Two hundred and ninety-six had attended one to four times whilst 29 presented themselves on 20 or more occasions. Not unexpectedly, women aged 25-44 years were over-represented among respondents attending between five and 19 times, (Table 8). Many of these attenders could have received ante-natal care, while others would have been mothers accompanying child patients to the surgery. (In the workload data only the child patient contacts would have been recorded.)

Of the 139 surgery non-attenders, 49 were aged 65 years or more. However, a sizeable proportion of the homes of all the non-attenders (39 per cent) had been visited by the doctors either for the respondents or another member of the household, during the surveyed period. This applied to 24 of the over 65 year old surgery non-attenders.

Overall, no visits were made by the doctors to the homes of half of the respondents during the investigated 12 months (Table 9). A further one-third stated that it had been visited one to four times.¹ The elderly were disproportionately represented amongst recipients of five or more home visits, i.e. 29 per cent of the respondents were over 65 but they comprised 42 per cent of the persons to whose homes the doctors called on five or more occasions. This finding was broadly in line with the indicators from workload data. In the recordings before and after the opening of the centre, 62 and 61 per cent respectively of home visits to persons 15 years and over were to this age group, (Table 10).

The extent of contact with other professional workers varied. One-fifth of the respondents had been in contact with the practice nurses at the health centre, either to consult on their own behalf or to accompany a patient during the surveyed period. This seemingly high reported usage of the nurses' services confirmed the workload results. During the first recording period

¹ From the workload data it was possible to determine approximate practice consultation rates; a surgery consultation rate per patient registered of 3.5 per year, and a home visit rate of 1.2. (The surgery rate included the nurses' consultations and both rates could have been inflated as the total 12 weeks of recording occurred during the winter including Christmas/New Year.) The mean number of consultations per patient on list for all regions (115 principals) in the second national morbidity study was 3.0 (OPCS 1974).

before the move to the health centre, the nurses recorded an average of 24 patients per week, and in the 'after' period an average of 34 patients per week. During the third recording period (12 months after the health centre opened) the average was 77 patients per week. A third part-time nurse had by then joined the practice. The percentages of respondents who had made contact with the district nurse and health visitor were seven and six respectively. (Twenty-three contacts were referred by the doctors to the district nurse in the combined 'before' and 'after' recordings of workload data. Health visitor referrals were even fewer.) The midwife and chiroprapist were each seen by fewer than five per cent of respondents.

The cervical smear clinic was attended by 107 or 28 per cent of women respondents during the year under review. A screening programme initiated by the general practitioners in 1968 was well supported by the patients as the attendance rate above suggests. Family planning advice was sought by one-in-five women respondents of child bearing age (18 to 44 years), while the ante-natal clinic was visited by 12 per cent of such women.

Contact with hospital services

Information on respondents' contacts with hospital services during the surveyed 12 months were requested to observe any relationship between frequency in attendance in hospital departments and at the health centre. Patients with considerable experience of hospital premises and routines may have differing expectations of a health centre than persons with infrequent contacts with the hospital service. At least 59 per cent of respondents had been in hospitals in one or more ways; as inpatients, visitors, or attenders at outpatient or casualty departments (to be seen themselves or to take someone else). Itemised according to type of hospital activity, 64 respondents (10 per cent) had been inpatients, and an almost equal number of persons (about 260 - 39 per cent) reported outpatient/casualty attendances and/or had visited hospital patients (see Table 11). There was some evidence in this table that respondents who were frequent attenders at the health centre were more likely to have had some contacts with hospitals.

Summary

The respondents were fairly representative of the Henfield practice population whose record cards were sampled, in terms of sex, age and doctor registration. The elderly (over 65 years) comprised less than a third of

the respondents. There were telephones in the homes of two-thirds of the respondents. Car availability to attend the surgery was also relatively high, only single person household units, many of whom were elderly women, being predominantly without a car. There seemed to be a high degree of attachment of respondents to their 'own' general practitioner for non-urgent matters.

Four-fifths of the respondents stated that they had attended a surgery to a doctor either for themselves or to take someone else, during the preceding 12 months, but only half claimed that a doctor had visited their homes. Women aged 25 to 44 years were over-represented amongst respondents attending the health centre, while persons of pensionable age were 'high' receivers of multiple home visits. The practice nurses had a significant load, as one-fifth of respondents had made some contact with them during the surveyed period. Hospitals had been frequented for one purpose or another by more than half of the survey participants, and generally those who had been to hospital were more likely to have attended the health centre.

ACCESS TO PRIMARY MEDICAL CARE

Information was collected from respondents about their difficulties or otherwise of obtaining access to their doctors with regard to appointment times availability, and travel to the surgery. Whether or not there were occasions when they experienced an unfulfilled need to see the doctor, was also of interest.

Appointments with the general practitioners¹

As access to a doctor at the health centre was to some extent dependent upon having an appointment, the patients were asked to state the method they normally used when making an appointment. Not unexpectedly (in view of the high degree of telephone ownership among respondents), four-fifths indicated that they used a telephone. Even half of persons without telephones in their homes normally used a 'phone to make an appointment. Appointment times to see the doctor on the day requested were normally available to the great majority of respondents - persons without a telephone appeared to be marginally disadvantaged (Table 12). The frequency of attendance at the surgery did not appear to be related to the ability to obtain an appointment on the day requested.

Time of attendance and preferred surgery times

8 a.m. to 10 a.m. was quite the most nominated 'normal' attendance period, followed by 4 p.m. to 6 p.m. (Table 13). There were though, numerous respondents who normally attended late morning and early afternoon sessions, and seven who indicated the lunch period. All of these selections were feasible because of the scheduling of health centre clinics and branch surgery sessions (see Appendix 2).

There was a marked disparity however between the 'normal' surgery times respondents indicated and the hours considered most convenient. Although there were no published consulting sessions commencing after 5 p.m. in the practice, 187 persons (28 per cent) selected 6 p.m. to 8 p.m. as a surgery period of greatest convenience.² (They could have made additional choices.) Nearly half of the supporters for this timespan were persons who normally attended between 8 a.m. and 10 a.m., while another third wished to transfer from 4 p.m. to 6 p.m. - Table 13. Not unexpectedly, men aged between 18 and 44 years

¹ Respondents who usually attended the branch surgeries did not need to make appointments, but they were included in this section in view of the possibility that they, on occasions, may have attended the health centre.

² It was decided to include in the Henfield questionnaire the option of 6 p.m. to 8 p.m. in the question about surgery times of most convenience because, in the earlier health centre surveys carried out by the Research Unit, respondents often wrote in this choice.

predominated in the group favouring the later surgery hours, but the choice was selected by significant numbers of men and women in all other age groups under 60 years.

"Outside working hours" was the reason given by 153 respondents favouring later evening surgeries. The same reason was offered by 108 who showed a preference towards 8 a.m. to 10 a.m. - another 53 felt that the earlier hours left the rest of the day free, and 12 wanted to "get it over with", (Table 14).

Travel to the health centre or branch surgeries

Car/bus availability appeared to be a major factor in the choice of 'normal' surgery sites for the 'rural' third of the respondents, i.e. the 31 per cent who lived outside the Henfield village. There were 138 'rural' persons with regular use of a car to get to the surgery and more than three-quarters of these patients usually attended the health centre. (The proportion might well have been higher but for 21 persons who did not complete the normal surgery site question.) Almost all travelled by car to the centre. Contrariwise, of the 66 'rural' persons without regular use of a car (sometimes or never) only 36 attended the health centre and the bus was used by 19 of these patients. Few respondents from the Henfield village would have been more than $\frac{3}{4}$ mile distant from the health centre, yet slightly more travelled to the surgery by car than walked, 211 and 196 respectively.

Overall, there were wide variations in methods of transport used by the different sexes, (Table 15). Whereas two-thirds of the male respondents usually travelled by car, less than half the females used this method. They were just as likely to walk. Patients who cycled nearly equalled those using the bus service. More than three-quarters of the respondents stated that they spent less than 15 minutes travelling to their usual surgery, and 98 per cent of all repliers to this question were within half an hour's travelling time of the surgeries. Nearly all female respondents who normally attended the health centre travelled from their own homes (92 per cent) and four out of five of the male patients also travelled from home rather than a place of employment.

