



Kent Academic Repository

Dyche, Gillian and Bevan, John M. (1976) *Shoreham-By-Sea Health Centre The Views and Some of the Patients and Family Doctors*. Health Services Research Unit, 157 pp.

Downloaded from

<https://kar.kent.ac.uk/24396/> The University of Kent's Academic Repository KAR

The version of record is available from

This document version

UNSPECIFIED

DOI for this version

Licence for this version

UNSPECIFIED

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in *Title of Journal*, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).

SHOREHAM-BY-SEA HEALTH CENTRE
The views of some of the patients
and family doctors

by

Gillian Dyche and John Bevan

May 1976

H.S.R.U. Report No. 21

CONTENTS

	<u>Page</u>
LIST OF TABLES	iv
ACKNOWLEDGEMENTS	vi
SUMMARY	vii
INTRODUCTION	1
OBJECTIVES	2
THE CENTRE AND ITS ENVIRONMENT	3
The population served	3
The health centre in relation to the area served	3
The health centre and its accommodation	4
The general practitioners at the centre and their organisation	5
The administration of the centre	7
Changes following the opening of the centre	7
THE SURVEY OF PATIENTS OF SOME OF THE GENERAL PRACTITIONERS WORKING AT THE CENTRE	8
Introduction	8
Sampling procedure	8
The pilot survey	8
The main survey - mailing arrangements	9
The sample of 1,850 persons approached in the main survey in relation to the population under investigation	9
The response to the main survey	10
Some characteristics of the respondents	11
A comparison of the respondents who reported that they had visited the centre to see a doctor with the respondents who said that they had not	11
Some characteristics of 'attenders' which may serve to 'explain' differences in opinion about the health centre	14
General personal characteristics	15
Indicators of recent contact with the health centre and hospital services	17
Indications of attachment to the patient's own doctor	20
The views of respondents (attenders) about the health centre - some preliminary observations	20
The medical care respondents received from their general practitioners - has this changed for the better, the worse or not at all since the health centre opened?	20
Where would patients prefer to be seen - the health centre or the doctor's previous surgery?	22
Developing the analysis from this point	24
The centre in relation to the area served	25
Travel to the centre	25
The centre in relation to other facilities	26
The centre as a new purpose built building	27
Introduction - size, general layout and atmosphere	27
Entering the health centre	28
The reception counter of the health centre	29
The waiting area	31
The patient call system	32

	<u>Page</u>
Directions to the doctor's consulting room from the waiting area	33
Examination rooms	33
Respondents suggestions for improvements to the building	34
The centre and access to general medical care	35
Contact with the family doctors out of normal working hours	35
Seeing the doctor in the surgery by appointment and without an appointment	36
The hours when the centre was open	38
Patients and the receptionists	39
Which doctor did the patients see - their own or another?	41
Chemists and the health centre	42
Discussion of the patient survey	45
 THE OPINIONS OF SOME OF THE FAMILY DOCTORS AT SHOREHAM-BY-SEA HEALTH CENTRE	 50
Method	50
The doctors who were interviewed	50
The doctors' reactions to aspects of the 'health centre approach' to organising primary medical care	50
The level of medical care the doctors thought they provided	50
The reasons the doctors gave for going into the health centre	51
Did the doctors like the health centre more or less than their previous surgery premises?	51
The size of the health centre	51
Local authority ownership of the health centre	52
Use of the common room	52
Conferring with colleagues	53
Practice identity	53
Specialisation	54
Non clinical work	54
Para medical work	54
The health centre building and equipment	54
The consulting room and examination room at the centre	54
The size of the waiting area	55
Words describing the health centre	55
The features of the building the doctors liked and disliked	56
The patient call method preferred by the doctors	56
Some aspects of obtaining access to services	56
Telephone problems	56
Emergency services for patients	57
Surgery hours in the health centre	57
Clinics held by the doctors at the health centre	57
Maternity cases	57
The receptionists	57
A duty chemist at the health centre?	58
The general level of the doctors' satisfaction with the health centre	58
Discussion : The survey of doctors considered in the context of the information from the patient survey	59

REFERENCES

TABLES

PLANS

1. Shoreham-by-Sea Health Centre - model of Pond Road development
2. Shoreham-by-Sea Health Centre - floor plan

MAPS

1. The counties of West and East Sussex showing the position of Shoreham-by-Sea
2. The location of the health centre and the old surgery premises

APPENDIX 1

- General medical services
- Local health services

APPENDIX 2

- Letter and final postal questionnaire

APPENDIX 3

- The doctors' questionnaire

APPENDIX 4 (bound separately)

- The pilot study for the patient survey

LIST OF TABLES

1. The age and sex distributions of the populations of Shoreham-by-Sea, Southwick, West Sussex and England and Wales
2. The general practitioners at the centre (as at February 1971)
3. Distribution of various groups of patients by general practitioner
4. The distribution by age and sex of the population of Shoreham-by-Sea (aged 20 years or more), the sample for the main survey, the respondents, respondents who had visited the health centre, respondents who had not visited the health centre
- 4A. Response to the patient survey
- 4B. The type of response made by the patient and stage at which questionnaire sent back
5. Distances from respondents' homes of the health centre and their doctors' former surgeries respectively for attenders and non attenders
6. The availability of a car for travel to the health centre - distribution of attenders and non attenders by age and sex
7. Percentages of respondents with full driving licence in each age group - separately for men and women according to whether or not they had visited the health centre
8. Percentages of respondents who are on the telephone at home - by age for men and women according to whether or not they had visited the health centre
9. Percentage of respondents who live alone - by age for men and women according to whether or not they had visited the health centre
10. The age at which respondents left school - by age for men and women according to whether or not they had visited the health centre
11. The distribution by age and sex of attenders by practice
12. The distance of home from the health centre - by age for respondents who had attended the health centre
13. The distance of home from a) health centre b) former surgery - distribution for attenders by practice (excluding those who did not answer)
14. The number of visits made to the health centre since it opened to see a doctor or to take someone else - distribution for attenders by age and sex
15. Percentage of attenders who had attended a surgery nurse since the centre had opened by age group and sex
16. Distribution of attenders by number of visits to see the doctor at the health centre since it had opened by whether or not on telephone and by age.
17. Distribution of attenders according to number of times they had visited the centre to see a doctor (or taken someone else) according to whether or not they had attended an outpatient department (or taken someone else) and whether or not they had visited someone in hospital since the centre had opened
18. Distribution of attenders according to whether they would see another doctor (for a non urgent problem) or wait to see their own doctor (if he was not available at all on the day they wanted their appointment for attention) by age and sex
19. Attenders' views on whether the medical care they receive from their doctor had changed since the health centre had opened by age and sex
20. Where would attenders prefer to be seen by their doctor (the health centre versus their doctor's previous surgery) by age and sex
21. Where would attenders prefer to be seen by their doctor (the health centre versus their doctor's previous surgery) by practice

22. How did attenders rank various alternative sites as places at which to be seen by their doctor
23. Method of travel by attenders to the health centre for last visit by age and sex
24. Was travel to the centre more difficult or easier than to the doctor's former surgery - results for attenders (a) by sex (b) by practice (c) by availability of car
25. Features of the health centre that attenders liked and disliked
26. Words chosen by the attenders to describe the health centre
27. Attenders' views on the layout of the reception counter
28. Attenders' views on whether there was more privacy (when talking to the receptionist) at health centre or doctor's former surgery by practice
29. Attenders' preferences on arrangement of visiting area by age and sex
30. Did attenders think that the method used in the health centre to call for the next patient to see the doctor was (compared with the doctor's former surgery) easier or more difficult to understand (a) by practice, (b) for patients over 65 years of age
31. Did the attenders prefer being examined in doctor's surgery or in a separate room by age and sex
32. Answers of attenders to the following question 'Could you say in a few words what kind of health centre building you would like to have? Can you suggest any improvements that might be made?'
33. Had attenders had to contact their doctor outside the opening hours of the health centre (since it had opened) and if so was it easy or difficult to contact doctor by age at which respondents left school
34. Compared with the old surgery did attenders find it easier or more difficult in the health centre to get an appointment to see the doctor, by practice
35. Compared with the old surgery did attenders find it easier or more difficult in the health centre to see their doctor without an appointment, by practice
36. Were the hours the health centre was open more or less convenient than those of doctor's former surgery : answers of attenders by practice
37. Distribution of attenders (a) by first preference of time for attending health centre (b) by time of last attendance at health centre, results by sex for all attenders and for those over 65 years of age
38. Comparing characteristics of receptionists at health centre with those at doctor's former surgery - results by age for attenders
39. Distribution of attenders by number of times that they had visited a doctor other than their own since the centre had opened - by practice
40. Attenders' suggestions for improving chemists service

ACKNOWLEDGEMENTS

We are most grateful to a number of people for their contributions to this study:-

To the late Dr. C.H. Forrester Wood and to Drs D.N. Gordon, T.H. Harrison, R.W. James, J.M. Jones, J. Lott, R.W. Riddle, J. Stafford, R.G. Titley, A.B. Watson and M. Westmoreland-White, general practitioners in Shoreham-by-Sea and Southwick, for their cooperation and advice during the survey.

To Mr. J.R. Knighton, formerly Clerk to the West Sussex Executive Council and to Mr. J. Saunders, who at the time of the study was Principal Administrative Officer to the Health Department of the West Sussex County Council, who gave freely of their time during the planning stages of the survey.

To Mr. L. Shaw, at the time of the study Senior Administrative Officer in the Health Department of the West Sussex County Council, for much helpful information.

To Mrs W. Kirk and colleagues, receptionists at the Shoreham-by-Sea Health Centre, for their help in drawing the sample of patients.

To Mrs B. Wall, who undertook the data processing.

To Professor M.D. Warren, Director of the Health Services Research Unit at the University of Kent, and our colleagues in the Unit for much useful comment on drafts of this report and assistance at various stages of the study.

To Mrs J. Steadman, who typed the report and organised its production.

To the Department of Health and Social Security which financed the study.

And last, but not least, to the patients who completed our questionnaires.

SUMMARY

A sample of patients of seven of the family doctors using Shoreham-by-Sea Health Centre was approached in a postal survey some two years after the centre had opened. They were asked about their opinions of the health centre as a building, and on aspects of its organisation and on services provided. General practitioners using the centre were interviewed on similar topics a year after the centre had opened.

One thousand one hundred and fourteen patients returned completed questionnaires; that is 72 per cent of the patients in the sample who could be contacted. The questionnaire was addressed primarily to persons who had visited the centre to see their doctor since it had opened. These, 'the attenders', who comprised five sixths of the respondents, were generally better off and in the case of women somewhat younger than those who had not visited the centre.

Seventy nine per cent of the 'attenders' felt that the care they received from their doctors was much the same at the health centre as in the doctors' former surgery premises. Of those who thought that there had been a change, most felt it to have been for the better. Half of those who had had occasion to contact their doctor out of normal hours experienced difficulties in doing so, largely due to the telephone arrangements at the centre for this purpose. The centre appointments system appeared however to cause no problems and the receptionists at the centre were viewed very favourably by 'attenders'.

The 'attenders' viewed the building quite favourably generally speaking and, in particular, the size of the centre did not appear to create any difficulties. However, the large open plan waiting and reception area aroused a good deal of unfavourable comment. The most popular arrangement of this area would have been one with separate waiting rooms for each practice. Many patients were concerned about the lack of privacy at the reception desk. The health centre was within a quarter of a mile of the surgery premises it replaced, and very few travelling problems to either were mentioned by 'attenders'.

The majority of 'attenders' preferred to see the doctor at the health centre rather than at other sites, and few would have opted for their doctors' former premises. The elderly seemed to view the centre and its organisation more favourably than younger 'attenders'. 'Attenders' registered with a

single handed doctor at the centre, seemed to like the centre more than those registered with the two three man partnerships in the survey.

One of the five practices, which had originally taken surgery accommodation at the centre, later withdrew. The doctors of the remaining four practices were generally content with the building and its organisation. Although at the time of the interviews the practices were still operating very much as separate units, some of the doctors mentioned the greater opportunities they had to confer with doctors and other staff following the move to the centre. The common room did not appear to be of assistance in this respect as probably, due to its location, it was scarcely used by the doctors of the centre. Most of the doctors interviewed felt that they could give better care to their patients at the centre than in their former surgery premises.

INTRODUCTION

This report examines the opinions of some patients and family doctors who used Shoreham-by-Sea health centre about the latter moving from their privately owned surgery premises into this large centre. The opinions of patients were obtained by means of a postal survey which took place in 1972 about two years after the health centre had opened. Issues examined ranged from such relatively straightforward questions as patients' views on whether it was more or less difficult to see their doctors without an appointment at the centre than at their doctors' former surgery premises, to the more complex matter of whether patients thought the care they received from their family doctor had changed for better or worse. The doctors also were asked in personal interviews about a number of these issues a year after the centre had opened, as well as their satisfaction at working in the health centre.

This study is one of a small number of investigations at individual health centres which were undertaken, with a view to adding to the body of data available, on the performance of health centres and the satisfaction they afford to patients and staff. Shoreham-by-Sea was the largest centre studied in the series. A small centre built by the same authority (West Sussex) was also studied (see Dawes et al, 1975).

OBJECTIVES

To elicit patients' and doctors' views about health centres and related matters and in the case of the former to examine whether these were associated with personal characteristics such as age and extent of contact with the health centre and its services.

THE CENTRE AND ITS ENVIRONMENT

Shoreham-by-Sea health centre opened in March 1970. At that time five practices (12 doctors) used the health centre. Three practices used the centre as a main surgery and two used it as a branch surgery (the practices are described in further detail on page 5).

The population served

Shoreham-by-Sea is a town of about 19,000 people on the south coast of West Sussex, eight miles east of Brighton. In the period immediately following its opening all the general practitioners serving Shoreham-by-Sea used the health centre either as a main or branch surgery. About 90 per cent of the patients whose family practitioner records were kept at the centre were residents of Shoreham-by-Sea, the remainder coming from adjacent areas especially Southwick (see Map 1). The other services based at the centre catered for a roughly similar catchment area.

The population of Shoreham-by-Sea was on average somewhat older than that of England and Wales though not of West Sussex as a whole (see Table 1). The 1966 sample census data¹ however suggested that the town was relatively² 'well off' in several respects namely - a high proportion of persons in the professional and managerial classes, a high level of house and car ownership, a low proportion of houses not provided with all the basic amenities and a low proportion of the population living in overcrowded circumstances.