As the move of the practice to the health centre meant a physical transfer of so little distance, 140 yards approximately, it was not anticipated that many patients would experience new difficulties in reaching the surgery they normally attended, be it the main one in Henfield or a branch. And indeed, 95 per cent of men and 89 per cent of women discounted any problems. To the more specific question of whether there were any difficulties in travelling

to the Henfield Health Centre, 12 per cent answered positively. Of these 82 persons, 62 lived outside the Henfield village and found transport a problem, particularly poor bus services. Furthermore, nearly half of those with perceived difficulties were aged 65 years or more.¹

Unfulfilled need to see doctor

The respondents were asked, on how many occasions they had felt a need to see the doctor but were unable to attend the surgery for whatever reason during the past 12 months. More than 80 per cent of all respondents indicated that they were not prevented in any such way from seeing the doctor, (though the figure was slightly less for those aged 65 or over). About 15 per cent of respondents, however, stated that on one or more occasions during the year they had been unable to attend the surgery when they had so wished, (Table 16). It must be remembered that the question related to the surgery and therefore the respondents may have been unable to attend because of their confinement to bed or the home. The table also shows a slight positive relationship between number of surgery attendances and unfulfilled need to attend the surgery.

Only 45 (7 per cent) of the respondents had perceived the need to ask the doctor to visit but had not requested a visit, (Table 16). Six of these stated as their reason that they had improved on self-treatment, five respondents "did not want to be a nuisance", and seven felt it would be inconvenient for the doctor.

¹ It should be noted that the practice had an arrangement with some lady drivers resident in the Partridge Green area. The health centre staff arranged for patients to be carried to the centre and the drivers were reimbursed for petrol.

POSSIBLE EFFECTS OF THE OPENING OF THE HEALTH CENTRE UPON THE DOCTORS' WORKLOAD

There was no evidence from either the patient survey or the workload data that persons not living in close proximity to the health centre switched their normal surgery allegiance to the centre, and this was especially true if they had difficulty in reaching the village. There was however some uncertainty in the gross workload data with regard to whether patients had increased their relative demands upon the doctors after the health centre opened. And, were recipients of home visits encouraged instead to attend the surgery as Tables 17 and 18 suggest. There was a percentage increase in doctors' surgery consultations from the 'before' to the immediately 'after' recording period of 17 per cent, offset by a 17 per cent decline in home visits, giving an overall increase in doctors' contacts of seven per cent.

The composition of the workload in terms of type of consultation, and doctors' individual work patterns showed some modification. In the surgeries there was a marked swing in the number of return patients, particularly acute returns (a 36 per cent increase). Of course, these consultations were initiated by the doctors so it may have been that patients were encouraged to delay follow-up attendances in new episodes until the centre was opened. The numbers of new (patient initiated) consultations remained virtually unchanged.

A supposition that the doctors were requesting home visit patients to attend the health centre for follow-up consultations could be drawn from the significant reduction in acute return visits (28 per cent - Table 17) in the second recording period. However, this assumption must be treated with reserve for the doctors' distinctive individual home visit follow-up behaviour continued little altered, though the changes that did occur were compatible with this assumption. Doctor A tended to revisit patients in their homes - 75 and 69 per cent of all domiciliary patients visited in the 'before' and immediately 'after' period respectively were to be revisited. In contrast, Doctor B recommended to a great many of his home visit patients that they should present at the surgery for follow-up. - 59 and 63 per cent respectively in the two recording period. This in itself would create a heavier surgery follow-up load for Doctor B than Doctor A, and indeed it did for acute return consultation especially in the 'after' period, (Table 18). The unexplained disparity between the total workloads of the two doctors (both home visits and surgery consultations) may also have contributed to the apparent redistribution of patient contacts to the health centre rather than at home. But it was not possible to tell if this workload imbalance continued indefinitely.

OPINIONS OF RESPONDENTS ABOUT THE HEALTH CENTRE AND THE PRACTICE NURSES

Preferred consultation site

To the question, "Where would you prefer to be seen by your doctor?" over 70 per cent of respondents gave the Henfield Health Centre as their choice, 12 per cent stated that they "didn't mind where", and only two per cent preferred the former Henfield surgery, (Table 19). Of the 52 respondents (eight per cent) who opted for being seen in their own homes, more than half were aged 65 years or more, and 13 of these offered ill-health as a reason.

Support for the health centre appeared to be dependent upon experience of its facilities; of those who had not been to see a doctor at the centre (either for themselves or someone else) in the year of reference, only about half nominated this site compared with 78 per cent of health centre attenders. This non-contact group was more ambivalent in its preferences - one-fifth felt that they didn't mind where they saw the doctor, (see Table 19).

Respondents who in the previous year had been in an outpatient/casualty department and/or visited a patient in hospital favoured the health centre slightly more than persons without such experience, i.e. of these two categories 76 and 69 per cent respectively were inclined towards the centre. On the other hand the latter group were marginally more in favour of seeing the doctor in their own home, a reflection of immobility owing to ill health perhaps. There was equal support for the option, "Don't mind where".

The commonest reasons¹ for preferring the health centre were those which related to the building - convenient,² attractive, better general facilities. Fewer respondents quoted better medical facilities, better facilities for dispensing medicines and the presence of para-medical staff. Improved organisation was recognised by about 60 persons. The range of reasons expressed by respondents within the broad age groups is presented in Table 20 - there was very little variation between the sexes in the types of observations made.

The following comments reflected the feelings of respondents.

"Because it is conveniently situated & it has a pleasing waiting room with an efficient staff in attendance." (Married woman)

"It is run efficiently timing seems to be more accurate. Pleasanter surroundings, plus being able to park car, in centre's car park." (Single man)

"More space in waiting area and better chance of avoiding other ailments. Also efficiently run and appointment system and calling seems to work well and minimises waiting time. Easy car parking." (Married man)

¹ More than one reason could be given by each respondent

² The question specifically stated, in parenthesis, "We are not concerned here with how easy it is for you to reach these places."

"It has everything - comfort good organization. Splendid attention at all times." (Widow)

"Because it is situated at a central part of Village and is quite easily accessible. And is very pleasant in its interior design, there is usually somebody in attendance." (Married woman)

The overall picture was one of widespread acceptance of the move to the health centre and little evidence of patients preferring the former main surgery.

The Practice Nurses

The expanded accommodation in the health centre of a treatment room and extra consulting and examination rooms, allowed for a greater involvement of the practice nurses in the delivery of medical care. So in this study, as in the other health centre inquiries undertaken by the Research Unit, patients' experiences and attitudes towards this innovation were explored. At the time of the survey there were three part-time nurses employed by the practice. The workload data showed that the nurses were bearing an increasing load. In the six-week period prior to the opening of the health centre, two nurses recorded a weekly average of 24 patient consultations. This rate rose to 34 almost immediately after the centre (and treatment room) was opened. But by January 1972, eight months before the patients' survey was posted, the weekly throughput had doubled - three nurses recorded over a two-week period (which may have of course been somewhat atypical), 153 consultations.

One-third of the respondents had attended or accompanied somebody to a practice surgery where a nurse helped the doctor. (Females were disproportionately represented forming 70 per cent of this group.) Experience of such situations appeared to be a determining factor in attitudes towards the benefits of a nurse,¹ (Table 21). For example, just over 80 per cent of both males and females who had had contact (as described above) with a nurse considered it an advantage to the patient to be seen by a nurse at the doctor's surgery. Yet similar approval was voiced by only 52 per cent of men and 43 per cent of women lacking this experience. This group was more likely to be non-committed. Overall too, the greater the age of respondents (especially women) the less inclined were they to either consider a nurse an advantage or to express an opinion. Persons with a 'strong' attachment to their own doctor for non-urgent matters seemed to be no more likely to consider the nurse to be a disadvantage to the patient, than respondents without such an allegiance. Recent contact with outpatient/casualty departments appeared to have almost no effect upon the views of respondents with, or without, experience of a surgery nurse helping the doctor.

¹ This was consistent with the findings of Cunningham et al (1972)

Respondents were invited to state why they considered it an advantage or disadvantage to the patient to be seen by a nurse at the doctor's surgery. Those who had been in contact with a nurse in such circumstances and considered her to be an advantage were more likely to comment than those whose advantage perception was not based on experience, (Table 22). Respondents were conscious of the value of doctors' time - 82 persons made a specific reference to the nurse being able to "save the doctor's time", while a further 75 implied a time-saving in that the doctor would be freed for other medical activities, for more urgent matters, other patients, etc.

"To do the small tasks which save time for the doctor concerned."
(Married woman with experience of a surgery nurse)

"Nurse can undertake routine tasks and therefore permit better utilisation of doctor's time."
(Married woman also with surgery nurse experience)

A saving of the patient's own time was appreciated by 85.

"I consider it an advantage as it can cut out a certain amount of of waiting time if treatment may be carried out by a nurse. Perhaps avoiding the need for an appointment with the doctor."
(Married man without contact with a surgery nurse)

"Working under the direction of the Doctor, can prove to be time saving, to both patient, and Doctor."
(Married man without surgery nurse contact)

The more vociferous of the few who considered the nurse to be a disadvantage had not been in a doctor/nurse situation. The most often stated objection was the wish for the doctor's advice only, (Table 22), for example -

"The patient goes to the surgery to see the Doctor, and would expect to do so, even if seen by a nurse so it is no advantage."
(Widow without surgery nurse contact)

The nurses' workload data showed that specimen taking was one activity which appeared to have expanded as a consequence of a staffed treatment room. The average weekly number of specimens recorded by the nurses increased from four in the 'before' period, six immediately after the opening of the centre, to nine, 12 months later. The number of prescriptions **initiated by the nurses** also rose over the period. In the first two sessions, the outcomes of eight to nine per cent of nurse consultations included a prescription; the figure was 20 per cent in the two weeks of 1972. These and other activities were reflected in respondents' comments:

"Routine jobs, e.g. injections, taking blood samples, dressings, etc. Would take pressure off Dr. on a busy day, and save time from patients point of view."

(Married man who had been in contact with a surgery nurse)

"Minor ailments can be seen by the nurse - dressings, etc."

(Married man without surgery nurse contact)

Treatment for a minor injury

In an attempt to elicit the preferences of the respondents in respect of emergency medical attention, the question was asked:-¹

"If you cut your hand badly at home at 3 o'clock on a Tuesday afternoon and, although the bleeding soon stopped, you thought it would need seeing to by someone, what would you do?"

Only a small proportion (eight per cent) stated that they would prefer to attend a hospital, whereas a very high proportion (85 per cent) would attend the health centre, and a further two per cent would telephone either the health centre or their general practitioner.

The 55 persons who would go to a hospital were characterised as being predominantly male, under 45 years of age, working, and with normal use of a car - see Table 23. They appeared to have a less 'strong' attachment to their own doctor for non-urgent matters than the total respondents (compare Tables 6 and 23), but their contacts with the surgery nurses were proportionately the same.

The dispensing of prescriptions

The workload data indicated that in about three-fifths of all doctor consultations a prescription was issued. It was thus of interest to know if patients (especially 'rural' residents) experienced any problems in having the medications made up. The existence of the practice dispensary seemed to minimise difficulties - no more than six per cent of respondents made adverse comments, i.e. problems of "out of hours" needs, and half of these had difficulties only sometimes.

The health centre dispensary usually made up prescriptions for one-fifth of the respondents and almost all lived outside the Henfield village. In contrast, the Henfield village chemist was little used by 'rural' patients but served instead the village residents.

¹ A similar question was used by Cartwright (1967).

SUMMING UP

The objective of the study was to ascertain from a sample of the Henfield practice population, views about the transfer of the doctors and staff to the health centre. The removal was of course, a relatively small upheaval, as the health centre was located very near the old practice premises, and the three branch surgeries retained. The new accommodation was more ample with additional consulting and examination rooms plus a treatment room in which minor surgical procedures could be undertaken by the practice nurses.

Respondents expressed little difficulty in gaining access to the doctors. The great majority were able to get appointment times on the days requested, although those without telephones (and these were relatively few in number) seemed marginally disadvantaged. The morning surgery session, 8 a.m. to 10 a.m., was the most patronised, but when respondents indicated the surgery times of greatest convenience, there was quite a measure of support for an evening period 6 p.m. to 8 p.m., not available at the time of the survey.

Very few persons experienced difficulties in reaching one of the surgeries in the practice but 12 per cent would have had problems in travelling to the health centre. Not unexpectedly, three-quarters of these persons who found transport a problem lived outside the Henfield village. Indeed, the availability of a car appeared to be a determining factor in 'rural' patients' choice of the health centre as their 'normal' surgery.

About 15 per cent of patients said that they had felt the need to see the doctor but had felt unable to go to the surgery, and seven per cent reported feeling the need for a visit by the doctor but not for some reason asking for one. In the short term at least there was a tendency for the doctors to follow-up more patients at the surgery rather than at home. However it was not possible to ascertain if this was causing any particular problems for the patients. There appeared to be a 'strong' attachment to individual doctors for non-urgent matters (in keeping with the policy of the practice). No more than a quarter of the respondents would opt to see another doctor even if it meant waiting for a day or more before their own was available. This identification did seem though to be age-related, the over 60s having the highest level of attachment.

The number of cases dealt with by the practice nurses in the surgery increased substantially following the opening of the centre. However it seemed to present relatively few problems - over 80 per cent of the respondents who had in the previous year seen a nurse thought it advantageous to the patient

that a nurse should be at the surgery, those without this experience were less positive. Close identification with one's own doctor for non-urgent matters did not appear to influence respondents' attitudes towards the practice nurses.

It was to the health centre rather than a hospital that most people would go if they had cut their hand at home on a working day afternoon. Those who nominated a hospital were just as likely to have had a contact with a surgery nurse in the past year as the overall respondents, but they did tend to be working men under the age of 45 years.

The health centre was the preferred site for seeing the doctor for over 70 per cent of respondents; 12 per cent were ambivalent (many of whom had not attended a doctor at the centre) and only two per cent preferred the old Henfield surgery. It was the building that appealed to respondents in terms of convenience, better design and facilities.

In so far as the evidence goes the patient survey suggested that there were few problems experienced by respondents in respect of the health centre and a lot of goodwill towards the practice. Our judgement at this stage must be cautious for two reasons -

1. We did not do a 'before' centre patient survey - so for all we know we could have obtained a similar measure of support for the old surgery premises and its occupants - that would have meant that the centre was not producing any increased volume of content or simply that patients just went along with whatever was provided.
2. For all we know other centres may have had a greater volume of support - that is to say even the small measure of problems and discontent manifested in this survey was greater than existed elsewhere. Only the study of other surveys in the present series and elsewhere will throw some light on this.

We shall take up these matters further in the report bringing together results from all our surveys and relating them to other similar work.

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APPENDIX 1

General Hospitals in area

Brighton

Brighton General Hospital (612 beds)	partly acute
Royal Sussex County Hospital (431 beds)	acute and maternity
New Sussex Hospital (71 beds)	acute

Hove

Hove General Hospital (80 beds)	acute
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Shoreham-by-Sea

Southlands Hospital (424 beds)	mainly acute
--------------------------------	--------------

Worthing

Worthing Hospital (160 beds)	mainly acute
------------------------------	--------------

Horsham

Horsham Hospital (71 beds)	acute
----------------------------	-------

Cuckfield

Cuckfield Hospital (300 beds)	mainly acute
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Specialist Hospitals and Units in area

Brighton

Foredown Hospital (26 beds)	isolation & mentally/severely physically handicapped children
Royal Alexandra Hospital for Sick Children (143 beds)	acute paediatric
Sussex Eye Hospital (56 beds)	ophthalmology
Sussex Throat & Ear Hospital (26 beds)	ear, nose and throat
Bevendean Hospital (135 beds)	T.B. and chest

Hove

The Lady Chichester (72 beds)	functional nervous disorder
-------------------------------	-----------------------------

Horsham

Forest Hospital (362 beds)	mental illness
St. Christopher's Day Hospital	mental illness
Roffey Park Hospital (109 beds)	mental illness

Haywards Heath

St. Francis Hospital (721 beds)	mental illness
Hurstwood Park Hospital (57 beds)	neurology and neurosurgery
Colwood Hospital (30 beds)	adolescent unit
King Edward VII Memorial (Eliot) Hospital (50 beds)	G.P. unit

Worthing

Courtlands Recovery Hospital (51 beds)	pre-convalescent
Swandean Hospital (138 beds)	long stay
Zachary Merton Maternity Hospital (50 beds)	maternity

Source: The Hospitals and Health Services Year Book 1974 London:
The Institute of Health Service Administrators.

HENFIELD HEALTH CENTREHewitts, HenfieldWeekdays 8.30 a.m. to 5 p.m. : Saturday 8.30 a.m. to 10.30 a.m.TELEPHONE

At all times - Henfield 2255 or 2256

GENERAL MEDICAL SERVICES

Dr. John Squire (Henfield 2255) Dr. Paul Wellings (Henfield 2256)

Consultations by appointment

Patients requesting a home visit should telephone before 10 a.m.