Rather more than half of the working population of Shoreham-by-Sea worked there. Even for those who worked in Shoreham-by-Sea the car was much more often used than the bus though nearly half the total involved walked or cycled to work. Among those working outside the town about half travelled by car and most of the rest by public transport.¹

The health centre in relation to the area served

This building is situated in the town centre of Shoreham-by-Sea and

¹ General Register Office, Sample Census, 1966
i. England and Wales County Reports, West Sussex
ii. Great Britain Summary Tables
iii. Great Britain Economic Activity Tables Part IV
iv. England and Wales Work Place and Transport Tables Parts I and II

² Relative that is to England and Wales as a whole and to a less marked degree to West Sussex

forms part of a complex containing an old persons' home and a public library (see Plan 1).

The centre and the surgeries of the general practitioners which it replaced are indicated on Map 2. The centre was in all cases less than a quarter of a mile from the premises it superceded. The centre is close to the railway station served by local trains running along the coast and some inter city trains to and from London (the train was used almost as often as the bus by those going to work outside Shoreham-by-Sea).¹

The centre is also within a few minutes walking distance of a central bus stop in Shoreham-by-Sea. A frequent bus service, about one every fifteen minutes, runs along the coast linking Shoreham-by-Sea with Brighton, Houghton, Wick, Portslade and Worthing. Some buses also run around Shoreham providing a local town service.

The nearest hospital to the health centre is Southlands District General Hospital about a quarter of a mile away (see Map 2). There are also general hospitals at Brighton and Hove and Worthing used by the doctors at this centre.

The health centre and its accommodation

The ground floor of the centre is used as a car park for centre staff with a limited amount of space for patients (local authority car parks for the general public are available nearby). The health centre is built on two storeys over the car park and could be extended to a third if needed. There are three types of entrance to the building.

1. Stairs from the car park beneath
2. Two lifts from the car park beneath
3. A graduated ramp from the street level

General practitioner accommodation is provided on the lower of the two floors of the centre and takes the form of ten consulting rooms each with its own examination room (see Plan 2). These are located at either end of a central reception/office/waiting area with a play room and pram store adjacent. Two treatment rooms are also provided on this general

¹ For sources see Footnote 1 Page 3

practitioner' floor of the centre. Diagnostic facilities were provided by the local authority¹ as part of the equipment of the centre. These included an electrocardiograph and electrocautery machine. The design of the reception area is 'open plan' giving a large reception/office space within which are located the patients' medical record cards (on lateral files), the PBX switchboard desk, and office equipment for the secretarial staff.

The upper floor of the health centre provides further offices and clinical space. In the period immediately after the building opened the following local authority personnel used the accommodation.

deputy area nursing officer, health visitors (5), district nurses (8), midwives and nursing auxiliaries
a clinic assistant
a dentist
a dental clinic assistant
two chiropodists
a speech therapist
four members of the home help department
mental welfare officers (see P.7)
a room was also provided for the educational psychologist who visited the centre for sessions²

The centre common room is also located on the upper floor.

The general practitioners at the centre and their organisation

Table 2 presents some information about the general practitioners at the centre at the time of the study. They included six who had been qualified for twenty five years or more prior to the opening of the centre, and two who had been qualified for six years or less. Four of the doctors had joined their present practices within three years of the centre opening (two indeed at or just after its opening), the remainder had been in their present practices for at least seven years. The average list size of those for whom list size was known was over 3,000 patients of which 16 per cent were 65 years of age or more³ (many of these patients would normally be

¹ Note the survey refers to the period before the reorganisation of the National Health Service

² The local authority clinic sessions provided at the centre are listed in Appendix 1

³ Personal communication from the doctors concerned

seen at other practice surgeries - see page 9 for comment on numbers of patients whose medical cards were held at the centre). With the exception of one of the older doctors who reported that his private patients amounted to about ten per cent of his National Health Service list the doctors indicated that they had hardly any private patients.

Each of the doctors (except for those of Practice 1 who shared one suite) at the health centre, had his/her own consulting suite comprising a consulting room with examination room. They shared the use of the two treatment rooms (staffed by local authority employed nurses) and the reception area. Each doctor's 'territory' was demarcated by a different colour scheme to assist the patients to find their way to the appropriate receptionist section of the waiting area and the doctor's consulting suite.

The reception area was staffed by personnel employed (with one exception - the wife of one of the general practitioners at the centre) by the local authority and paid in accordance with national salary scales in local government. With the exception of the full time staff, (a senior receptionist, a telephonist and an audio typist) who were attached to the centre rather than a particular practice, all the receptionists originally came from the 'old' surgeries.

All practices ran full appointment systems at the centre. Previously all had run appointment systems of some kind at their surgeries, in some cases probably not so formally as in the health centre (see Table 34).

The centre had the following reception and patient call arrangements:- On arrival at reception the patient is directed to sit on one of the chairs in the colour assigned to the doctor he is consulting. The patient is then called to see the doctor by means of a buzzer and the doctor's voice over a loudspeaker and at the same time a light appears on the coloured panel by the doctor's name above the reception counter.

The centre had an answering service for out of hours calls which operated as follows:-

When the patient telephones the health centre number he/she is then given the Brighton telephone number of the answering service which puts the patient in contact with a doctor on call.

Despite working together in the centre the separate practices did not take part in common rota systems outside the practices.

The health centre had no special emergency service for accident cases, apart from services normally available from general practitioners and the treatment room nurses, and patients were usually directed to a nearby hospital.

The administration of the centre

The centre was administered from the county hall, Chichester (some 25 miles away) by a local authority administrator who had special responsibility for health centres. In the few weeks immediately following the opening of the centre in March 1970 the administrative officer visited the centre frequently to assist with any 'settling in' problems arising. Thereafter the centre was increasingly left to its own devices allowing staff to evolve their own work routines. Day to day administration was the responsibility of the senior receptionist at the centre.

Changes following the opening of the centre

Between the opening of the centre and the completion of the survey field work (about two years) certain changes occurred. The mental welfare officers previously housed in the centre were moved to other premises after being 'taken over' by the social services department. Practice 5, Doctors K and L, withdrew from the health centre, Doctor K, who was in poor health retiring shortly after. The senior partner of one of the practices remaining at the centre died, two new principals were subsequently taken on among the practices at the centre and three receptionists left the centre.

THE SURVEY OF PATIENTS OF SOME OF THE GENERAL PRACTITIONERS WORKING AT THE CENTRE

Introduction

This survey (for objectives see page 2) relates to the patients of Practices 1, 2 and 3 (Doctors A to G inclusive - see Table 2).

Doctor H (now deceased), the senior partner in Practice 4, objected to the study on the grounds that it was proposed to draw a sample of patients using their record cards as a source of information for the patient's name, address, age and sex. (Note however, the actual process of extraction was to be carried out by health centre staff). Doctors I and J were sympathetic to the study but felt obliged to support the senior partner in this matter. Doctor K felt unable to take part in the study due to recurrent illness (and retired soon after), and Doctor L had only just joined this practice. Doctors K and L subsequently withdrew from the centre.

Sampling procedure

A systematic random sample of one in five patients was selected in July/August 1971 from the patients of Practices 1, 2 and 3, whose record cards were held at the centre and who were born on or before December 31st 1951. The record cards of the patients selected were used to obtain the name, address, doctor with whom registered, age, sex, and marital status¹ of each of the patients sampled. The reception staff at the centre performed this operation which produced a total of 2,106 names. A systematic random sub-sample of 256 was drawn for the pilot study from the patients of Doctors A to F included in the original sample.

The pilot study

The purpose of the pilot study was to test the general functioning of the survey procedure and to try out three questionnaires of differing lengths. The two shorter questionnaires were made up of sub-samples of the questions appearing in the longest questionnaire and between them included all questions in that questionnaire. The pilot study was

¹ The sex of patients was available in all cases, doctor for all but four and age for all but 10. Marital status was available for only about two thirds of those selected and was not used as a variable in the subsequent analyses.

administered by post, with two reminders in the period August/September 1971. Since response to the longest questionnaire was not appreciably worse than that to the best of the other two it was decided to use this questionnaire, slightly amended, to take account of questions which were answered badly in the pilot study. The alternative considered was an interlocking design in which the sample used in the main survey would have been divided in half and the members of each half sent one or other of the shorter questionnaires (see Appendix 4 for further details of the pilot study).

The main survey - mailing arrangements

The questionnaire (see Appendix 2) was sent by post to the 1,850 remaining members of the original sample in March 1972 (that is eight months after the sample was drawn). After an interval of three weeks a reminder letter was sent to those patients who had not yet replied. After another three weeks a second reminder letter and another questionnaire was sent out to those who had not so far responded.

The sample of 1,850 persons approached in the main survey in relation to the population under investigation

Males made up 45 per cent of the 1,850 patients in the sample and the over 65s constituted 22 per cent of the sample, about what would have been expected given the proportion of over 65s in the practice lists mentioned in Table 2 (the sample related only to persons of about 20 years or older). The sample (see Table 4) was also similar to the population of Shoreham-by-Sea in 1971 in terms of the distribution by sex and the proportion of persons aged 65 years or more (after allowing for the exclusion of person aged under 20 years).

The sampling fraction, after removal of the sub-sample used for the pilot study, was 16.9 per cent for the patients of Doctors A to F and 20.0 per cent for those of Doctor G (in all cases we are referring only to patients whose record cards were held at the health centre). Table 3 shows the numbers in the sample by doctor and the estimated number of record cards (for persons born before 1952) stored at the centre on the assumption that the numbers in the sample constituted 16.9 per cent of the record cards for patients (born before 1952) held at the centre by Doctors A to F and 20 per cent of the patients of Doctor G. It is clear that even allowing for the exclusion of about 25 to 30 per cent of patients too young for inclusion in the sample, no more than a third of the patients' record cards from Practice 1 were on the above assumptions at the centre. On these assumptions Practice 2, which used the centre as a main surgery appeared

to keep all or the great majority of their record cards at the centre. Given the stated list size of Doctor G however, the sample of 477 of his patients (born before 1952) is larger than would have been expected even making allowance for the fact that the sampling fraction was larger for Doctor G in the main survey than for the other doctors.

There would thus be a case in principle for correcting for the over-representation in the sample of Doctor G's patients by a suitable weighting of the results for patients of the various doctors in the survey. This was not done because of the problem of determining a suitable weighting and in particular, since in the class of respondents (the 'attenders' see page 12) with which most of this report is concerned the patients of Doctor G made up about the same proportion as they did in the estimated population of patients whose record cards were held in the centre (patients of Doctors A to G). The same remarks apply also for respondents in the main survey as a whole - the response rate for Doctor G was generally lower than that for the other doctors' patients.

The response to the main survey (Tables 4, 4A and 4B)

Of the 1,850 patients approached in the survey, 1,114 patients (60 per cent) returned completed questionnaires. Some information was obtained from or about a further 404 patients (22 per cent) who did not complete a questionnaire because, for example, they had moved from the address given on the record card, died or returned the questionnaire stating a reason, such as old age or failing sight, for non-completion of the questionnaire (see Table 4A).¹ No reply at all was received from or about the remaining 332 (18 per cent) of those approached.

Generally a higher proportion of women than men replied to the survey and this was so in all age groups except the over 65s. Those of middle age were more likely to reply than either younger or older persons. This could be

¹ Of these 404, 252, that is 14 per cent of those approached, were definitely found to be no longer at the address on their National Health Service Medical record envelope and/or patients of the practice. The questionnaire used in the main survey was dispatched eight months after the sample had been drawn. In the case of the pilot study which took place within a month of the sample being drawn the comparable proportion was six per cent. In the survey addressed to patients of the nearby Henfield health centre (Dawes et al 1975), in which the questionnaire was posted nine months after the sample had been drawn, but in this case only after it had been checked for departures from the practice, 11 per cent of the respondents were definitely found to be no longer at the address on their envelope and/or patients of the practice. Lance (1971) reported that losses of patients over a period of a year from the practices she studied ranged from three to nine per cent.

at least partly explained by the high mobility of the under 25s and by deaths or change of address from that on record cards for patients of over 65 years of age; also some of the elderly would be too unwell to reply.

Of those who completed questionnaires, 65 per cent replied immediately (that is within the first three weeks of being approached), 21 per cent answered at the first reminder stage and the remainder following the second and final reminder (Table 4B).

Some characteristics of the respondents

How closely did the group of respondents resemble the sample of 1,850 approached in the main survey as regards their distributions by age, sex, home address and general practitioner with whom registered (the only characteristics about which we have information for both groups)?

Forty three per cent of the respondents were male compared with 45 per cent in the sample of 1,850 persons approached in the survey. Nineteen per cent of the respondents were over 65 years of age, a somewhat lower percentage than that for the original sample (22 per cent). The relative deficit of males among the respondents was mostly a feature of the 'under 45s' age group, while the under representation of the 'over 65s' was wholly due to a low response rate among elderly women (the average age of women over 65 in the population of Shoreham-by-Sea was considerably higher than that of men in the same age group) (Table 4).

Ninety per cent of the respondents had addresses in the town of Shoreham-by-Sea and most of the remainder lived in Southwick (see Map 2). The corresponding proportions were the same for the original sample.

Generally the proportions of respondents registered with individual doctors participating in the survey were remarkably similar to those in the original sample; Doctor D's patients were over represented however, and as mentioned earlier (see page 10) Doctor G's patients were under represented among the respondents compared with the original sample, but in neither case were these deviations large (Table 3).

A comparison of the respondents who reported that they had visited the centre to see a doctor with the respondents who said that they had not

Eighty five per cent of the respondents reported that they had visited the centre to see a doctor since it had opened in March 1970, either for

themselves or to take somebody else. The remainder said that they had not visited the centre for these purposes. In this section and henceforth the two groups will be referred to as the 'attenders' and 'non attenders' respectively.

The respondents who described themselves as 'non attenders' were asked only to complete a small section of the questionnaire (see Appendix 2) concerned with personal characteristics such as occupation and educational qualifications. The reason for excluding 'non attenders' in this way was that the questionnaire mostly consisted of questions about details of the centre (and more particularly those observable when going to see the family doctor at the centre) which could have little meaning for persons who had not been to the centre at all. It is true that some of the 'non attenders' may have been to the centre to see someone other than a doctor. It was thought however that the number of 'non attenders' who had been to the centre for such a purpose would be very small because the doctor was likely to act as a referring agent in the case of many of the staff in the centre (e.g. nurses) most likely to be encountered by patients. Some support for this view is to be found in the report of the experience of 'attenders' (see page 18).