Local Health Services

Cervical cytology	by appointment
Child health	1st & 3rd Tuesdays 2.30 - 4 p.m.
Welfare foods	Monday to Friday 2.30 - 4 p.m.
Chiropody	by appointment
Dentistry	by appointment
Family planning	by appointment
Health visitor	by appointment 9.30 - 10 a.m.
Vaccination and immunisation	by appointment

Branch SurgeriesFartridge Green

Dr. John Squire	Wednesday & Saturday	10.30 a.m.
Dr. Paul Wellings	Monday & Thursday	11.00 a.m.

Fulking Village Hall

Dr. Paul Wellings	Tuesday	10.30 a.m.
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Small Dole

Dr. Paul Wellings	Tuesday	noon
-------------------	---------	------

Neither doctor waits if no one present

HENFIELD HEALTH CENTRE STUDY

All details given on this form will be regarded as strictly confidential.

- 1. How many times have you been to see a doctor at his surgery (any of his surgeries), either to see him yourself or to take someone else, since 1 September, 1971?

Please tick one

None	<input type="checkbox"/>
1 - 4 times	<input type="checkbox"/>
5 - 9 times	<input type="checkbox"/>
10 - 19 times	<input type="checkbox"/>
20 or more times	<input type="checkbox"/>

- 2. (a) How many times have you felt the need to see your doctor but felt unable to go to the surgery, for one reason or another, since 1 September, 1971?

Please tick one

None	<input type="checkbox"/>
1 - 4 times	<input type="checkbox"/>
5 - 9 times	<input type="checkbox"/>
10 - 19 times	<input type="checkbox"/>
20 or more times	<input type="checkbox"/>

- (b) If you did not go to the doctor's surgery on one or more occasions why was this?

.....

.....

.....

- 3. Which surgery or surgeries do you attend to see the doctor?

Please tick a box in each line as appropriate.

	<u>Never</u>	<u>Occasionally</u>	<u>Normally</u>
Henfield Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partridge Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Dole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)			

4. (a) How do you normally make an appointment to see your doctor?

Please tick one

By telephone

By calling at the surgery

(b) Are you on the telephone at home?

Please tick one

Yes

No

5. Do you normally get an appointment to see your doctor for the day which you request?

Please tick one

Yes

No

6. At what time do you normally attend the surgery?

Please tick one

8 a.m. - 10 a.m.

10 a.m. - 12 a.m.

12 a.m. - 2 p.m.

2 p.m. - 4 p.m.

4 p.m. - 6 p.m.

7. (a) If you could choose the times of surgery hours, which of the following would be the most convenient for you?

Please tick

8 a.m. - 10 a.m.

10 a.m. - 12 a.m.

12 a.m. - 2 p.m.

2 p.m. - 4 p.m.

4 p.m. - 6 p.m.

6 p.m. - 8 p.m.

(b) Could you say why these times are the most convenient to you.

.....
.....
.....

8. How do you usually travel to the surgery you normally attend?

Please tick one or more,
whatever applies:

Walk

Bus

Car

Taxi

Motor-cycle

Bicycle

Other, please state:

.....

9. Do you have the use of a car to get to the surgery?

Please tick one

Normally

Sometimes

Never

10. About how long does your journey to the surgery you normally attend
usually take you?

Please tick one

Up to $\frac{1}{4}$ hr.

Between $\frac{1}{4}$ and $\frac{1}{2}$ hr.

Between $\frac{1}{2}$ and 1 hr.

More than 1 hr.

11. Do you have any difficulties in travelling to the surgery you normally attend?

Please tick one

Yes

No

If you have difficulties in travelling to the surgery you normally attend,
please could you say what they are?

.....
.....
.....

12. Which of the following statements applied to you when you went to the surgery you normally attend?

Please tick one

I usually went to the surgery from home

I usually went to the surgery from work

I usually went to the surgery from other places

If 'from other places', please give details:

.....
.....
.....
.....

13. Who is your own doctor?

Please tick one

Dr. Squire

Dr. Wellings

Other, please state

.....

14. How long have you been registered with your own doctor?

Please tick one

Less than 1 year

1 - 5 years

6 - 10 years

11+ years

15. How many times have you seen a doctor at the Henfield Health Centre or branch surgery who is not your own doctor, since 1 September, 1971?

Please tick one

None

1 - 4 times

5 - 9 times

10 - 19 times

20 or more times

16. If your doctor is not available when you wish to see him about a non-urgent matter but will be available later in the day, which of the following would you prefer to do?

Please tick one

See another doctor who is at the surgery

See your own doctor later on the same day

Neither

If 'Neither', please say what you would do:

.....
.....

17. If your own doctor is not available at all at the surgery on the day you wish to see him about a non-urgent matter, which of the following would you prefer to do?

Please tick one

See another doctor

See your own doctor another day

Neither

If 'Neither', please say what you would do:

.....
.....

18. How many times has a doctor visited your home either to see you or to see someone else in your home since 1 September, 1971?

Please tick one

None

1 - 4 times

5 - 9 times

10 - 19 times

20 or more times

19. (a) How many times have you felt the need for a home visit, but not called the doctor out, since 1 September, 1971?

Please tick one

- | | |
|------------------|--------------------------|
| None | <input type="checkbox"/> |
| 1 - 4 times | <input type="checkbox"/> |
| 5 - 9 times | <input type="checkbox"/> |
| 10 -19 times | <input type="checkbox"/> |
| 20 or more times | <input type="checkbox"/> |

(b) If you did not call the doctor on one or more occasions, can you say why that was?

.....
.....
.....

20. What is the name of your nearest general hospital?

.....

21. About how long would it take you to get to this hospital?

Please tick one

- | | |
|----------------------|--------------------------|
| Less than 15 minutes | <input type="checkbox"/> |
| 15 - 30 minutes | <input type="checkbox"/> |
| 30 - 60 minutes | <input type="checkbox"/> |
| 1 - 1½ hours | <input type="checkbox"/> |
| More than 1½ hours | <input type="checkbox"/> |

22. Have you been in hospital as an outpatient (including to casualty) since 1 September, 1971, either to be seen yourself or to take someone else?

Please tick one

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

23. If 'Yes', at which hospital or hospitals?

Please tick

Southlands

Royal Sussex County

Brighton General

Cuckfield

Other

If 'Other hospitals', please give name of hospital:

.....

24. Have you visited anyone in hospital since 1 September, 1971?

Please tick one

Yes

No

25. If 'Yes', at which hospital or hospitals?

Please tick

Southlands

Royal Sussex County

Brighton General

Cuckfield

Other

If 'Other hospitals', please give name of hospital:

.....

26. Have you been into hospital as an inpatient since 1 September, 1971?

Please tick one

Yes

No

27. If 'Yes', in which hospital or hospitals?

Please tick

Southlands

Royal Sussex County

Worthing

Brighton General

Cuckfield

Other

If 'Other hospitals', please give name of hospital:

.....

28. If you cut your hand badly at home at 3 o'clock on a Tuesday afternoon and, although the bleeding soon stopped, you thought it would need seeing to by someone, what would you do?

Please tick one

I would go to:

Henfield Health Centre

My doctor's branch surgery

Southlands Hospital

Royal Sussex County Hospital

Brighton General Hospital

Cuckfield Hospital

Other, please state where

.....

29. (a) Where would you prefer to be seen by your doctor?
(We are not concerned here with how easy it is for you to reach these places.)

Please tick one

- Old Woodlawn surgery at Henfield
- Henfield Health Centre
- Partridge Green branch surgery
- Fulking branch surgery
- Small Dole branch surgery
- At your home
- Don't mind where

(b) Why do you prefer this place?

.....

.....

.....

.....

30. (a) About how long would it take you to get to the Henfield Health Centre?

Please tick one

- Up to $\frac{1}{4}$ hr.
- Between $\frac{1}{4}$ and $\frac{1}{2}$ hr.
- Between $\frac{1}{2}$ and 1 hr.
- More than 1 hour

(b) Are there any difficulties in travelling to the Henfield Health Centre?

Please tick one

- Yes
- No

If there are difficulties in travelling to the Henfield Health Centre please could you explain.

.....

.....

.....

31. How many times have you been to see a doctor at the Henfield Health Centre either to see him yourself or to take someone else, since 1 September, 1971?

Please tick one

- | | |
|------------------|--------------------------|
| None | <input type="checkbox"/> |
| 1 - 4 times | <input type="checkbox"/> |
| 5 - 9 times | <input type="checkbox"/> |
| 10 - 19 times | <input type="checkbox"/> |
| 20 or more times | <input type="checkbox"/> |

32. Have you been to see any of the following staff at the Henfield Health Centre either to visit them yourself or to take someone else, since 1 September, 1971?