Forty nine per cent of the 'non attenders' group compared with 42 per cent of the 'attenders' were men (Table 4). The over 65 years age group accounted for 24 per cent of the 'non attenders' and 18 per cent of the 'attenders'. This difference was entirely accounted for by a short fall of women over 65 among the 'attenders'. Thirty one per cent of the women 'non attenders' but only 19 per cent of the women 'attenders' were over 65 (perhaps because a number of elderly women were housebound). By contrast women in the 20-44 years age group were proportionately much better represented among the 'attenders' than among the 'non attenders' (this would be explained by attendances associated with pregnancy and ailments of children - see e.g. Bevan et al., 1974). Overall the distribution of males by age was very similar for the 'attenders' and the 'non attenders'.

Given the small numbers involved in the 'non attenders' group the distributions of 'attenders' and 'non attenders' by doctor with whom registered were very similar (Table 3). Generally the 'non attenders' appear to have been registered with their present doctors for longer periods than the 'attenders'. This was true for both men and women respondents. This was to be expected among the women given the large proportion of elderly 'non attenders', but not for this reason among the men.

There was no evidence that 'non attenders' lived further away from the centre than 'attenders'. A very similar proportion of 'attenders' and 'non attenders' lived in Shoreham-by-Sea town itself and there was scarcely any difference between the distributions of the two groups by distance of the home from the centre (Table 5).

The 'attenders' appeared to be consistently better off than the 'non attenders' in terms of availability of a car to travel to the centre (Table 6). Both among men and women and in virtually all age groups higher proportions of 'attenders' stated that they always had access to a car for this purpose (and lower proportions of 'attenders' than 'non-attenders' said they never had access to a car).

This might have seemed a slightly artificial question for the 'non attenders' who had by definition not been to the centre (at least to see a family doctor), so respondents were also asked whether or not they possessed a full driving licence. The same pattern of results emerged from this question; 'attenders' (men and women and most age groups) were more likely to have such a licence than 'non attenders' (Table 7).

Possessing or having the use of a telephone is clearly helpful when seeking an appointment or other help from the health centre. 'Attenders' were generally more likely to be on the telephone than 'non attenders', again this was true for men and women considered separately and most age groups (Table 8).

The 'non attenders' were no more likely however to live alone than the 'attenders' if differences in the age distribution of women in the two groups are taken into account (Table 9).

'Attenders' were more likely to have stayed at school after they were 16 years old than 'non-attenders'. Again this was generally true of men and women of all ages though the differences were not marked. (Table 10).

An attempt was made to obtain information from respondents that would enable their social class and educational attainment to be determined.¹ Neither of these questions was well answered however; indeed about half the respondents failed to give the necessary information in each case. Thus these questions are not referred to in the rest of the report. However

¹ See questions 56, 57, 58 in questionnaire (Appendix 2)

the incomplete information available did suggest that 'attenders' were more likely to be middle class as opposed to working class than 'non attenders' and more likely to have obtained educational qualifications of various kinds.¹

The impression emerges then that the 'non attenders' were somewhat less well off as a group than the 'attenders' in terms of having a telephone, and access to a private car. The 'attenders' were also more likely to have stayed at school after the age of 16 than the 'non attenders'. Thus it would appear that the 'attenders' were probably generally more affluent and educated as a group than the 'non attenders' and in particular better equipped (telephone and car) to obtain access to services from the centre. However, in terms of distance from the health centre and proportion of persons living alone there was no difference worth noting between the groups.

Some characteristics of 'attenders' which may serve to 'explain' differences in opinions about the health centre

This section and the remainder of the report (except where otherwise indicated) will only be concerned with the group of respondents so far labelled as 'attenders' (see page 12)².

Persons with different backgrounds and experience may view the health centre and its services in different ways. For example general approval of some health centre facility by the respondents as a whole may conceal the fact that some sub group is much less happy with the facility. The rest of this report is largely concerned with comparing the satisfactions and preferences of various sub groups. In this section the various characteristics used to divide the respondents into sub groups are examined and an attempt made to justify their relevance. The inter-relationships between these characteristics are also considered.

The characteristics are divided into three classes -

1. general personal characteristics (other than extent of recent contact with health services)
2. indications of recent contact with the health services
3. indications of attachment to the patient's own doctor

¹ It is moreover worth bearing in mind that possession of a telephone was in this survey as in many others strongly associated with membership of the middle classes.

² This label will not generally be used in the rest of the report on the survey of patients. When such words as 'patient', 'person' or 'respondent' appear without qualification when reporting results, they will invariably refer to 'attenders'.

General personal characteristics

The age/sex distribution of the 'attenders' has already been discussed (see Table 4 and page 12). Women may well appraise the health centre differently from men since it is they who would usually accompany young children to the centre and they tend to be heavier users of general practitioner and clinic services. Age too needs little justification. A large health centre on several floors may present problems for the elderly that do not exist for the younger patient. Moreover the elderly will tend to make greater demands on the health centre's services than younger persons, except perhaps women in the 20 to 45 years age group in connection with pregnancies and young families.

The practice with which a patient was registered might well affect his view of the centre as the three involved in this study happened to differ from one another in certain respects. Practice 1 (Doctors A, B and C) used the health centre as a branch surgery and only one doctor would be consulting there at any given surgery session. Practice 2 (Doctors D, E and F) used the health centre as their main surgery and the surgery premises which this replaced appeared to have been the most 'purpose built' and formally organised of the three practices in the study. Doctor G (Practice 3) was a single handed family doctor who had practised for many years in the area and his only surgery premises were at the health centre.

Despite the differences in character of the three practices and the differing lengths of time the principals had been with their present practices (see Table 2) the age/sex distributions of the respondents from the three practices were surprisingly alike (see Table 11).

The importance of the distance of a patient's home from the health centre would depend on other characteristics such as infirmity, availability to the user of private transport or having a telephone in the home.

Persons over the age of 65 tended to live nearer the health centre than younger respondents, but 35 per cent of these elderly persons did live more than a mile from the centre (Table 12). It has been seen also that older persons, especially women, were relatively unlikely to have the use of a car to get to the surgery (Table 6). Indeed more than half the respondents over the age of 65 years never had the use of a car for this purpose; nor is there any suggestion from the survey that persons living further away from the centre were more likely to have cars. Also respondents over the age of 65 were somewhat less likely to be on the telephone than younger persons; in fact about half the over 65s were on the telephone (Table 8).

The distance a person lived from the health centre did not appear to be related to the likelihood of his being on the telephone.

Possessing a telephone is important as a means of obtaining appointments with a doctor and for calling him out in an emergency out of hours. It is perhaps more important to have a telephone if a person lives alone. Table 9 shows that more than a third of women respondents over the age of 65 lived alone, the figure for men over 65 was 12 per cent. Persons living alone were rather less likely to be on the telephone than those living with other people (56 per cent on the telephone among those living alone compared with 64 per cent among those living with others).

Most of those living alone were elderly and it has been noted (page 15) that persons over 65 years of age were less likely to be on the telephone than younger respondents. It thus seems probable that the elderly living alone were neither more nor less likely to be on the telephone than their contemporaries living with other persons.

So far the characteristics that have been examined have had a fairly explicit functional relationship to the business of obtaining services from the health centre. However a person's opinion of the centre might be relevant to his affluence and life style. There are a cluster of characteristics, such as 'age left school', 'use of car to get to surgery', 'on telephone at home', which would appear to be related to aspects of this matter. Certainly persons leaving school after the age of sixteen years old were much more likely to have a telephone. Likewise among those to whom it was possible to assign a social class on the basis of occupational information provided the proportion of persons on the telephone dropped steadily as we move down the class hierarchy from professional and managerial to unskilled manual occupations. Moreover those who left school after the age of sixteen were much more likely to always have the car available to go to the surgery and indeed only a very small proportion of the persons who never had the use of a car left school after sixteen.

Being aged less than 60 years, possessing a telephone at home, having the use of a car to go to the surgery, and having left school after the age of sixteen were characteristics that were to some degree mutually correlated.

There is thus a difficulty which in a survey involving a relatively small number of respondents cannot be fully resolved. This is that most of the 'explanatory' variables tend to be related to one another and it is possible only to a limited extent to take account of one or more variables when studying another otherwise multi-way tables with hardly any respondents in any one cell will result. Context will sometimes determine the variable most likely to be 'causal'. In other cases the variable that appears most

strongly related in a marginal sense (i.e. aggregating other possible variables) to the variable whose behaviour is to be 'explained' will be considered.

Indicators of recent contact with the health centre and hospital services

The respondents under discussion are those who stated that they had visited the health centre to see a general practitioner, or to take someone else, at least once in the time since the centre had opened. The extent to which a person has experienced the centre is obviously a factor to be taken into account in assessing his/her views about the centre. A frequent visitor would have much more evidence on which to base an opinion about the way the centre works than an occasional attender, and may also have a stronger interest in such matters if he has spent a good deal of time at the centre. Fifty per cent of the respondents (note they were all attenders) said they had visited the centre to see a doctor, or to take someone else, from one to four times since it had opened two years previously. Twenty seven per cent reported five to nine visits and the remainder ten or more. (Table 14).

Women were more frequent attenders than men in all age groups except the over 65s. Older men reported attending more frequently than younger males, and women in the child bearing and rearing ages of 20 to 44 years were much more frequent attenders than women over 45 years of age.

Patients may have gained additional insight into the functioning of the centre and especially the team concept in primary medical care, if they had attended other staff and clinics in the health centre. Fifty seven per cent of the respondents however reported specifically that they had attended none of the other health centre staff listed (see Appendix 2 Question 7). Twenty six per cent had seen one of the surgery nurses since the centre had opened, seven per cent had seen a health visitor, four per cent a chiropodist, three per cent the eye specialist and three per cent a dentist. The residue of the staff had apparently been seen by even fewer of the respondents.

Sixty two per cent of the persons in the survey (i.e. 'attenders') reported that they had visited none of the clinics listed (see Appendix 2 Question 8) since the centre had opened. About one third of the women had visited a cervical screening clinic, nine per cent of the respondents (nearly all women) a child health clinic and six per cent a family planning clinic. Other clinics were attended by lower proportions of patients in the survey.

Women were more likely than men to have seen staff other than the doctor at the health centre and to have attended one or other clinics at the centre. This is an entirely predictable result in view of the nature of the 'most popular' clinics, and in fact, women in the 25 to 44 years age group were much more likely to have been to a clinic of some kind and to have been seen by non medical staff at the centre. However, the surgery nurse had been attended by 24 per cent of the men as against 27 per cent of the women. Generally, among men, younger respondents were slightly more likely to have been seen by the surgery nurse than older men. In the case of women those in the 25 to 44 age group stood out from the rest as being by far the most likely to have seen the surgery nurse (see Table 15).

Generally among men and women there was much greater variation between the age groups in the proportions who reported having been seen by a non medical person at the centre than was the case for the proportions who claimed to have attended a clinic at the centre.

Among men, those in the age group 45 to 64 years were somewhat less likely to have visited a person, other than a doctor, at the centre than men in other age groups; but age did not appear to be related to the likelihood of men having attended a clinic in the centre.

The more often a patient had been to the centre to see the doctor, or to take someone else, since it had opened, the more likely was he or she to have seen someone else at the centre or to have attended a clinic of some kind at the centre. This trend was remarkably ubiquitous for staff and clinics, though present to a less marked degree in those clinics (e.g. cervical screening clinics) not necessarily related to other forms of ill health.

A person's impression of other parts of the health service, notably hospitals, may influence his attitude to a health centre, for example, experience of a hospital appointments system may make a patient more sympathetic towards his doctor's system, and treatment by a hospital nurse or other staff may make the idea of the health centre team, as distinct from the individual family doctor, more acceptable to the patient.

About half the respondents reported having visited someone in hospital since the health centre had opened. Men were rather less likely to have done this than women it appears. About 42 per cent of men and about half

the women had been to hospital as an outpatient (or had taken someone else) since the centre had opened. Twelve per cent of the men and 15 per cent of the women had been inpatients at some hospital during this period. The great majority of these hospital contacts had been with the local district general hospital (Southlands).

In the case of men, the older the respondent, the less likely he was to have visited someone in hospital or to have been an outpatient but the more likely he was to have been an inpatient, since the centre had opened (note all persons to which this section refers had visited the health centre at least once during the same period). Older women were less likely to have visited someone in hospital than younger women (recall that a high proportion of the older women lived alone). There was no very obvious age effect in the case of outpatient and inpatient attendance among women except that, not surprisingly, those in the child bearing age groups were more likely to have been inpatients or outpatients than older women.

Generally, (see Table 17) the more often a person visited the health centre the more likely he or she was to have visited someone in hospital, been to hospital as an outpatient (the trend was quite marked here) or been an inpatient during the preceding two years.

Thus, when in the following sections the number of visits a patient claims to have made to the doctor at the centre is used as an index of experience of the centre, it may also in a looser sense act as a guide to the extent of experience of the health services more generally.

It seemed possible that the number of visits a person paid to a doctor over a given period was related to factors which affect the ease of seeking or attending for attention.

Persons with a telephone at home in the older age groups (60 years and over) appeared to be somewhat more frequent attenders than those not on the telephone (see Table 16). Access to a car to travel to the surgery did not seem to be related to frequency of attendance among men. In the case of women, there was a suggestion that those who never had access to a car were less frequent attenders than those with access sometimes even though the former were, on average older; those who always had access to a car were also less frequent attenders. Access to a car all the time was associated with being middle aged among women and related perhaps to having a second car in the family or being a single working woman.

Neither the age at which respondents left school, nor whether or not the respondent lived alone appeared to be related to frequency of attendance at the centre.

Indications of attachment to the patient's own doctor

The view that patients take of health centres and the team approach to primary medical care, may be related to the importance they attach to being attended by their own doctor. In the questionnaire this matter was approached by asking what patients would do if they wished to consult their doctor about a non urgent matter and he was not available until later in the day. A choice of seeing another doctor immediately or waiting to see their own doctor was offered. A further question was also put to them, which made the assumption that their doctor would not be available at all that day, so if they decided to wait for their own doctor, it would mean waiting for at least a day.

Sixty per cent of the patients said that they would prefer to see their own doctor later the same day rather than see another doctor at the centre immediately; slightly fewer respondents (57 per cent) indicated that they would wait to see their own doctor if he was not available at all that day. As the number of visits patients had made to a doctor at the health centre, since it had opened, increased, so there was a slightly increasing tendency for patients to prefer to wait to see their own doctor. This was true both when the doctor was not available until later on the same day and when the doctor was not available at all that day. Women were more likely to want to wait to see their own doctor than men, and elderly women more so than younger women (see Table 18). Patients with telephones were more likely to want to wait to see their own doctor than those without telephones.