Please tick those which apply:

- | | | | |
|----------------|--------------------------|----------------|--------------------------|
| Chiropracist | <input type="checkbox"/> | Practice Nurse | <input type="checkbox"/> |
| District Nurse | <input type="checkbox"/> | Health Visitor | <input type="checkbox"/> |
| Midwife | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If 'Other', please specify

33. Have you been to any of the following clinics at the Henfield Health Centre either to go to them yourself, or to take someone else, since 1 September, 1971?

Please tick those which apply:

- | | | | |
|------------------------|--------------------------|------------------|--------------------------|
| Cervical Smear Clinic | <input type="checkbox"/> | Child Health | <input type="checkbox"/> |
| Family Planning Clinic | <input type="checkbox"/> | Chiropody Clinic | <input type="checkbox"/> |
| Ante-natal Clinic | <input type="checkbox"/> | Welfare Foods | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

If 'Other', please specify

34. Have you been attended at home by any of the following people since 1 September, 1971?

Please tick those which apply:

Chiropodist	<input type="checkbox"/>	Midwife	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>
		Other	<input type="checkbox"/>

If 'Other', please specify

35. Some doctor^s have a nurse to help them in their surgeries. Have you attended or accompanied somebody to a surgery at your own doctor's practice, where a nurse has helped the doctor?

Please tick one

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

36. Do you think it is an advantage or a disadvantage to the patient to be seen by a nurse at the doctor's surgery?

Please tick one

Advantage	<input type="checkbox"/>
Disadvantage	<input type="checkbox"/>

Please state in what way it is an advantage or disadvantage.

.....
.....
.....

37. (a) Where do you usually get your prescriptions made up?

.....
.....

(b) Do you have any difficulties getting your prescription made up?

.....
.....

When the results of the survey are analysed we never mention the names of the people interviewed, but we like to be able to relate to such things as age, sex, occupation, etc. Naturally all this information is strictly confidential and in no case can a person's identity be discovered.

38. Marital status (Please tick the appropriate box)

- Single
- Married
- Widowed
- Divorced
- Separated

39. Do you go to work?

Please tick one

- Full time
- Part time
- Unemployed
- Student
- Retired
- Housewife
- Other, please state

.....

40. What is your present occupation/job? Can you please give a description of the sort of work you do? (If retired or unemployed, can you describe your last job?) e.g. Television Repair Man for Rediffusion.

.....
.....
.....
.....

41. If you are a married woman, can you describe your husband's present job/ occupation? (If retired or unemployed, what his last job was.)

.....
.....
.....

Now lastly, I would just like to ask you a few questions about your household, i.e. the members of your family or friends who live in the same house with you.

42. How many in your household are under 5?

Number of children under 5

43. How many in your household are aged

between 5 and 15?

44. How many in your household are

over 65 years old?

45. How many people are there in your household including yourself?

THANK YOU FOR YOUR COOPERATION

SURGERY (MEDICAL) RECORD FORM

Explanatory Notes

Each line of the record sheet relates to a consultation with a patient

Name of patient

Give surname and initial to identify consultation

Age of patient

Give the age group corresponding with list above column headed age group

Sex of patient

M = male
F = female

Consultations

For each person attended, two items of information are recorded:

1. type of consultation
2. actions taken

these are to be recorded for each person consulting. You can tick more than one 'action taken' if applicable

1. Type of consultation

- N = new
- AR = acute return (i.e., consultation concerned with a condition which has lasted or is expected to last less than 3 months)
- CR = chronic return (i.e. consultation concerned with a condition which has lasted or is expected to last more than 3 months).
- P = pregnancy, (any condition arising from pregnancy)
- CAS = casualty (i.e., accident cases, initial consultations only)

2. Actions taken

(You can tick more than one per patient)

- RX = prescriptions
- C = certificate issued
- RG = return consultation with G.P.
- RN = return consultation with nurse
- X = X-ray referral
- SP = specimen taken (this applies to all specimens either taken by the doctor or by another, e.g. a nurse at his request).
- OP = outpatient referral
- IO = inpatient referral
(other than to G.P. bed)
- IG = inpatient in G.P. bed referral
- DN = referral to district nurse
- MW = referral to midwife
- HV = referral to health visitor
- PSW = referral to psychiatric social worker
- A = advice given

(If any local authority personnel are called in, whether or not they are attached to the practice, the appropriate code should be entered on the record)

3 NAME OF DOCTOR: NURSE:		5		HOME VISITING FORM TO BE COMPLETED FOR EACH PERSON ATTENDED										TIME ROUND OF VISITS: <u>BEGAN</u> 13 - 20 <u>ENDED</u>					SHEET NO. 2-4				
6-11 DATE:		DAY OF W.K.:		12		BREAKS IN ROUND FOR NON VISITING WORK ETC. GIVE LENGTH OF TIME:										21		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>					
ADDRESS OF CALL:		TIME CALL: BEGAN ENDED		AGE GROUP: 1)0-4 6)60-64 2)5-14 7)60+ 3)15-24 4)25-44 5)45-59		SEX M F		TYPE OF CONSULTATION: N -New AR -Acute Return CR -Chronic Return P -Pregnancy C-S -Casualty		ACTION TAKEN: RX C RG RW RV RVI X SP CP IO IG DW MW HV PSW A OFF										REASON FOR VISIT:		COMMENTS:	
22-25		24-25 26-33		34 35		36		37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53		54		55											
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							

2. Actions taken (contd.)

X = X-ray referral
SP = specimen taken (this applies to all specimens either taken by a doctor or another person, e.g. a nurse, at the doctor's request)
OP = outpatient referral
IO = inpatient referral (other than to G.P. bed)
IG = inpatient in G.P. bed referral
DN = referral to district nurse
MW = referral to midwife
HV = referral to health visitor
PSW = referral to psychiatric social worker
A = advice given
OFF = off visiting list

(If any local authority personnel are called in, whether or not they are attached to the practice, the appropriate code should be entered on the record.)

Reason for visit

M = medical
S = social
N = not necessary
O = other

Definition of a round

A round starts from the time the doctor sets out from his surgery or base (e.g. home, hospital, surgery) and finishes on his return to the base. Where there is a break in work, i.e. any non-medical activity, please give length of time taken in the break.

Put the total length of time spent on breaks in the box on the top right hand corner of the form, and give brief details on the attached example sheet.

(N.B. please indicate the address where the round ended and began)

Visits to institutions

Please indicate when you visit an institution (e.g. old people's home, children's home) and how long you spent there, where applicable the numbers of patients seen. (i.e. we do not require details of individual patients)

TABLE 1

Postal Survey: Response Rates by
Type of Response and Response Stage

Type of response	Response stage								Total	
	Immediate		1st reminder		2nd reminder		No reply		no.	%
Completed	no. 461	% 81	no. 146	% 84	no. 65	% 68	no. -	% -	no. 672	% 69
Post Office returned	74	13	5	3	9	9	-	-	88	9
Moved away	5	1	6	4	2	2	-	-	13	1
Other * return	18	3	10	6	13	14	-	-	41	4
Died	5	1	2	1	1	1	-	-	8	1
Spouse substitute	-	-	2	1	-	-	-	-	2	0
Refused	5	1	2	1	6	6	-	-	13	1
No reply	-	-	-	-	-	-	136	100	136	14
Total	568	100	173	100	96	100	136	100	973	100

* includes blank or spoiled questionnaires

Note: percentages in tables may not always total 100 because of rounding.