The views of respondents (attenders) about the health centre - some preliminary observations

The medical care respondents received from their general practitioners - has this changed for the better, the worse or not at all since the health centre opened?

No fewer than 79 per cent of the respondents indicated that the medical care they received at the centre was, in their opinion, about the same as before, that is in the previous surgery premises. Ten per cent felt that the care they received had changed for the better since the centre had opened and five per cent said care had changed for the worse; the rest expressed no view.

The number of those who thought that there had been some change was thus relatively small.

However, men were marginally more likely to say that care was changed for the better than women, and equally so to feel the care was worse in the centre. Women generally were more likely not to express an opinion or to say that care was unchanged. (Table 19). The 20 to 24 years age group were, both in the case of men and of women, rather more likely to say that medical care had changed for the worse than any other age group.

When answers were considered in relation to the frequency of visits to the centre, those who said that they had visited the centre 20 times or more since it opened were somewhat more likely to feel that the care had changed for the better than those in any of the other 'frequency of attendance' groups.

Women who were on the telephone stood out as being more likely to feel that care had changed for the better than women who were not on the telephone, but among men, there was no such difference in opinion. Whether or not respondents were prepared to wait a day or more to see their own doctor, as opposed to seeing someone else, did not appear to be related to their views about change in medical care following the opening of the centre.

Patients who thought that there had been a change for the better or worse following the opening of the centre were asked to explain why they took this view.¹ Among those who thought that the change had been for the better, the most common reason stated (by 27 respondents) was the concentration of services and facilities in the centre - a number of people made the point that, having nurses and other supporting staff to hand, enabled the doctor to give better care; some also felt it was easier to see a doctor when several were based in the centre and some mentioned the sense of security that a centre with a number of people to give help provided them.

The second class of favourable comment lay in the general area of efficiency and speed of obtaining appointments (15 respondents). Two respondents made the point that their doctor's service was better because

¹ There were a number of open questions in the questionnaire in which patients were asked to comment freely or make suggestions as distinct from ticking one of a set of prescribed alternatives. Although the numbers of people who responded to open questions were often relatively small some space is devoted to their answers; when even quite a small number of persons independently make a point this seems worth noting. In particular in the case of the general question (Appendix 2, question 49) on criticisms or suggested improvements to the centre, the relative frequencies with which various points (ranging over a wide spectrum of issues) were made may give some clue to relative strengths of support for these points.

they, the doctors, seemed happier. Interestingly, the building as such was seldom mentioned.

Among those who thought there had been a change for the worse, the most common complaint was the difficulty of obtaining an appointment or otherwise making contact with the doctor (20 respondents). In addition, five persons mentioned the difficulty of seeing their own, as opposed to some other doctor. The impersonal 'conveyor belt' atmosphere where staff had no time for patients was referred to by 17 persons. Two mentioned design aspects of the building.

Where would patients prefer to be seen - the health centre or the doctor's previous surgery?

Given that most people in the survey felt that there had been no change in the medical care received from their general practitioner following the move to the centre, they may nonetheless still have a preference about where they receive attention because of the atmosphere, convenience, comfort and/or efficiency of the alternative situations.

Fifty six per cent of the respondents indicated that they preferred the health centre to their doctor's previous surgery, 13 per cent preferred the old surgery and most of the rest stated that they had no preference either way. Men were rather more likely to favour the centre than women, and less likely to favour the old surgery (Table 20). Note however, that women were less likely to have a preference one way or the other.

The age of respondents did not in general seem to be related to their preferences about where they wished to be seen. However, the very small group of women aged 20 to 24 years were less likely than women of other ages to favour the centre. In the case of men, this age group was most uniformly in favour of the centre. Those over 65 years, both men and women, were generally a little more likely to be in favour of the centre than respondents taken as a whole.

The number of visits a person had paid to the centre since it had opened, to see their doctor or to take someone else, also seemed unrelated to their preferences for the health centre as against the doctor's old surgery. Nor did possession of a telephone or attachment to the doctor (in terms of whether or not the respondent was prepared to wait a day or more to see his own doctor rather than see another immediately) have any bearing on respondents' answers to this question.

Patients registered with different practices did however differ in their preferences for and against the health centre. Seventy three per cent of the patients of the single handed Dr G preferred to be seen in the health centre compared with 62 per cent of the patients of the three man practice (Drs A, B and C) who were using the centre as a branch surgery and 47 per cent of the three man practice (Drs D, E and F) using the centre as a main surgery (Table 21).

Respondents were asked to give reasons for their preferences for the health centre or their doctor's old surgery respectively. Among those who expressed a preference for the health centre, easily the most common reason given was that it was comfortable. The words bright, warm and spacious often occurred together, indeed several patients seemed to find the place too warm! The next most common reason was the efficiency of the centre; again people often put together reasons like bright and efficient in their comments. Several patients mentioned the convenience of the health centre with its car park and several the better facilities and wider range of services at the centre. Not surprisingly, the most common reason given for favouring the doctor's old surgery was the homeliness and informality of this situation. A few patients mentioned being able to see the doctor without an appointment though not as many as spoke favourably of their doctor's appointment system in the health centre. A number of people explicitly declined to make a preference because they said they regarded the doctor as being more important than the place at which they saw him or that they regarded the whole business of seeking attention or being ill as so disagreeable that the place of consultation was irrelevant.

A strong impression was received from the comments of respondents that the health centre was generally regarded as a comfortable and efficiently run building doing a good job. This emerges more strongly from the comments than the basic figures on preferences would suggest.

In a further question patients were asked to rank several possible places at which they could see the doctor: the health centre, their doctor's former surgery, at their own home, in the doctor's home, in an outpatient department or some other place suggested by the patient. In this way it was hoped to gain some idea of the strength of patients' preferences for the health centre or other sites for a consultation with

their doctor. However, the question was frequently not answered in the way intended. Although several possible sites had been listed for ranking, most patients ranked no more than two or three sites and a substantial number merely ticked one or sometimes more than one possibility (see Table 22). Accordingly attention is confined mainly to the proportion of persons ranking various possible sites first (that is the most favoured site) and the proportion ticking a site and not stating a rank.

Exactly half the respondents gave the health centre as their first preference; a further 19 per cent ticked the box for health centre but did not state a rank. Their doctor's old surgery was ranked first by only 8 per cent; exactly the same proportion as ranked their own home first. Twenty per cent of respondents gave their doctor's old surgery as their second preference, 22 per cent ranked their own home second and hardly any patients ticked either of these sites (that is favouring them but not stating a rank). The other possible sites offered in the question all received negligible support. Older patients, especially women, were rather less likely to rank the health centre first than those under 60 years of age, but they were also more inclined just to tick the health centre box than any of the other age groups. Thus, since there was no compensating increase in support for other sites, it may be that this difference between older and younger respondents was a consequence of the unfamiliarity of the former with the idea of ranking.

Developing the analysis from this point

It has been seen earlier that while most patients were unconvinced that the medical care they received from their doctor had changed following the opening of the health centre, the centre was the site most favoured by the majority of respondents, at least among those who stated a preference, for seeing their doctor.

The centre can be appraised by the patient from three points of view:

1. The centre in relation to the area served. Is it conveniently situated for travelling purposes?
2. The centre as a new building. Is it comfortable and convenient and well appointed for the staff and patients who use it?

3. The centre as an organisation providing family doctor, and other health services. Attention will be centred mainly on the question of ease of access to services. For example, the ease with which a doctor may be contacted by his patient out of normal working hours or an appointment made for a surgery consultation. The reception arrangements for the centre are relevant here. Much emphasis in the National Health Service has been laid on the relationship of the patient to his or her family doctor. Assuming that patients value this relationship, and it has already been seen that a majority of them would be prepared to wait for a day or more to see their own doctor rather than some other doctor, the extent to which the patient sees his or her own doctor rather than some other in the centre, is another aspect of the accessibility of a desired kind of care.

The centre in relation to the area served

It has already been seen (page 13) that about 90 per cent of both the 'attenders' and 'non attenders' came from the town of Shoreham-by-Sea itself. In particular just over a half the 'attenders' and 'non attenders' lived within a mile of the health centre and nearly all the rest within one to two miles of it; also the health centre was quite close (see Map 2) to the doctors' former surgery premises. Respondents from practice 1, however, tended to live closer to the old surgery than to the health centre (see table 13).

The distance of the health centre from the patient's home (as opposed to his work place or elsewhere) is relevant to the present discussion as 82 per cent of the respondents¹ reported that they normally attended the health centre from home. Men were more likely than women to say that they would come to the surgery from work, but even so less than 30 per cent of the men reported usually coming from work.

Travel to the centre

Forty three per cent of the respondents reported that they came by car on their last visit to the centre and slightly more than this said they came on foot. Most of the rest came by bus (see Table 23). Fifty six per cent of the men compared with 34 per cent of women came by car and men were correspondingly less likely than women to walk or come by public transport. Elderly men and women were much less likely than

¹ In the rest of this section we shall revert to the convention of meaning 'attender' as defined on page 12 when using without qualification such words as respondent or patient.

younger men and women respectively to come to the centre by car. The elderly made rather more use of public transport than younger people, but even so it was among the over 65 years age group that the highest proportion of walkers to the centre was found. This may possibly mean that there were some difficulties of access for them. (Recall that 35 per cent of the elderly lived more than a mile from the centre (Table 12)).

Most patients (77 per cent) found travelling to the health centre and their doctor's former surgery equally easy (or difficult) (see Table 24). A small group (14 per cent) composed of proportionately more men than women, particularly in the age group 25 to 44 years, found it easier to travel to the health centre. Five per cent found it more difficult to get to the centre; nearly all these were women. The age of respondents did not appear to be related to their answers to this question. Sixteen per cent of the patients of Drs A, B and C, a partnership who moved a little further than the other doctors in the survey, reported finding it more difficult to travel to the centre, however, it was among patients of this practice that the highest proportion (18 per cent) reported it as being easier to travel to the centre. (The old branch surgery of this practice was on the other side of a railway line from the health centre). Patients who always came to the surgery by car were much more likely to say that they found it easier to travel to the centre than their doctor's old surgery than those who only sometimes or never came by car. Thus it may be that the advantage of the centre was the availability of car parking, at the local municipal car park, as well as under the centre.

Only nine men and 36 women reported special travel difficulties in getting to the health centre. By far the most common reason for such a difficulty was the inadequacy of the bus service and/or the distance of the bus stop from the centre or home. A few reported medical difficulties such as those arising from a stroke, a car accident, arthritis, and so on, and a few mentioned the cost of travel on public transport.

The centre in relation to other facilities

It has been seen that a minority of patients¹ came to the centre for any other reason than to see their family doctor (see pages 17 and 18). However, it is possible that the centre's location near the main shopping area of Shoreham-by-Sea meant that they were able to combine a visit to the centre with other business inside or outside the centre. Patients were asked in particular about the other activities they combined with their last visit to the health centre to see the doctor.

¹ i.e. 'attenders'

Just over half the women who replied said that they only came to see their doctor, a third said they also combined shopping with this visit. About three per cent reported that they also visited the library, which was close to the centre, and six per cent visited other staff in the health centre. Among the men 72 per cent came only to see the doctor, 14 per cent also combined shopping, two per cent visited the library and four per cent also came to see other staff at the centre. Around a third of the advertised surgery hours at the health centre were scheduled after 5.30 p.m., so that many of the respondents may have last attended when the shops and library were shut (see page 39) especially in the case of men. Interpreting the response to the question in this light the proximity of the centre to shops seems to have been exploited a good deal by patients (see also pages 42 to 44 on chemists).

Respondents did not however appear to attach much importance to the fact that the health centre brought together under the same roof their general practitioner and a number of other health service staff. This feature of the health centre attracted less support than all but one (lifts) of the several features listed in the questionnaire (see Table 25). One reason for this is probably that many of the respondents had not had occasion to use any of the health centre services other than those of the general practitioner and only very few indeed had combined their last visit to the doctor with one to another member of the health centre 'team'.

The centre as a new purpose built building

Introduction - size, general layout and atmosphere

Nearly all respondents (88 per cent of both men and women) thought the health centre to be 'about the right size', eight per cent considered it to be too small and only a very few thought it was too big. Patients were thus, on the whole, satisfied with the size of the health centre. It is not known of course whether they were saying that it was about the right size for the particular group of staff and patients it was designed to accommodate or whether they were expressing a wider degree of support for that size of building and organisation as opposed to smaller, separate institutions. However, since one of the most distinctive features of this centre was its large size, the fact that it aroused virtually no opposition on that score is a satisfactory finding.

Fifty two per cent of the respondents said they liked the layout of the building; six per cent indicated that they disliked the layout; the

residue indicated that they had no views either way on this aspect of the health centre. Men emerged as somewhat more likely to be in favour of the layout than women but this was largely a matter of their being more willing to express an opinion one way or the other (Table 25).

If the respondents' views of the layout of the building appear to be relatively cool compared to their views about its size, this is partly perhaps because layout is a rather difficult general concept on which to express an opinion. Patients were asked their views about a number of aspects of the centre (see Table 25) and, among these, layout scored the joint second highest number of favourable 'votes'. So, it seems reasonable to conclude that 'layout', whatever it meant to respondents, did not cause them any concern in respect of the health centre.

The question of the atmosphere of the health centre was explored by asking patients to tick any number of words from a list provided in the questionnaire, which they thought best described the centre. Opposite possibilities were generally arranged in random order in the list e.g. 'comfortable' and 'uncomfortable', 'friendly' and 'unfriendly' (see Table 26). Hardly any of the unfavourable words in any pair were ticked and only in the case of the pair 'formal' and 'informal', did the possibly less favourable one 'formal' gain greater support; in this case 19 per cent of the respondents indicated that the building appeared 'formal' compared with 12 per cent who regarded it as 'informal'. The word which obtained the highest support from patients, was 'comfortable' closely followed by 'warm'; in each case two thirds or more picked the word in question. About half the respondents indicated that the centre could be described as having 'clear directions' and about half that it was 'well lit', around 40 per cent felt that it could be described as 'friendly'. About a quarter of the respondents were prepared to say that the centre struck them as 'cheerful' and rather fewer felt that the word 'quiet' well described the centre, though even fewer thought it was 'noisy'. The words 'overcrowded' and 'uncrowded' attracted relatively little support. The impression comes through that people saw this as quite a friendly and efficient building, well suited to its functions but not particularly homely.

Entering the health centre

There were three ways into the health centre. The first by a ramp to the first floor level, the second via steps from the car park and the third by means of lifts from the car park (see plan 2). The most

popular way in was by the stairs; men were more likely to use this than women, perhaps because they were more likely to come by car and without prams.¹ Nearly all the other respondents reported that they usually entered by the ramp. Patients over 60 years were rather less likely to use the stairs and rather more likely to use the ramp. Very few people appeared to use the two lifts, even among the elderly. Once again, this may be due to the fact that the lifts were sited on the car park side of the health centre rather than on the public road side, as in the case of the ramp.

Respondents were asked to comment on their usual way in to the health centre. Some 50 respondents did so, several of whom suggested that the variety of entrances was most useful. In this paragraph, critical comments will be picked out rather than those expressing approval. Several persons mentioned that the ramp was slippery in wet or snowy weather and one person thought that a hand rail would be useful. It was thought that the ramp was somewhat steep for a few respondents, especially for those with prams. Several patients also thought that the lifts and stairs were badly signposted or hard to find and a similar number suggested that the stairs were difficult and/or too steep for the elderly or 'those with arthritis'. Two patients suggested that the health centre should be on ground level, and only four persons referred to the lift.² One of these thought that old people were wary of lifts, and another spoke of a feeling of claustrophobia when in the lift.

The reception counter of the health centre

Patients were asked to comment about the layout of the open plan reception counter at the health centre. There was one long counter manned by the various receptionists without any partitions between them or separating the offices behind from the waiting area other than the counter itself. The office space was very open to the public.

Of those who commented about half approved without qualification of the layout of the counter (see Table 27) and many of these commented that it was well appointed and efficient on the whole. Most of the rest expressed disapproval about the layout of the counter. Nineteen people simply commented that it was 'too open'. Easily the most common explicit complaint,

¹ Women were almost as likely as men to say that they came alone the last time they visited the health centre (71 per cent compared with 81 per cent). Surprisingly, women were only a little more likely to come with children (16 per cent of women compared with 9 per cent of men reported coming with children).

² The existence of lifts in the centre was the feature which received least support from respondents, among those listed; though there was also very little opposition to the idea.

made by 117 persons, was concerned with the lack of privacy for patients when talking with receptionists. Fourteen people also mentioned that telephone conversations were audible to patients in the waiting area. Many of these people and other respondents suggested the need for partitions of some sort, mostly to divide up the reception area but occasionally in order to separate the reception area from the office space behind. Forty three people felt that the open plan design of the centre created a sense of confusion and noise because, for example, of telephones ringing and the noise of typewriters. Fifteen people suggested that the reception desk did not allow enough room for the receptionists to operate without getting in one another's way. Thirteen people however felt that the reception area was too large and that some of the space would have been better used to enlarge the waiting area. Common to most of these complaints was the openness of the reception area either as a difficulty in itself or as revealing to the waiting public what goes on 'behind the scenes'. The respondents clearly took a much more vigorous interest in answering this open question (see Appendix 2 question 37) on the reception counter than others discussed so far. The strong preoccupation with privacy may in part be a consequence of the immediately preceding questions 35 and 36 being specifically concerned with privacy when talking to the receptionist. Respondents answers to these questions are now considered.

About two thirds of the patients considered privacy to be important when talking to the receptionist; the rest felt it to be unimportant. Women were more likely to think privacy important than men which may explain why women were less likely to be in favour of the centre reception counter. Among women it was the younger ones who were most likely to regard privacy as important; among men it was the middle aged group who were most likely to feel this way. The more often patients had been to the centre to see their doctor since the centre had opened the less likely they were to consider privacy important. Among those who would/would not respectively be prepared to wait a day or more to see their own doctor, rather than see another immediately, there was little difference in the proportions feeling privacy to be important.

One possible merit of the doctors' former surgeries was that they offered the possibility of greater privacy if only because there were not so many receptionists covering so many practices and their patients as in the health centre. However Table 28 shows that just under half the respondents thought both the health centre and their doctor's old surgery were about the same in respect of privacy when talking to the receptionist. One third did

find the old surgery afforded more privacy than they now obtained at the centre, but 17 per cent considered the health centre allowed more privacy.

The respondents were registered with three practices which had previously worked from different premises, and their answers varied accordingly. Patients of the single handed doctor were most likely (see Table 28) to feel that the former surgery allowed greater privacy than the health centre. Patients of the three man practice who had moved their branch surgery, at Shoreham-by-Sea, into the health centre, by contrast, were more likely to feel that the health centre provided more privacy.

The waiting area

Patients probably spend longer in the waiting area of a health centre than in any other part of the building. It will be recalled that the waiting area for general practitioners in the centre was basically one large room, somewhat broken up by a play room in the middle (see Plan 2). Patients waited in different parts of the area corresponding to their doctor's practice.

Most patients, both men and women, considered the waiting area to be about the right size. About a quarter felt that the waiting area was too small. This could have been due to the enclosed appearance of the area which had no windows facing directly out of it, or because it was overcrowded at certain times (some patients commenting on the reception counter mentioned overcrowding and queuing at times). Support for this latter suggestion comes from the fact that the greater the number of visits a patient had made to a doctor at the health centre since it opened the more likely he/she was to view the waiting area as being too small.

When asked how they would like to see the waiting area at the centre arranged, just over half the patients wanted a separate waiting room for each doctor's practice (see Table 29). The next largest group, about a third of the respondents, preferred an all purpose waiting area for all patients of the various doctors together. A small number of patients made other suggestions as to how they would like to see the waiting area arranged. However it is notable that the majority of respondents wanted a system of separate waiting rooms which they did not have at the time in the health centre. Women were marginally more likely to opt for a separate waiting area. Although the difference was small it is perhaps the more noteworthy since women in this survey tended to be less likely to express an opinion or at least to come out in opposition to what was being offered. The response both

among men and women from the various age groups was somewhat curious since the youngest group, 20-24 years, who were not very numerous, and the oldest group, over 65 years, were less likely to opt for a separate waiting room than those in the intermediate age groups. Arguably it is a good sign that the oldest patients were the most likely to be satisfied with the arrangements actually found at the health centre. Patients preferences about the arrangement of the waiting area did not appear to be related to their attachment to their own doctor (see page 20); that is those who were prepared to wait at least a day to see their own doctor rather than see another immediately, were only marginally more likely to opt for a separate waiting room for each practice.

Among men (but not women) those who came alone on their last visit to the health centre were rather more likely to opt for a separate waiting room for each practice than those who came with children.

Seating in the waiting room (Table 25) was that feature which attracted the most opposition though it also claimed a relatively high degree of support; a sign perhaps that patients were interested in this aspect of the centre.

The patient call system

At the health centre the patient is called to see the doctor from the waiting room by means of a buzzer and the doctor's voice over a loud speaker while at the same time a light appears on the coloured panel by the doctor's name. (it is not clear that all three systems were invariably used by all the doctors). Much simpler arrangements for calling patients operated in the doctors' previous surgeries. Forty eight per cent of the respondents considered the method of calling the patient to see the doctor to be about the same in the health centre and in the old surgeries as far as ease of understanding was concerned. Thirty one per cent found the health centre system easier and 15 per cent found the call system there more difficult to use than their doctor's previous arrangements (see Table 30). Patients of Drs A, B and C who had moved their branch surgery to the health centre were more likely to find the health centre system difficult compared with the doctor's former surgery than patients of the other two practices in the survey. Respondents over sixty five years of age did not encounter any more difficulties at the health centre than any other age group although a few patients with hearing problems said they experienced difficulties at the health centre (see page 34).

Respondents were asked which method of calling the patient to the doctor they preferred. They were asked to rank several call methods in order of preference. (where a method is given a rank of one or two by patients, this is treated as a 'high rank'). The two most favourably regarded methods were those of the doctor calling over a loudspeaker which was given a high rank by about three quarters of the respondents and the receptionist calling the patient personally which was given a high rank by about 60 per cent of the respondents. Only 20 per cent gave a high rank to the flashing light and buzzer system, which was one of the features of the health centre. The method whereby the doctor entered the waiting room to call patients personally was given even less support. A closed circuit television system commanded the least support of all. Generally there was very little difference in the preferences for men and women though patients over 65 years were somewhat less likely than other respondents to favour the receptionist calling the patient to see the doctor (perhaps many of these were used to a situation in former years when there was no receptionist in their family doctor's surgery). In a separate question in which patients were asked to indicate whether they liked or disliked various features at the health centre (see Table 25) a larger number came out against the patient call system than all but one (seating) of the features listed. On the other hand the patient call system was the feature that the highest proportion of respondents liked, so it may once again just be that the patients felt an active interest in this aspect of the centre. The call system did seem to depend predominantly on sound and it may be the noisy conditions in the waiting area, to which a number of patients referred, reduced the effectiveness of the system. (see also page 34).

Directions to the doctor's consulting room from the waiting area

Short passage ways link the waiting area with the doctors' consulting rooms at the health centre. Colour flashed directions indicate the way to each individual doctor's consulting room. Eighty per cent of the respondents reported no difficulty in finding their way from the waiting area into their doctor's consulting room. Thirteen per cent remarked that they had some difficulty, but only on the first visit, and three per cent reported difficulties on subsequent visits. Most of this very small last group (20 out of 24) were less than 60 years of age.

Examination rooms

An important difference between the health centre and the doctors' previous surgeries was that at the health centre there was a separate examination room for every consulting room. Patients were accordingly

asked how they felt about being examined by the doctor in a separate room as opposed to the examination taking place in 'the doctor's surgery' (by this phrase it was intended to mean a doctor's consulting room and pretesting suggested that the phrase was understood in this sense, but arguably it could have been interpreted in other ways). Sixty one per cent of the respondents did not mind where in the centre they were examined, however 17 per cent chose the 'doctor's surgery' and 19 per cent opted for examination in a separate examination room. Women were rather more likely than men to prefer examination in a separate room (see Table 31). There was a tendency among women for this preference to become more common with increasing age but this trend was not apparent in the case of men. The number of visits respondents had paid to the doctor since the centre had opened did not appear to be related to preferences in this matter.

Among both men and women, those who came with children on their last visit to the centre, were a little more likely to prefer being examined in a separate examination room than those who came alone or only with another adult.

Respondents' suggestions for improvements to the building

Towards the end of the questionnaire (question 49) the following questions were asked: "Could you say in a few words what kind of health centre building you would like to have? Can you suggest any improvements that might be made?" Respondents interpreted this to refer both to the building and the services provided from it. In this section discussion will be confined to patients' comments on the building and its fittings.

Easily the largest group of comments (see Table 32) indicated unqualified approval for the centre. The next largest group was concerned with improving the waiting area which was usually criticised for being too small, although a number of people mentioned heat, noise and lack of direct natural light. Noise was seen to be associated with children by several older respondents who suggested a separate area for mothers with young children and/or separate consulting times for such patients. The system (see page 32) for calling patients was also criticised by twelve people, usually because of the loudspeaker arrangements. Critics tended to be either people with hearing difficulties or those speaking on their behalf. Thirty nine people suggested that the centre should be on the ground floor, instead of the car park, because of difficulties of access for the elderly and disabled. This seems a large number in view of the fact that this issue had not been raised explicitly in the questionnaire, unlike those relating to the waiting and

reception areas. In addition, three women made the point that going to the top floor for child health clinics was a problem as this meant leaving prams in the pram park on the floor below. Forty people made comments or suggestions about the reception area, usually emphasising the need for privacy in conversations between patients and receptionists. Only 12 people indicated that they would like to return to the old arrangements of individual surgery premises for each practice; this was a small number in view of the support for the old system mentioned earlier.

Several respondents said they felt that it was the personnel at the centre, in particular the doctors who provided the service, that really mattered and not the building. This comment leads naturally to the next section.

The centre and access to general medical care

Contact with the family doctors out of normal working hours

Three quarters of the respondents stated that they had had no occasion to contact their doctor outside the normal working hours of the health centre in the two years since it had opened. About half of those who had sought to contact the doctor outside normal hours reported experiencing some difficulties (see Table 33). A number of respondents took the opportunity offered in the questionnaire to comment on these difficulties. The most common reason for difficulty mentioned by patients was that of having to make two or more calls in order to get through to the doctor on duty. In the leaflet giving details of health centre services patients were advised, if they needed to contact the doctor out of normal working hours, to telephone the Kavanagh telephone answering service. This service would tell them where to telephone for the duty doctor. However if patients attempted to telephone the health centre itself they would be referred to the Kavanagh answering service and then would need to make a third call to contact the duty doctor. This difficulty about making a number of calls might arguably have been felt more by those not on the telephone than by those who did have a telephone at home. However there was almost no difference between the two groups, although those on the telephone did appear to be a little more likely to have tried to contact the doctor than those not on the telephone. The differences in experience of contacting the doctor out of hours were examined for those who had left school at 15 years or less and those who had remained at school beyond that age. Patients who had left school later were rather more likely to have sought to contact their doctor than those who had left school at 15 years of age or less.

This former group were also more likely to report, that contacting the doctor out of hours, was easy. There were hardly any differences between men and women as far as difficulty experienced in contacting the doctor out of hours was concerned. Both men and women over 65 years of age were less likely to report experiencing difficulties than younger patients. This is interesting since those over 65 years were rather less likely to be on the telephone than younger respondents, and were more likely to have had occasion to contact their doctor out of hours.

Among the under 25 years age group almost all the women who had attempted to contact their doctor out of hours found it difficult to do so; however most men under 25 years reported the converse (however numbers of such respondents were very small).

There was little difference between the patients of the two three handed practices in terms of their reported experiences in attempting to contact the doctor out of hours. Those registered with the single handed doctor however were rather less likely to have attempted to contact their doctor and among those who had tried, relatively more found it difficult to make contact (perhaps because they were interpreting the question more specifically as relating to their doctor rather than a doctor of the practice). In their answers to question 49 (Table 32) 9 people pressed for a 24 hour emergency service with doctors available on the premises.