TABLE 2

Postal Survey: Distribution of Total Sample and Respondents
By Sex and Age Group

Age group in years	Males				Females				Total			
	Total sample		Respondents		Total sample		Respondents		Total sample		Respondents	
	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
18 - 24	24	5	13	5	38	7	25	7	62	6	38	6
25 - 44	170	39	107	37	170	32	115	30	340	35	222	33
45 - 59	105	24	69	24	115	22	91	24	220	23	160	24
60 - 64	36	8	24	8	47	9	35	9	83	9	59	9
65 years or more	106	24	78	27	162	31	115	30	268	28	193	29
Total	441	100	291	100	532	100	381	100	973	100	672	100

TABLE 3

Postal Survey: Distribution of Respondents
By Household Size, Telephone at Home and Car Availability

Household size - persons	Respondents on the telephone at home *		Respondents' use of a car to get to the surgery*			Total respondents by household size
	Yes	No	Normally	Sometimes	Never	
one						
no.	45	26	21	5	41	73
%	62	36	29	7	56	100
two						
no.	167	48	131	31	51	224
%	75	21	58	14	23	100
three						
no.	83	45	77	27	24	132
%	63	34	58	20	18	100
four						
no.	96	42	81	31	26	140
%	69	30	58	22	19	100
five						
no.	40	13	31	15	8	54
%	74	24	57	28	15	100
six or more						
no.	18	13	19	4	8	31
%	58	42	61	13	26	100
Total						
no.	460	191	363	117	164	672 **
%	68	28	54	17	24	100

* excludes respondents who did not answer the relevant questions

** includes not stated

TABLE 4

Postal Survey: Length of Time Registered and
Age Group of Respondents, by Individual Doctor
with whom Respondents Considered Themselves Registered

<u>Length of time registered</u>	<u>Respondents who considered themselves registered with</u>			
	Doctor A		Doctor B	
	no.	%	no.	%
less than 1 yr.	5	2	14	4
1 - 5 yrs.	65	20	152	45
6 - 10 yrs.	36	11	105	31
11 yrs. or more	221	67	66	20
Total *	328	100	337	100
<u>Age group in years</u>				
18 - 24	27	8	11	3
25 - 44	109	33	112	33
45 - 59	81	25	78	23
60 - 64	24	7	35	10
65 yrs. or more	87	27	101	30
Total *	328	100	337	100

* excludes 'own doctor' not stated

TABLE 5

Workload Data: Distribution of All* Doctor Consultations
Before and After the Opening of the Health Centre by
Selected Age Groups and Individual Doctor

Selected age groups in years	All* <u>consultations</u> recorded by							
	Doctor A				Doctor B			
	Before health centre opened		After health centre opened		Before health centre opened		After health centre opened	
	no.	%	no.	%	no.	%	no.	%
15 - 24	110	12	68	8	132	14	139	13
25 - 44	244	26	200	25	273	29	329	31
45 - 59	142	15	152	19	179	19	199	19
60 - 64	77	8	80	10	75	8	64	6
65 years or more	361	39	302	38	276	30	318	30
Total	934	100	802	100	935	100	1,049	100

* surgeries and home visits

Note: The workload data was collected over two six-week periods almost immediately prior and after the opening of the health centre, see page 7.

TABLE 6 Postal Survey: Action preferred for a non-urgent matter if Own Doctor is not available on Day requested by Sex and Age Group

Age group in years	Action preferred if own doctor is not available <u>at all</u> at the surgery on the day respondent wishes to see him about a non-urgent matter								
	Males			Females			Total		
	See another doctor	See own dr. another day	Total*	See another doctor	See own dr. another day	Total*	See another doctor	See own dr. another day	Total*
18-24									
no.	7	6	13	5	18	25	12	24	38
%	54	46	100	20	72	100	32	63	100
25-44									
no.	41	62	107	17	94	115	58	156	222
%	38	58	100	15	82	100	26	70	100
45-59									
no.	20	44	69	17	74	91	37	118	160
%	29	64	100	19	81	100	23	74	100
60-64									
no.	3	21	24	9	25	35	12	46	59
%	13	88	100	26	71	100	20	78	100
65 yrs. or more									
no.	13	62	78	17	87	115	30	149	193
%	17	80	100	15	76	100	16	77	100
Total									
no.	84	195	291	65	298	381	149	493	672
%	29	67	100	17	78	100	22	73	100

* includes not stated and some alternative answers, e.g. any doctor any day

TABLE 7

Postal Survey and Workload Data: Surgeries Usually
Attended by Respondents, and Distribution of Surgery Consultations
Before and After the Health Centre Opened

Surgery location	<u>Postal survey</u>		<u>Workload data</u> Distribution of <u>surgery</u> consultations*			
	Surgery usually attended to see doctor		Before health centre opened		After health centre opened	
	no.	%	no.	%	no.	%
Henfield	528	79	1,528	86	1,815	86
Partridge Green	27	4	150	9	184	9
Fulking	-	-	41	2	48	2
Small Dole	4	1	48	3	60	3
Health Centre and branch surgery	3	0	n.a.	-	n.a.	-
Not stated	110	16	1	0	-	-
Total	672	100	1,768	100	2,107	100

n.a. not applicable

* inclusive of the nurses' consultations

Note: The workload data includes consultations with patients of all ages while the postal survey applied to persons over 18 years.

See also Table 5.

TABLE 8

Postal Survey: Perceived Frequency of Surgery Attendances
to see Doctor either for Respondent or to Take Someone Else
By Sex and Age Group

Age group in years	Attendances to see a doctor at his surgery either for respondent or to take someone else, over 12 months												
	None		1-4 times		5-9 times		10-19 times		20 or more times		Total*		
	M	F	M	F	M	F	M	F	M	F	M	F	
18-24													
no.	3	6	9	11	-	6	-	1	1	1	1	13	25
%	23	24	69	44	-	24	-	4	8	4	100	100	100
25-44													
no.	26	7	54	38	14	39	10	24	3	7	107	115	115
%	24	6	50	33	13	34	9	21	3	6	100	100	100
45-59													
no.	20	14	38	53	7	17	3	4	1	3	69	91	91
%	29	15	55	58	10	19	4	4	1	3	100	100	100
60-64													
no.	7	7	10	15	3	6	3	6	1	1	24	35	35
%	29	20	42	43	13	17	13	17	4	3	100	100	100
65 years or more													
no.	18	31	25	43	19	23	9	10	6	5	78	115	115
%	23	27	32	37	24	20	12	9	8	4	100	100	100
Total													
no.	74	65	136	160	43	91	25	45	12	17	291	381	381
%	25	17	47	42	15	24	9	12	4	4	100	100	100

M = males, F = females

* includes not stated

TABLE 9

Postal Survey: Perceived Frequency of Doctors' Visits to
Respondents' Homes by Sex and Age Group

Age group in years	Occasions a doctor has visited home either to see respondent or to see someone else, over 12 months											
	None		1 - 4 times		5 - 9 times		10 - 19 times		20 or more times		Total*	
	M	F	M	F	M	F	M	F	M	F	M	F
18-24												
no.	8	14	1	9	1	1	1	-	1	-	13	25
%	62	56	8	36	8	4	8	-	8	-	100	100
25-44												
no.	50	52	46	46	7	13	1	3	-	1	107	115
%	47	45	43	40	7	11	1	3	-	1	100	100
45-59												
no.	40	52	23	28	3	6	-	3	1	1	69	91
%	58	57	33	31	4	7	-	3	1	1	100	100
60-64												
no.	13	21	7	8	3	4	1	2	-	-	24	35
%	54	60	29	23	13	11	4	6	-	-	100	100
65 years or more												
no.	34	53	25	32	10	12	4	7	2	3	78	115
%	44	46	32	28	13	10	5	6	3	3	100	100
Total												
no.	145	192	102	123	24	36	7	15	4	5	291	381
%	50	50	35	32	8	9	2	4	1	1	100	100

M = males, F = females

* includes not stated

TABLE 10

Workload Data: Distribution of Home Visits
Before and After the Opening of the Health Centre
By Sex and Selected Age Groups

Selected age groups in years	Males				Females			
	Before health centre opened		After health centre opened		Before health centre opened		After health centre opened	
	no.	%	no.	%	no.	%	no.	%
15-24	1	1	10	7	30	7	15	5
25-44	15	8	18	13	64	15	31	10
45-59	47	25	31	22	42	10	52	16
60-64	11	6	10	7	22	5	14	4
65 years or more	114	61	75	52	268	63	209	65
Total	188	100	144	100	426	100	321	100

Note: excludes five patients aged 15 years or more but of unknown sex.
 See also Table 5.