Seeing the doctor in the surgery by appointment and without an appointment

All the practices in the study ran full appointment systems in the centre. In their former surgeries it was also possible to attend by appointment but in some practices the system was more formal than in others. Thus 57 per cent of the patients of practice 3 (Dr G - Table 34) indicated that their doctor did not have an appointment system in his former surgery compared with 22 per cent of those of practice 1 for which the health centre replaced a branch surgery, and 2 per cent of those of practice 2, whose main surgery was replaced by the health centre. These differences between practices no doubt affected the answers of their patients to the question of whether or not it was easier or more difficult to get an appointment to see the doctor at the health centre, compared with their doctor's former surgery. In the case of practices 1 and 3 rather more people felt it was easier to get an appointment in the health centre than the number who found it easier in the previous surgery premises; though even in these practices, with their apparently relatively informal appointment systems, substantial numbers thought there was no difference between the health centre and the old surgery. In the case of practice 2 the only one which appeared to

run a fairly full appointment system in its former surgery, 20 per cent thought it was easier to get an appointment in the old surgery, 13 per cent that it was easier to get an appointment in the new surgery, while 57 per cent felt that there was no difference between the two premises in this respect.

Respondents who were over 65 years of age were rather more likely to feel that it was easier to get an appointment in the health centre than younger respondents. Whether or not a patient had a telephone at home appeared to be unrelated to his/her answer to this question. In the case of those on the telephone, those who left school after the age of 16 were rather more likely to find the health centre easier than those who left school at an earlier age; but this difference was not apparent in the case of those who were not on the telephone. The number of visits patients had paid to the centre to see a doctor or take someone else did appear to be related to their views on the relative ease of getting an appointment in the health centre; the more visits the respondents had made the more likely they were to feel that the health centre was the easier place to obtain an appointment.

Persons in the survey were also asked whether they found it easier to see the doctor without an appointment at the health centre than at his former surgery (Table 35). Twenty six per cent found that it was easier to see the doctor without an appointment, in the doctor's former surgery compared with 15 per cent who felt the health centre was easier. Forty eight per cent said it was equally easy to attend both places without an appointment. In each of the three practices in the survey a higher proportion of patients felt that it was easier to see their doctor without an appointment in his former surgery than felt this about the health centre; though not surprisingly in the case of practices 1 and 3, with relatively informal appointment systems, relatively more felt that their doctor's old surgery was the easier place to see their doctor without an appointment. People over the age of 65 years appeared to experience less difficulty in seeing their doctor without an appointment in the health centre than younger patients. Patients who left school at 16 years of age or older were marginally less likely to feel that the health centre was the place at which it was easier to see their doctor without an appointment than those who left school at a younger age. The more visits a respondent paid to the health centre to see a doctor in the previous two years the more likely he or she was to feel that it was easier to see the doctor without an appointment at the health centre than at the doctor's old surgery.

Thus it appears that the arrangements for obtaining an appointment to see a doctor at the health centre were probably more formal than was the case in

at least two of the three practices' former surgeries. In their answers to the question (49 in the schedule) on improvements that the persons questioned would like to see in the health centre, a few people (Table 32) did comment on the difficulty of obtaining an early appointment. However, the over 65 years group who were perhaps potentially more vulnerable to a change to a more formal type of appointment system, seemed at least as happy with the health centre in this respect as younger respondents.

The hours when the centre was open

The health centre was normally open from 8.00 a.m. to 7.30 p.m. except on Wednesdays when it closed at 5.30 p.m. and on Saturdays when it shut at 11.30 a.m. Sixty nine per cent of the respondents found that the hours during which the health centre was open were about the same in terms of convenience as those for their doctors' former surgery premises. Twenty one per cent found the hours more convenient in the health centre and three per cent found the hours were more convenient in their doctor's previous surgery; there was no difference between the views of men and women on this matter. There was however a good deal of variation between respondents from the different practices in this survey (Table 36). Predictably the patients in practice 1, for which the health centre replaced a branch surgery, and those of practice 3, a single handed doctor, were rather more likely to feel that the health centres opening hours were more convenient than the patients of practice 2 (a three handed practice) for whom the health centre had replaced their main surgery.

Respondents were asked to rank a series of possible surgery hours in terms of their convenience (see Table 37). The period 8.00 a.m. to 10.00 a.m. was most popular among men, closely followed by 6.00 p.m. to 7.30 p.m. This latter period was mostly outside the advertised surgery hours for the doctors at the centre, however quite a few of the men gave 7.30 p.m. to 9.00 p.m. as their most favoured time for surgery hours. Apart from 8.00 a.m. to 10.00 a.m. and 6.00 p.m. to 7.30 p.m. most other times commanded relatively little support. Predictably there was some difference between those over retirement age and those below. Among the men over 65, the most favoured period was 10.00 a.m. to 12 noon, closely followed by 8.00 a.m. to 10.00 a.m.; for this group 6.00 p.m. to 7.30 p.m., commanded relatively little support. Among women, both for those under and over 65 years of age, and especially the latter, 10.00 a.m. to 12 noon was the most popular time followed by 8.00 a.m. to 10.00 a.m. Evening surgery hours attracted relatively little support among women of all ages (note we have examined respondents' preferences by looking at the time they ranked first in

the case of those who did actually rank times and also by adding in to the totals, for a given time, of first ranks the number of ticks given by respondents who did not rank the alternatives but ticked those they presumably approved of. By and large the elderly group were more likely to tick than rank).

Patients were also asked at what time they actually came on their last visit to the health centre (Table 37). Forty per cent of both men and women came during the hours of 8.00 a.m. and 10.00 a.m. and 19 per cent of men compared to 10 per cent of women came between 6.00 p.m. and 7.30 p.m. These percentages were rather lower than might be expected from the patients' preferences, presumably reflecting the limited opportunity for attending this late in the day. Both men and women over retirement age were rather more likely than younger respondents to attend between the hours of 10.00 a.m. and 12 noon, but less likely than their preferences might suggest.

Consulting the actual surgery times advertised in the health centre, 52 sessions weekly appear to have been advertised for the period 9.00 a.m. to 10.00 a.m. (there was no doubt some overlap beyond that for some sessions), six for the period 10.00 a.m. to 11.00 a.m. and 14 for the period 5.00 p.m. to 6.00 p.m. or 6.30 p.m. Thus the past experience of respondents does broadly correspond with the availability of surgery sessions at the centre (note these figures of the surgery sessions are for the three practices involved in the survey of patients only). Only three people in answering question 49 (Table 32) suggested longer opening hours in the day, but 10 did suggest additional sessions.

Patients and the receptionists

Patients were asked to indicate whether they felt that the following words applied to the receptionists at the old surgery only, the health centre only, or to those at both establishments; friendly, unfriendly, homely, brisk, polite, rude, reassuring, offputting. It was assumed that where patients did not indicate any of these three options they felt that none of them applied. Receptionists at the health centre were slightly more likely to be described as friendly, polite, brisk and offputting than receptionists in the doctor's previous surgery and slightly less likely to be regarded as homely (Table 38). Respondents seemed to see no difference between the receptionists in the health centre and the previous surgery as far as the other three characteristics (reassuring, rude and unfriendly) were concerned. In fact hardly anyone thought that the receptionists could be described as unfriendly or rude, at either or both buildings. The numbers who thought that the receptionists were offputting,

even in the case of the health centre, were very small, but this number was about three times the size of that who felt that receptionists were offputting in the doctor's former surgery (67 as against 22, while a further nine felt that receptionists were offputting in both). The descriptions which respondents felt were most likely to apply at one or both places were friendly and polite. One notable fact (see Table 38) is that those persons over 65 years consistently took a more favourable view than younger patients of the receptionists in the centre as compared with the doctor's former surgery. This is particularly interesting since they were presumably as likely as anyone to have had experience of the old and new arrangements (note that many of the receptionists had also been at the old surgery). Women tended to be marginally less favourably disposed to receptionists in the health centre than men.

Patients were presented with four qualities and asked to rank them in order of preference as desirable characteristics for a doctor's receptionist. Respondents, both men and women, voted overwhelmingly for efficiency as their first preference. The other qualities, well educated, well spoken and well groomed commanded negligible support as first preference, though being well spoken was most often given second preference.

Given that patients ranked efficiency highly as a characteristic desirable in receptionists, did they also feel the need for a personal touch such as receptionists recognising them by name? Twenty five per cent of patients considered it was important for the receptionist to recognise them by name, compared with the 65 per cent that felt that privacy was important when talking to the receptionist (see page 30). Generally women of all ages were rather more likely than men to say that recognition by name was important. Among men the older the respondent the more likely he was to think that being recognised by the receptionist was important but there was no such age trend among females. Those who lived alone were only marginally more likely to feel that being recognised by the receptionist was important than those living with others. Since most of those living alone were women this effectively means that if anything those living alone were less likely to regard recognition by the receptionist as important than others. Respondents who were prepared to wait a day or more to see their own doctor rather than consult another doctor immediately were perhaps not surprisingly more likely to attach importance to recognition by the receptionist than those who were prepared to see another doctor (since recognition by receptionists and attachment to an individual doctor are perhaps both indications of a personal relationship). Patients on the telephone were a little more likely to feel that recognition was important than those not on the telephone. Those who visited the centre a great deal (20 times or more since the centre had opened)

to see their doctor or to take someone else, were considerably more likely to feel that recognition was important than those who had visited the centre less frequently for this purpose.

Respondents were also asked whether they thought that the receptionist's age was important and what age they considered most appropriate for a receptionist. For men and women by far the most popular age for receptionists was 30 to 39 years, followed, among men, by the age group 20 to 29 years and among women by the age group 40 to 49 years. However three quarters of the respondents, both men and women, felt that age was not important; this was a view somewhat more likely to be held by younger respondents than older people.

The impression which emerges from respondents' answers to questions about receptionists is that they were seeking, in the receptionist, an efficient means of communication with a doctor rather than a personal relationship. If this is so, the health centre receptionists come out very well since friendliness and politeness and perhaps even briskness (the three qualities in which the health centre was more likely to score than the doctor's previous surgery) would seem to be characteristics for an efficient channel of communication. The only contra indication to this was that the number of respondents (67) who felt the health centre receptionists, but not those of the old surgery, to be offputting, was much greater than the number (22) who felt the converse and the number (9) who felt that receptionists at both were offputting. As in the case of the waiting area the elderly seemed to be more satisfied generally with the health centre receptionists than younger people; arguably an important favourable result since the elderly might be thought to be the most vulnerable to change.

Which doctor did the patients see - their own or another?

It has been seen that the majority of respondents (see page 20) said that they were prepared to wait a day or more to see their own doctor (for a non urgent matter) rather than see another doctor who was available immediately. How did this match up with their experiences?

Three quarters of the respondents had seen their own doctor on the occasion of their last visit to the centre. This proportion varied from practice to practice. Ninety two per cent of the patients of the single handed Dr G had seen him at their last visit compared with 74 per cent from practice 2 (Drs D, E and F) who used the health centre as their main surgery and 63 per cent for Drs A, B and C who used the health centre as a branch surgery

(only one doctor consulting there at any time). Predictably a rather higher proportion of those who were prepared to wait a day or more to see their own doctor did in fact see him on their last visit. Women were more likely to have seen their own doctor at the last visit than men. Among men, those over 65 years almost all saw their own doctor at the last visit, otherwise there was no age trend. Among women, those aged 45 years or more were much more likely to have seen their own doctor at their last visit than younger persons.

Patients were asked how many times they had seen a doctor other than their own doctor since the centre had opened. Forty eight per cent had not seen a doctor other than their own at all (remember these are all 'attenders'). Among respondents over 45 years, women generally saw another doctor than their own less frequently than men but the reverse was the case for younger patients. Once again practice differences manifested themselves (see Table 39) and those who preferred to wait to see their own doctor reported a lower frequency of visits to other doctors.

Chemists and the health centre

It is well known that a very high proportion of surgery consultations in general practice involve the issuing of a prescription to the patient (for example the proportion quoted by Dawes et al 1975 was 60 per cent in respect of the nearby Henfield health centre compared with over 70 per cent in three practices in North East England (Dawes & Bevan(1976)). The patient then has to go to a chemist to have the prescription dispensed (except in dispensing practices in rural areas). This may present difficulties; for example, in the case of those attending in the latter part of an evening surgery. A possible solution is to have a chemists shop/dispensary in the health centre itself; but this has hardly ever been tried.¹ In particular there was no chemist or dispensary in the health centre at Shoreham-by-Sea.

On hearing from the West Sussex Executive Council that it, with the West Sussex County Council, had agreed that a survey of patient opinion be undertaken in connection with the Shoreham-by-Sea health centre, the British Pharmaceutical Society contacted us and suggested that some reference to chemist services be included in the survey.²

¹ The Annual Report of the Department of Health and Social Security for 1973 (Cmd 5700) reported that pharmaceutical services were provided in four centres in England, out of 464 then open, and would be available in a further six of the 148 being built.

² A reference to the proposed research had appeared in the Pharmaceutical Journal (1970, Vol 205, July 25, P.113).

Respondents were asked three questions (see questions 45 - 47, Appendix 2)

1. Where do you usually get your prescriptions made up at the moment?
(allowing space for mention of up to two chemists)
2. Why do you normally go to this chemist (allowing separate answers for first and second chemists listed)?
3. Have you any suggestions for improving the chemist service for patients?

Most respondents mentioned only one chemist. Ten chemists altogether in Shoreham-by-Sea and several others elsewhere, were mentioned by respondents. Boots in Shoreham-by-Sea was referred to by 53 per cent of the respondents in this context, i.e. first or only chemist listed, and the next most commonly referred to chemist, Davies, Shoreham-by-Sea, accounted for only nine per cent of the respondents. This latter chemist however was mentioned almost as frequently as Boots as the second chemist given.

For men and women easily the most common reason for attending the chemist listed was that it was nearby, as opposed to being open at a convenient time or friendly or for some other reason. This would explain the popularity of Boots which was the chemist closest to the centre.

Most respondents did not make any answer to the question asking for suggestions for improving the chemist service to patients, and of those who did, more than half merely wrote indicating that they had no suggestion. However, about 100 respondents did make comments (see Table 40). The most common comment was on the need for improved opening hours for the chemists, and in particular many observed that the chemists even on the rota system were often shut by the time people came out towards the end of the evening surgery sessions. Some patients made the point that problems occurred on mid afternoon sessions during Shoreham-by-Sea's half day closing, because chemists were not open until the rota system for the evening came into operation at 6.00 p.m. Several respondents felt that more could be done in the health centre itself to help patients to locate the rota chemist open, possibly using a map. However, perhaps the most important result from the point of view of this enquiry was that 35 respondents felt that it was desirable to have some kind of dispensing service at the health centre itself. Although this is not a large number it is worth noting since at no point had the idea been suggested to respondents that such a service might be available at the health centre. The suggestion was sometimes made with particular reference to the elderly.

One of the problems encountered in chemists' shops themselves which motivated people to suggest having a dispensary in the health centre, was the delay between handing in prescriptions and their obtaining the goods to which it referred; a delay of 15 to 20 minutes even for products of a proprietary nature was mentioned by a number of respondents. Apart from problems of missing buses, this was apparently a source of discomfort for some of the elderly and some respondents expressed the desire for chairs or a waiting area to be provided in chemists if there had to be this wait; if possible away from the general shopping area of the chemists. (It appears that these remarks were particularly directed towards Boots).

In the general question (49) about possible improvements to the health centre (see Table 32) 13 respondents suggested that there should be a chemist on the health centre premises. This is clearly not a large number in relation to the total number of respondents and it was the seventh most frequently referred to improvement in this question. It seems reasonable to conclude that the chemist services were not seen to be a vital issue in relation to the health centre, but that some difficulties and inconveniences were encountered which a chemist service in the health centre could remedy. The number of people who spontaneously suggested such a service in relation to the total number making a comment at all about chemist services suggests that such a service might be more widely welcomed, especially as the reason most commonly given for choosing a chemist was that it was nearby.

Discussion of the patient survey

There were a number of differences between the respondents whose views have been considered and the population of patients¹ of general practitioners with surgeries at the health centre. The patients came from three of the five practices in the centre only. In particular one of the five practices, not participating in the survey, subsequently withdrew from the survey. One reason for this was the doctors' own dislike of the health centre system and the senior partner also felt that the patients did not like the centre (great emphasis was placed on having a homely atmosphere in this practice's main, and after withdrawal from the health centre, only surgery which was located in the senior partner's home). Thus it is possible by excluding this practice from the survey it has been biased towards a more favourably disposed group; however this practice did use the health centre only as a branch surgery.

Most of this report has been concerned with the views of the 'attenders' that is to say those who had attended the centre at least once to see the

¹ Born before 1952

doctor or to take someone else since it had opened. There were some differences between the 'attenders' and 'non attenders' in this survey. 'Attenders' seemed generally rather better off than 'non attenders' and in the case of women somewhat younger than the 'non attenders'. Moreover the population of Shoreham-by-Sea as a whole, from which most of the patients at the centre came, appeared from census data to be relatively well off in a number of respects (see page 3) though somewhat older than the average for the country as a whole.

The above features suggest caution in generalising results both to the population as a whole served by the health centre and even more so to the public at large. On the other hand the three practices whose patients were involved in the survey differed from one another in interesting ways. Practice 1, with three principals, had its main surgery at Southwick some miles away and replaced its old branch surgery by accommodation in the health centre. Only one of the three partners was in attendance at any given surgery session. Practice 2 was again a three principal practice and had their main premises in the health centre. They, of the three practices, had moved from the most formally organised surgery. Practice 3 was a single handed one, the sole surgery of which had been transferred to the health centre.

In discussing the patients' reactions to the health centre, the changes which this move involved can be grouped under three headings; geographical changes, changes in the building (architecture and fittings), and changes in factors which might affect the care (or access to care) they receive from those who had moved to the health centre.

The geographical change can be discounted. The surgeries replaced by the health centre were all no more than a quarter of a mile away from the centre. The latter was in a slightly more central position in relation to bus services and shops than at least some of the other surgeries and the centre was closer to more adequate parking facilities. Most respondents reported that travelling to the health centre was neither more difficult nor easier than travelling to their doctor's former surgery. Moreover, since the population served by the health centre was geographically compact, few difficulties were reported in travelling to the health centre.

The health centre, from the point of view of its architecture, was of course a much larger and more complex structure than any of the surgeries it had replaced and was used by a much larger number of people. It was also on three storeys. The largeness of the building did not appear to present any

problems to respondents as a whole nor was there any evidence that the complexity of the building disturbed patients (e.g. resulting in their having difficulties in finding their way to the consulting rooms). Arguably it was the lack of complexity in the public areas which provoked more criticism than any other feature in the health centre on such grounds as insufficient privacy when communicating with the receptionist, and excessive noise and general confusion in the building. Many patients wanted to split up these open areas into smaller areas so as to have separate waiting rooms for each practice, and/or partitions separating off the receptionists of different practices.

The ground floor of the centre providing as it did, a limited amount of parking mainly reserved for health centre personnel served a relatively unproductive function. Although patients were not specifically questioned on the number of storeys in the health centre this provoked criticism by a relatively large number of persons when answering the general question (49) inviting comments about the health centre. To reduce problems of access to the centre proper there was a generous provision of lifts and also a ramp from the pavement to the first floor entrance, besides the stairs. However the lifts were little used and there was some suggestion that in wet or icy weather the ramp became hazardous for at least the less mobile patients. Once the decision had been taken to use the ground level of the centre for car parking it is true that locating the reception area and all general practitioner rooms and the nurses' treatment rooms on the first floor did minimise the upward/downward movement of patients using the centre, given the restricted site. However, the location of most of the local authority clinic accommodation on the top floor did mean that mothers with young children had the problem of getting to the top, and leaving prams in the pram store a floor below. The lack of use of the lifts and some other comments of respondents suggest that some of the difficulties associated with the number of floors of the building could have been reduced by adequate sign posting to the lifts.

Viewing the health centre as an organisation providing care, it has been noted that the great majority of respondents did not believe the medical care that they received from their doctor had changed for the better or worse since the health centre had opened; although among the relatively small number who thought that care had changed most thought it was for the better. If at first sight this seems to be a rather damning judgement on the efficacy of the health centre, on further reflection it is not really so surprising a result. As will be seen later, doctors did have more equipment at their disposal and easier access to para-medical and other staff but in only a minority of surgery

consultations would such 'improvements' be called upon or even evident to the patient, still less so in the case of home visits. Moreover it appears that the practices which moved into this health centre continued to operate very much as separate units, for example, as regards out of hours rotas. It is not suggested that this is a good or bad thing in itself merely that it indicates continuity of behaviour. It was no part of this survey to investigate the quality of medical care provided by the doctors or anyone else at the health centre as such, however it is known that the move to the health centre did in a number of ways affect access to care.

The arrangements for contacting a doctor out of hours appeared to be complex and about half of those who had had occasion to contact their own doctor at such times reported difficulties in doing so very often associated with this telephone system. For at least two of the three practices involved in this survey the move to this health centre meant the introduction to a rather more formal appointment system for surgery attendances. This change appeared to have caused hardly any difficulties and though generally the receptionists at both the old surgery premises and the health centre (in many cases these were the same people) were rated very favourably by the respondents, if anything the receptionists at the health centre were rated the more favourably. The impression emerged that respondents were seeking in receptionists an effective communication link with their doctor rather than a more homely closer relationship.

The health centre was open most working days of the week for considerably longer periods than the doctors' former surgeries. This did not mean that the patient's doctor was on the premises any more in the health centre but there was someone available to take a message and a greater likelihood in the case of an emergency that one or more doctors would be on the premises or that at least a nurse would be available in the treatment room. Even so, respondents were generally inclined to say that the opening hours of the centre were no more or less convenient than those in their doctor's former surgery. For those who felt that there had been a change in convenience nearly all felt that it was for the better. This was especially the case for respondents registered with Practices 1 and 3 (the three handed practice using the centre as a branch surgery and the single handed practice).

It has been noted that very few respondents in this survey wished to go back to their doctor's former surgery premises and arrangements; many did not mind where they were seen, but of the majority who did, most preferred

the health centre to their doctor's former surgery, or indeed to any of the other sites suggested to them. Comparing the opinions of respondents of the three practices the highest proportion of those who were in favour of being seen by the doctor at the health centre was to be found among the patients of the single handed doctor and lowest among those of the three handed practice who had moved from perhaps the most formally organised premises to the centre. Throughout this survey there was no suggestion that the patients of the practices formerly working from simply organised, domestic scale premises had any widespread desire to revert to this situation. Indeed it was only the patients of Doctors D, E and F who seemed relatively neutral about the health centre compared with the doctors' previous surgery premises and arrangements.

There was no pharmacy or dispensary at the health centre or any of the doctors' previous premises. However a number of respondents did appear to have difficulties and inconvenience in getting prescriptions dispensed at chemists. They mostly gave as their reason for going to the chemist they normally went to for this purpose, its being nearer to the health centre. Also a number of people without prompting from us suggested a pharmacy in the health centre. It thus seems probable that such a facility would be generally welcomed.

So far the views of respondents as a whole, from the three practices have been considered. However, certain groups are potentially more vulnerable to change than others. The elderly is one such group and it is gratifying to note that in this survey they were inclined to rate the health centre more favourably if anything than younger respondents. In fact the group that seemed the least happy with the health centre was the very small number of women among the respondents aged between 20 and 24 years. These respondents tended to be less well off than their elders (except for the over 65s) in a number of respects. Their numbers were so small that it is hazardous to infer anything about this age group, more generally. However many might be mothers with first children. Those living alone are perhaps another potentially vulnerable group but there is no reason from this survey to suppose the move to the health centre produced any particular difficulties. The survey did not investigate explicitly a patient's view towards the health centre in relation to his/her degree of affluence, but there was nothing to choose between those on the telephone and those not on the telephone as regards the way in which respondents looked at the centre. Those with access to a car to come to the surgery were more likely to find the health centre more conveniently situated

than their doctor's old surgery than those without the use of a car.

How then should the respondents reaction to this health centre be summarised? Replacing several surgeries and clinics by a single large health centre involved the patient in a much more complex and formal system than he/she had hitherto experienced in the family doctor's surgery. However, there was an almost complete lack of opposition to, and a great deal of positive support for, the centre organisation that resulted. Patients on the other hand did not appear in general to attach much importance to the bringing together under the one roof of general practitioners and home nursing and other facilities, though many respondents appeared to have had no experience of services at the centre other than that of the general practitioner. In any event it is fair to say that the 'team approach' was not, at the time of the survey, highly developed in this centre (see pp 50-61 for comments of the doctors at the centre).

Respondents criticisms (which were nearly always at least matched by an equal or greater number of persons praising the aspect in question) were generally directed at specific defects in design or organisation some of which, for example partitioning the reception area or modifying the telephone arrangements for contacting doctors out of hours, can at least be partially eliminated.

THE OPINIONS OF SOME OF THE FAMILY DOCTORS AT SHOREHAM-BY-SEA HEALTH CENTRE

Method

Interviews were held with the doctors who agreed to participate during the period April to May 1971 using a guided interview approach (see Appendix 3 for doctors' interview schedule). The interviews were tape recorded.

The doctors who were interviewed

The doctors (A to G inclusive), samples of whose patients were approached in the patient survey, together with Doctors H, I and J, members of practice 4 (see Table 2) were interviewed. The doctors of practice 5, K and L, were not interviewed formally. Informal discussions took place with Doctor K on an earlier occasion when she kindly showed us over her main surgery premises; this practice used the centre as a branch. Practice 5 subsequently ceased using the health centre and thereafter operated only from the main surgery premises at Southwick some two miles away. It is important to bear in mind thus that the two doctors who were presumably most critical of the health centre are not included in the account which follows except where otherwise indicated.

Some information about the doctors based in the health centre is given in Table 2, and Appendix 1 gives their consulting hours. Details on the organisation of the practices are given on pages 5 to 7. The doctors appeared to have a typical range of professional activities outside general medical practice. One of the doctors interviewed had a hospital appointment, and four stated that they acted as medical officers to schools in the area. Two were port medical officers, three did medicals for a group of firms and organisations, two did sessions at old peoples' homes and institutions. One doctor was a part time police surgeon and two did educational work, e.g. for St. John's Ambulance. At the time of the enquiry there were no trainee doctors attached to the practices included in this survey.

The doctors' reactions to aspects of the 'health centre approach' to organising primary medical care

The level of medical care the doctors thought they provided

Seven doctors stated that the medical care they could offer had improved and three (from Practices 2, 3 and 4) that it was about the same as

in their previous surgery premises. Three doctors (two from Practice 1 and one from Practice 4) specifically mentioned that they could do more in the health centre because of the equipment that was provided.

The reasons the doctors gave for going into the health centre

The Shoreham-by-Sea doctors were all in favour of the move to the health centre premises (except for the two doctors of Practice 5 who were not formally interviewed and who had their main surgery premises in Southwick at the home of Doctor K). The reasons given by the doctors for moving into the health centre were the following: the previous premises were small or old and unsuitable; the insecurity of the old premises if the senior partner died; the high cost of buying alternative premises; an enlarging practice; a desire to keep home life and the surgery distinct; the benefits of the equipment and facilities provided in the health centre; a liking for a 'clean well organised work place'.

Only one doctor mentioned wanting to work in a health centre because of the kind of medical care and integration of services embodied in the idea of a centre. In general the doctors were keen to improve the quality of their work place in terms of accommodation and equipment.

Did the doctors like the health centre more or less than their previous surgery premises?

Seven of the ten doctors (all those in Practices 1, 2 and 3) said they liked the health centre more than their previous surgery premises; two doctors said that both places were about the same and one stated that he liked the old surgery more than the health centre. In general the doctors who preferred the health centre did so because it was more efficient and allowed them to do more, as it had the appropriate equipment available.

When asked to rank several alternative places at which they could see their patients, nine doctors chose the health centre as their first choice. One doctor, from Practice 2, ranked the hospital outpatient department as his first choice with the explanation that it was important to be on the spot for emergencies which might arise. As a second choice most doctors picked their previous surgery premises.

The size of the health centre

When asked about the size of the health centre from a doctor's point of view all the doctors thought that the size of this health centre was about

right for the number of doctors working there. They were less certain however about the ideal number of doctors to have working in a health centre and several were reluctant to commit themselves. Of those who answered three doctors, all from practice 2, mentioned that twelve was a good number and one, from practice 4, suggested ten, citing Shoreham-by-Sea health centre as working well.

Local authority ownership¹ of the health centre

No doctor said that he was unhappy with the local authority as owner of the centre. Although they recognised that this ownership had wide implications for the centre organisation, most doctors felt that the arrangement worked well in Shoreham-by-Sea on the whole. There did, however, appear to be minor problems. For example, doctors complained of delays in supplies being delivered and of being unable to have the final say concerning the employment of personnel. Failures in communications were also mentioned, but those who mentioned these felt that they had often as much to do with the doctors as with the authority.