TABLE 11

Postal Survey: Perceived Frequency of Health Centre Attendances
By Type of Hospital Contact

Persons who had been to hospital, over 12 months	Attendances to see a doctor at the Henfield Health Centre either for respondent or to take someone else, over 12 months					
	None	1 - 4 times	5 - 9 times	10 - 19 times	20 or more times	Total
to attend outpatients/casualty						
no.	21	108	74	40	16	264*
% of all respondents	16	36	55	63	62	100
to visit patients						
no.	35	128	57	26	14	262*
% of all respondents	26	43	43	41	54	100
as an inpatient						
no.	2	25	10	16	7	64*
% of all respondents	2	8	8	25	27	100
Total <u>all</u> respondents	133	300	134	64	26	672*

* includes not stated

TABLE 12

Postal Survey: Ability to Obtain an Appointment to
see Own Doctor on Day Requested by Home Telephone

On the telephone at home	Normally able to get an appointment to see own doctor for the day requested		
	Yes	No	Total*
Yes			
no.	409	34	460
%	89	7	100
No			
no.	161	23	191
%	84	12	100
Total*			
no.	578	57	672
%	86	9	100

* includes not stated

TABLE 13

Postal Survey: Respondents' Choices of Most Convenient
Surgery Times By Time Normally Attended

Normal time of attending surgery	Respondents' choices of surgery hours of most convenience*							Total number of respondents
	8-10 a.m.	10 a.m.-12 noon	12 noon - 2 p.m.	2-4 p.m.	4-6 p.m.	6-8 p.m.	Total number of choices	
8-10 a.m.	266	43	7	19	30	86	451	376
10 a.m.-12 noon	9	40	-	10	3	13	75	66
12 noon-2 p.m.	-	1	3	4	-	1	9	7
2-4 p.m.	4	5	2	32	8	13	64	51
4-6 p.m.	10	8	1	4	45	68	136	121
Total **	293	108	13	70	86	187	757	672 **

* respondents could make multiple choices

** includes normal surgery times not stated

TABLE 14

Postal Survey: Respondents' Reasons for
Choices of Most Convenient Surgery Hours

Reasons given for choices of most convenient surgery hours	Number of respondents who indicated that the following surgery hours were most convenient						
	8-10 a.m.	10 a.m. -12 noon	12 noon - 2 p.m.	2-4 p.m.	4-6 p.m.	6-8 p.m.	Total
Outside working hours	108	6	2	14	39	153	322
Leaves rest of day free	53	5	-	-	-	-	58
Prefer to 'get it over with'	12	3	-	-	-	-	15
Fits in with domestic routine	16	13	2	19	12	6	68
Unable to attend early and/or late-ill health	1	9	-	4	2	-	16
Availability of bus	3	7	-	2	1	-	13
Availability of car	12	4	-	1	6	12	35
Most suitable for small children	4	7	-	6	2	1	20
Family out	11	7	-	2	-	1	21
Outside school hours	9	-	-	2	15	5	31
Combine with shopping	11	8	-	2	-	-	21
Doctor under less pressure	5	2	-	1	-	1	9
Any time convenient	13	7	4	5	3	3	35
Other	36	23	3	11	6	12	91

Note: Total reasons and surgery hour choices exceed the total number of respondents as multiple reasons/choices were possible.

TABLE 15

Postal Survey: 'Normal' Surgery Site
Attended by Usual Travel Method

Usual travel method to 'normal' surgery site	'Normal' surgery site attended											
	Health centre*				Branch surgeries				Total**			
	Males		Females		Males		Females		Males		Females	
	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
Walk	48	21	111	37	6	60	16	76	71	24	152	40
Bus	5	2	15	5	-	-	1	5	5	2	17	5
Car	164	70	135	45	4	40	3	14	190	65	160	42
Taxi	1	0	5	2	-	-	-	-	1	0	5	1
Motorcycle	1	0	-	-	-	-	-	-	2	1	-	-
Bicycle	8	3	12	4	-	-	-	-	9	3	16	4
More than one method	3	1	14	5	-	-	1	5	4	1	16	4
Total**	233	100	298	100	10	100	21	100	291	100	381	100

* includes 2 males and 1 female who also 'normally' attended a branch surgery

** includes not stated

TABLE 16

Postal Survey: Perceived Frequency of Unfulfilled Need
to Attend Surgery by Surgery Attendances, and Unfulfilled Need
for Home Visits by Doctors' Visits to Home

Unfulfilled need to attend surgery, over 12 months	Attendances to see a doctor at his surgery either for respondent or to take someone else, over 12 months											
	None		1-4 times		5-9 times		10-19 times		20 or more times		Total*	
	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
None	120	86	248	84	106	79	53	76	20	69	550	82
1 or more times	15	11	42	14	23	17	14	20	7	24	101	15
Total *	139	100	296	100	134	100	70	100	29	100	672	100

Unfulfilled need for a home visit, over 12 months	Occasions a doctor has visited home either to see respondent or to see someone else, over 12 months											
	None		1-4 times		5-9 times		10-19 times		20 or more times		Total*	
	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
None	325	96	195	87	49	82	17	77	7	78	602	90
1 or more times	8	2	24	11	8	13	3	14	1	11	45	7
Total *	337	100	225	100	60	100	22	100	9	100	672	100

* includes not stated

TABLE 17

Workload Data: Surgery Consultations and Home Visits
Before and After the Opening of the Health Centre
By Type of Consultation

Type of consultation	Surgery consultations*				Home visits				Total*			
	Before health centre opened		After health centre opened		Before health centre opened		After health centre opened		Before health centre opened		After health centre opened	
	no.	%	no.	%	no.	%	no.	%	no.	%	no.	%
New	728	45	757	40	239	32	225	36	967	41	982	39
Acute return	503	31	686	36	270	36	195	32	773	33	881	35
Chronic return	294	18	381	20	172	23	178	29	466	20	559	22
Pregnancy	92	6	74	4	40	5	12	2	132	6	86	3
Casualty	6	0	6	0	-	-	-	-	6	0	6	0
Total **	1,623	100	1,905	100	743	100	617	100	2,366	100	2,522	100

Note: includes consultations with all patients regardless of age.

* excludes nurse consultations

** includes type of consultation unknown

TABLE 18

Workload Data: Surgery Consultations and Home Visits
Before and After the Opening of the Health Centre
By Individual Doctor and Type of Consultation

Type of consultation	Surgery consultations								Home visits							
	Doctor A				Doctor B				Doctor A				Doctor B			
	Before health centre opened		After health centre opened		Before health centre opened		After health centre opened		Before health centre opened		After health centre opened		Before health centre opened		After health centre opened	
	no.	%	no.	%												
New	320	44	272	37	408	46	485	42	99	26	72	26	140	38	153	45
Acute return	202	27	219	30	301	34	467	40	138	37	81	30	132	36	114	33
Chronic return	167	23	211	28	127	14	170	15	124	33	119	43	48	13	59	17
Pregnancy	44	6	38	5	48	5	36	3	16	4	2	1	24	7	10	3
Casualty	2	0	2	0	4	1	4	0	-	-	-	-	-	-	-	-
Total*	735	100	742	100	888	100	1,163	100	377	100	274	100	366	100	343	100

* includes type of consultation unknown

TABLE 19

Postal Survey: Place Preferred to be Seen by Doctor,
by Experience of a Doctor at the Health Centre

Place preferred to be seen by doctor	Respondents who had seen a doctor at the health centre		Respondents who had <u>not</u> seen a doctor at the health centre		Total <u>all</u> respondents*	
	no.	%	no.	%	no.	%
Henfield Health Centre	410	78	71	53	488	73
Old Woodlawn surgery at Henfield	9	2	6	5	16	2
Partridge Green branch surgery	8	2	4	3	13	2
Fulking branch surgery	-	-	-	-	-	-
Small Dole branch surgery	4	1	2	2	6	1
At home	37	7	15	11	52	8
Don't mind where	53	10	27	20	82	12
Total*	524	100	133	100	672	100

* includes not stated

TABLE 20

Postal Survey: Respondents' Reasons for Preferring the
Henfield Health Centre as the Site to be seen by the Doctor

Reasons given for preferring to be seen by the doctor at the Henfield Health Centre	Age group in years of respondents giving these reasons						Total	
	18 - 44		45 - 64		65 years or more		no.	%
	no.	%	no.	%	no.	%	no.	%
Convenient	42	17	50	22	49	37	141	23
Attractive building	57	23	46	21	20	15	123	20
Better general facilities	56	22	55	25	26	20	137	23
Ease of car parking	9	4	8	4	2	2	19	3
Better medical facilities	19	8	4	2	4	3	27	4
Better dispensing facilities	6	2	2	1	2	2	10	2
Better organisation	30	12	24	11	5	4	59	10
Presence of para-medical staff	1	-	3	1	5	4	9	1
Convenient for doctors	10	4	6	3	5	4	21	3
Other	22	9	25	11	15	11	62	10
Total number of reasons given*	252	100	223	100	133	100	608	100

Note: Based on the comments of 414 persons (or 85 per cent of those who preferred to be seen by the doctor at the health centre).

* respondents could have offered multiple reasons

TABLE 21

Postal Survey: Type of 'Nurse' Opinion Expressed by
Experience of a Nurse Helping the Doctor in the Surgery, and Sex

Experience of a nurse helping the doctor in own doctor's surgery	Type of 'nurse' opinion expressed					
	Advantage		Disadvantage		Total*	
	Males	Females	Males	Females	Males	Females
Yes						
no.	53	124	6	10	65	153
%	82	81	9	7	100	100
No						
no.	103	79	44	31	199	182
%	52	43	22	17	100	100
Total						
no.	166	220	53	44	291	381
%	57	58	18	12	100	100

* includes not stated/no opinion offered

TABLE 22

Postal Survey: Selected Statements as to the Advantage or Disadvantage to the Patient of Being Seen by a Practice Nurse, by Experience of a Nurse Helping the Doctor in the Surgery

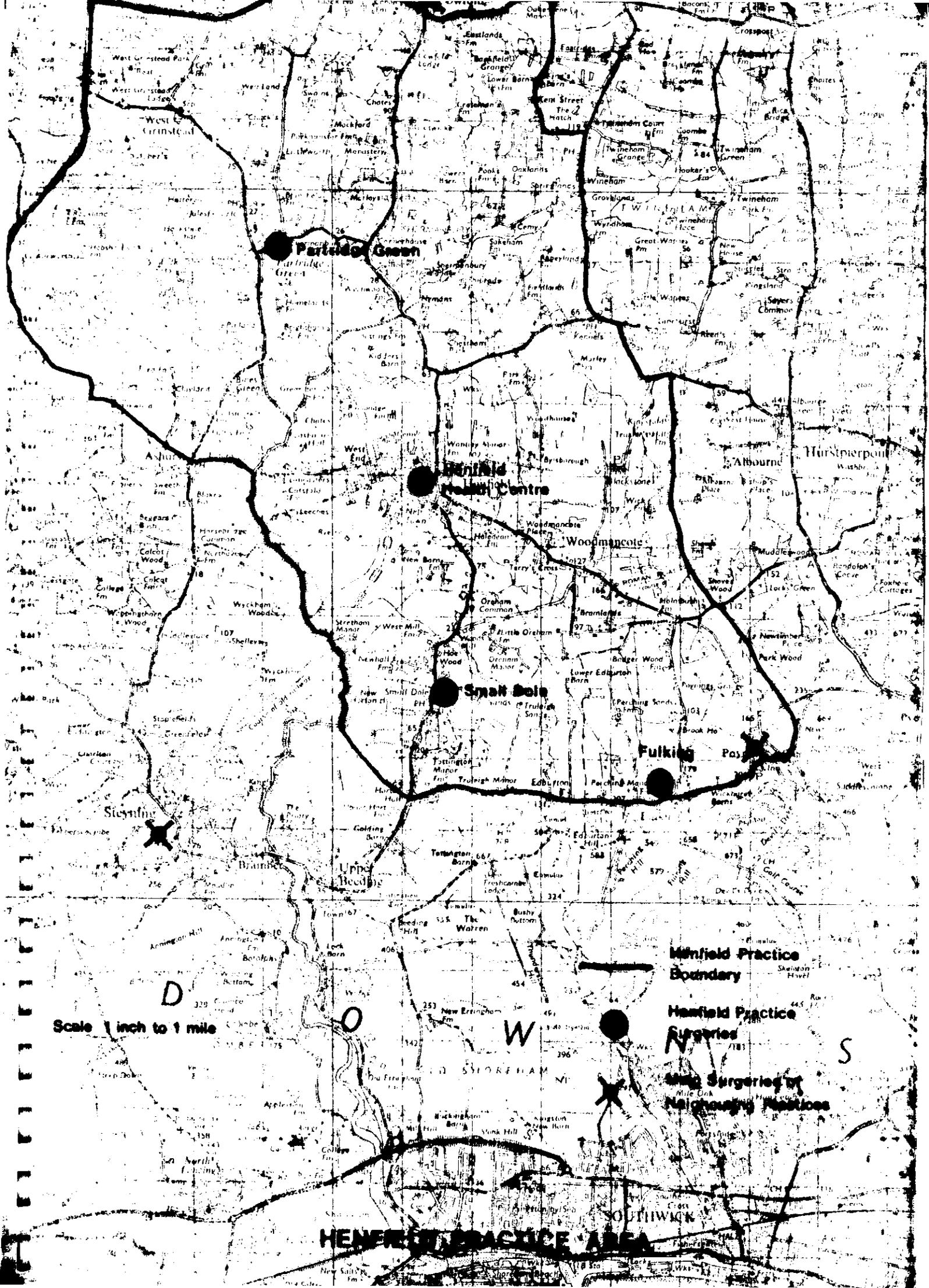
Selected statements as to the <u>advantage</u> to the patients of being seen by nurse at the doctor's surgery	Experience of a nurse helping the doctor in own doctor's surgery			
	Yes		No	
	no.	% *	no.	% *
Specific reference to saving the doctor's time	41	19	41	11
Implied saving of the doctor's time, e.g. dr. free for urgent matters	44	20	31	8
Nurse assists the doctor	20	9	12	3
Nurse assists the patient	6	3	8	2
Saves patient's time	42	19	43	11
<u>Selected disadvantage statements</u>				
Want doctor's advice only	6	3	40	10
Privacy desired during consultation	5	2	8	2
May end up seeing both nurse and doctor	2	1	5	1
Total respondents	218	100	381	100

* % are of total respondents; more than one statement could have been made by individual respondents

TABLE 23

Postal Survey: Selected Characteristics of Respondents
Who Would Go to a Hospital to seek Attention for a Hand
Cut Badly at Home on a Tuesday Afternoon

Selected characteristics of respondents who would go to a hospital to seek attention for a hand cut badly at home (though no longer bleeding) on a Tuesday afternoon		no.	%
Sex	male	38	69
	female	17	31
Age group	18 - 44	37	67
	45 - 64	11	20
	65 years and over	7	13
Employment	full time	37	67
	part time	5	9
	housewife	6	11
	other	7	13
Availability of car to attend the surgery	normally	46	84
	sometimes	4	7
	never	5	9
Experience of a nurse helping the doctor in the surgery	yes	17	31
	no	35	64
	no reply	3	5
Action preferred if own doctor not available to be seen about a non-urgent matter on day requested	see another doctor	16	29
	see own doctor another day	33	60
	other	6	11
Total respondents in category		55	100



Partridge Green

Henfield North Centre

Small Dole

Fulking Post

Scale 1 inch to 1 mile

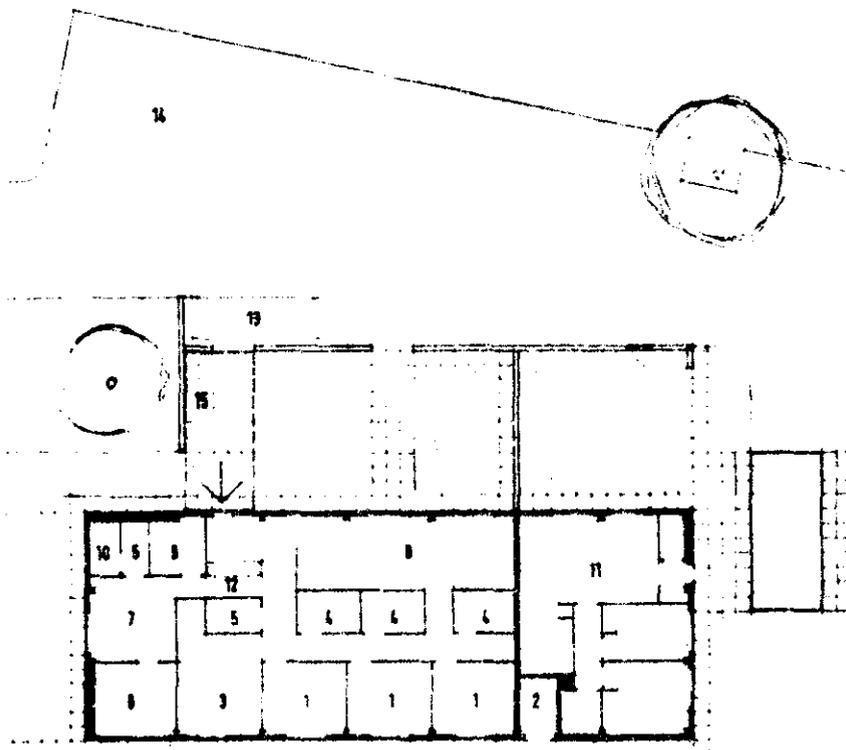
Henfield Practice Boundary

Henfield Practice Surgeries

Other Surgeries of Neighbouring Practices

HENFIELD PRACTICE AREA

HENFIELD HEALTH CENTRE



ground floor

- 1 consultation
- 2 boiler
- 3 treatment
- 4 examination
- 5 toilet
- 6 staff
- 7 records
- 8 waiting
- 9 dispensary
- 10 store
- 11 nurse's flat
- 12 reception
- 13 mobile dental unit
- 14 car park
- 15 prism



Source: The Health Of West Sussex 1969

(The Annual Report of the County Medical Officer of Health for West Sussex)