Use of the common room

The centre has a large common room on the top floor, equipped with a small kitchen and tea bar, one floor above the surgery accommodation of the family doctors. Of those doctors interviewed, nine stated that they did not use the common room except in some cases for formal business meetings, and one stated that he went there very rarely. Three doctors indicated that they would like a separate common room for doctors only. Eight doctors did emphasise however, that their lack of use of the existing common room was not because they had any objection to sharing it with local authority staff.

Overall the doctors gave the impression that they felt the common room to be something of a white elephant which would be little used by the doctors in this health centre because of its inconvenient position for them, one floor above their accommodation, and because of their liking generally for taking tea and coffee, prepared by the practice receptionist, in their own consulting rooms while arranging day to day business, thus saving time.

¹Note this enquiry was undertaken prior to the reorganisation of the National Health Service.

Conferring with colleagues

The doctors were asked whether they conferred more or less with other doctors, nurses and para-medical staff working in the health centre compared with the time when they were working in their previous surgery premises. In general four doctors (from Practices 2, 3 and 4) felt that they had more overall discussion, three (from Practice 1) felt there was less and three (Practices 2 and 4) felt the situation to be about the same. More specifically, since working at the health centre seven doctors (including two from Practice 1) reported that they tended to confer more with doctors of other practices than was previously the case. Three doctors (from Practices 1, 2 and 4) who stated that they tended not to confer with doctors in other practices any more than when in their old surgery premises mentioned the advantage of being able to do so should this be necessary. (Note the doctors of Practice 1 felt that the reduction in the extent to which they conferred with colleagues occurred within the practice). All the doctors mentioned that conferring with para-medical staff was more easily done in the health centre. The doctors particularly mentioned that daily contact, and ease of contact with para-medical staff when required, had improved. Some doctors remarked that they regretted the move of the mental welfare officers to separate premises following the then recent legislation setting up separate social service departments.

Practice identity

One of the aims of the health centre has been said to be the integration of general practitioner services and home nursing and other services outside hospitals. Is it possible that this, combined with the very size of health centres and the number of personnel generally involved, may weaken the sense of practice identity among staff and lead to its being replaced by a health centre identity? It was noticeable amongst the doctors in the centre generally that the practices remained self contained and relatively independent from each other when it came to every day matters despite their being accommodated in the same building and sharing certain services. The doctors were asked how they felt about this possible loss of practice identity. Only one doctor (from Practice 4) mentioned a loss of some feeling of identity within his practice, the remaining nine being of the opinion that there was no particular loss resulting from their having moved to the centre as yet. However, two of these doctors (from Practices 1 and 2)

stated that this might well happen in the future, and five (from all four practices) indicated that they experienced some feeling of anonymity within the centre.

Specialisation

Bringing together several doctors in one place opens the possibility of specialisation by individual practitioners. The doctors were asked whether they felt that there was any tendency to specialise amongst members of the group in the health centre. All reported that no such trend in this direction had yet appeared. However some did mention especially that they appreciated and used the accommodation and equipment provided by the health centre to do more minor surgery (in the treatment rooms).

Non clinical work

The doctors were asked whether the amount of administrative and non-clinical work which they did during the course of the day had changed since they had moved into the centre. Six doctors mentioned that the amount of such work had lessened since working in the health centre and four (from Practices 1, 2 and 4) reported no such change. Several doctors mentioned that their receptionists did most of the necessary administrative work both before and after the move.

Para medical work

When asked if the amount of para-medical work (e.g. dressings, immunisations) undertaken by doctors had changed since they had moved to the health centre, four doctors (one from Practice 1 and all three from Practice 2) mentioned that they had experienced no change in the amount of such work and that they had previously employed a nurse to do some of this and four stated that they did less of this type of work since the centre nurses now undertook some of this work on their behalf. Two doctors (from Practices 1 and 4) felt that they undertook more para-medical work since the opening of the centre.

The health centre building and equipment

The consulting room and examination room at the centre

The doctors interviewed were all generally satisfied with their consulting rooms which they felt were pleasantly decorated and well equipped.

Some doctors had comments to make about the following points: the inadequate ventilation of the consulting room; noise from outside the consulting room; the need for more shelves and cupboards in the rooms.

Three doctors were dissatisfied with their examination rooms which were variously described as too cold in winter, too small, narrow and dark, airless, stuffy and needing ventilation. (The examination rooms had no windows).

Two doctors, (from Practices 2 and 3) found the equipment provided in the consulting room inadequate, the remaining eight felt that the equipment provided was satisfactory and one, (from Practice 4) commented that the health centre provided valuable additional facilities, for example the E.C.G. machines, which were not available in their previous surgery premises.

The size of the waiting area

It has already been noted that the doctors thought that the centre was 'about right' in terms of size for the number of doctors using it, and seven doctors also thought that the size of the waiting area was appropriate. Three doctors (from Practices 2 and 4) did especially mention that it was too small, and two (from Practices 1 and 2) that it was badly ventilated. Two doctors also spoke of the lack of privacy for patients at the reception desk.

Words describing the health centre

Doctors were asked which words in a preselected list (see Appendix 3, question 63) best described the health centre. They were given cards with the various words on and were asked to pick out as many words as they thought were appropriate. They were in general fairly favourably disposed towards the building as far as the words chosen could indicate. Six doctors picked the word comfortable, five the word friendly, and five the word warm (in fact one thought it was too warm), four described it as well lit; other favourable words commanded three or fewer 'votes'. Turning to the unfavourable words selected, four doctors described the centre as noisy, two as confusing, one as dark and one as overcrowded. Overall favourable words were indicated by the doctors three times as often as unfavourable words. Only in the case of Practice 2 did unfavourable words chosen outnumber favourable words. It will be recalled that the patients of this practice were also generally less favourably disposed to the health centre than those of the other two practices whose patients were approached in the patient survey.

The features of the building the doctors liked and disliked

Doctors were asked to choose from a list of features of the centre those they liked and those they disliked. All doctors liked the patient call system employed at the health centre (in the next section this matter is explored in further detail), eight doctors liked the nearness to other services that working in the health centre provided, and seven liked the seating arrangements in the waiting room. Three doctors (from Practices 1 and 3) mentioned that they liked the layout of the building and two (from Practice 2) that they disliked this feature. Again three (from Practices 1, 3 and 4) liked the car parking arrangements at the centre and two (from Practice 2) disliked these arrangements. Three doctors from different practices (1, 2 and 4) indicated that they liked the lifts and three (also from 1, 2 and 4) that they disliked the lifts.

The patient call method preferred by the doctors

All the doctors put as their first choice the method by which the doctor called the patient over a loudspeaker. As second choice six doctors opted for a receptionist calling the patient's name, three for the use of a flashing light and buzzer system to attract the next patient's attention. One doctor gave as his second choice the method whereby the doctor entered the room to call each patient personally.

The actual system in operation at the centre was one where the doctor called the patient over a loudspeaker and simultaneously a flashing light appeared by the doctor's name above the reception counter.

The following comments on the patient call system in use at the centre were made by five doctors. 'The patient call system is a bit loud and impersonal', 'The patient call system is a bit confusing for some patients especially for deaf people', 'It would be nice for the doctor to know if the patient is in the waiting area or not by some method', 'It (the patient call system) works well for me as I am close to the waiting area', 'A light signal showing when a doctor is free is a good idea'.

Some aspects of obtaining access to services

Telephone problems

Eight doctors mentioned that they thought patients had some difficulties in understanding the telephone system and the system of transferring from the health centre to the answering service (see page 35 for details).

Emergency services for patients

The health centre had no special emergency services for accident cases and patients were usually directed to the nearby hospital. The doctors were asked what their policy was in relation to casual attenders in urgent need of attention who were registered with practices other than their own (in particular practices in the centre). Eight doctors said they would see such patients (usually with the proviso that they were true emergencies) and two indicated that they would only see temporary residents in this way.

Surgery hours in the health centre

For some doctors improvements in the working hours occurred after the move to the centre, for example a reduction in the number of evening surgeries and the discontinuing of surgeries at some branches. Five doctors from all four practices approached in the study, found the hours during which the health centre was open more convenient from their point of view than those in their previous surgery premises. The remaining doctors found the hours about the same as regards convenience.

Clinics held by the doctors at the health centre

All ten doctors stated that they held cervical smear, ante natal, immunisation and well baby clinics at the centre.

Maternity cases

Five doctors stated that they cared for and saw their own maternity patients including maternity calls, the remainder allocated maternity calls on a rota basis or on a geographical basis.

The receptionists

The doctors were asked to rank in order of preference qualities which they thought it desirable for the receptionist to possess. They were given the following list from which to choose; efficiency, politeness, 'well educated', well spoken, well groomed and homely. Seven doctors put efficiency first, two placed it second. Three doctors put politeness first and five put this second.

The doctors were also asked what they thought was the ideal age for a receptionist. Six doctors thought the 20 to 29 age group to be the ideal age for the doctors' receptionist, three gave as their ideal age 30 to 39 and one 40 to 49. Six of the doctors indicated that age was not important and four that it was an important factor in the choice of the receptionist. For example

one doctor favouring the 20 to 29 years age group suggested that such persons were much more adaptable than older people. Conversely another favouring the 30 to 39 years age group remarked that 'in this age group a person is mature enough to cope with the problems without having an elderly dragon image'.

A duty chemist at the health centre?

Seven doctors thought that having a chemist on the premises would be a good idea and three found it unnecessary. However, all doctors mentioned that they could see problems with such an arrangement with respect to the existing local chemists.

The general level of the doctors' satisfaction with the health centre

Eight of the ten doctors stated that they were very satisfied with working in the health centre. The two who expressed dissatisfaction were critical of aspects of the day to day administration, and not the centre itself. The doctors of Practice 5 who were not interviewed were also of course dissatisfied with the health centre in that they withdrew from it. This practice had maintained its main surgery at Southwick at the home of Doctor K and was using the health centre as a branch surgery. One problem for this practice was that it was not clear whether these doctors did really need a branch surgery in Shoreham-by-Sea. The doctors certainly seemed to find problems in operating without access to record files at the Shoreham-by-Sea health centre, as all the records were kept at the home of Doctor K. In both the main surgery of Practice 5 and in the health centre appointment systems were in operation and the doctors of Practice 5 were probably as keen about keeping records of attendances as their colleagues in the health centre. There did nevertheless appear to be a fundamental difference in general character of the premises and the way they were run. The main premises of Practice 5 forming as it did part of the senior partner's residence appeared to the authors to be very homely in atmosphere.

Discussion : The survey of doctors considered in the context of the information from the patient survey

In terms of the range of ages and interests it is clear that the doctors interviewed were a very typical group of general practitioners. Apart from Practice 3, their average list sizes were higher than those for doctors in England as a whole.

The doctors, unlike the patients, had had to take a decision to move to the health centre, and of course spent much of their working day there,

so not surprisingly they came out somewhat more definitely in favour of the centre, or against it in the case of Practice 5, in comparison with the former premises than did the patients who answered the questionnaire.

The reasons which led the doctors to a decision to move to the health centre were almost entirely to do with obtaining more satisfactory premises from which to practice. It did not appear that considerations such as in integration of primary medical care services were a major factor in the decision. However, whilst the practices in the centre were at the time of the interviews with the doctors (just over the year after the centre had opened) still operating very much as separate units, it did appear that many of the doctors found they were conferring more with colleagues of other practices in the centre. Most of those interviewed also found it easier to contact nursing and other staff based at the centre, despite the fact that the common room, largely because of its location in the building, was little used by the doctors.

It appeared from the interviews that for some doctors being in the health centre was associated with their doing less administrative work and less para-medical work. Although receptionists continued to be attached to specific practices they were able to cover for one another.

These changes arguably represent benefits that doctors might reasonably hope to obtain from working in a health centre where some of the administrative work historically associated with general practitioners, is taken over by the health authority and where increasing scale of operation facilitates the provision of secretarial and treatment room staff, and equipment. How much an individual doctor finds himself better off will depend on the arrangements in his previous surgery premises.

The increase in scale of operation also probably brought some benefits to patients. The casual patient was much more likely to find some nursing or medical staff available to deal with urgent problems when he/she called at the centre, because of;

- (i) The existence of a treatment room staffed throughout normal working hours,
- and (ii) the presence in the centre of the consulting rooms of ten doctors, consulting at various hours of the day, most of whom were willing to see patients of other practices in the centre if they had any urgent need and no member of that practice was available.

Most of the doctors felt the care they could give their patients was better in the centre than that in their previous surgery premises. This view seems to be at variance with that of the patients responding to the survey who mostly thought the care they received was unchanged following the opening of the centre. The patients and doctors however were probably looking at the matter of care from different points of view. It seems reasonable to assume that for many of those actually attending the surgery the care they receive is of a kind little affected by the character of the surgery premises and it is only a minority of cases that call for the additional equipment and supporting staff to be found in the centre. The centre's telephone arrangements for the purpose of gaining access to the doctors out of hours was less successful. Most doctors were aware that patients had some difficulties using telephone arrangements; from the patient survey a year later it appeared that as many as half of those who had sought to contact their doctors out of hours had experienced difficulty in doing so.

The doctors who were interviewed agreed with the patients in the survey in ranking efficiency as the most important quality the receptionist should possess; politeness was given as the other important characteristic in the doctors' view. Recall that in the survey of patients the words which commanded the most general support as best describing the centre receptionists were 'friendly' and 'polite'.

To have a chemist on the premises was a development that most of the doctors thought in principle to be a good idea and it has already been inferred from the survey of patients that many of these would welcome such a step.

Opinions on aspects of the design and fittings of the building varied a good deal from doctor to doctor and within practices. However, the size of the building for them as for the patients appeared not to be a problem. The waiting and reception area which was a part of the design which attracted the most unfavourable comments from patients was noted by some doctors as defective in various respects but the privacy problem at the reception desk was mentioned by only two doctors.

The fact that the centre was on three levels, including the car park, was not mentioned by the doctors as a problem though we have noted that a number of patients did not like this. Generally the doctors like the patients were satisfied, with reservations on detail, with the building.

Most of the doctors who remained in the centre appeared satisfied with it as a base from which to work. Only one (and he did not indicate that he would actually want to go back now) would have preferred to stay on in the premises he had left. Few of the patients too showed any inclination for the doctors to return to their former surgeries but there was a sizeable minority who did not mind at which premises they were seen.

Shoreham-by-Sea health centre was studied at a time, especially in the case of the interviews with doctors, when it had only been functioning for a relatively short period. It came into being primarily because better premises were needed by the family doctors in Shoreham-by-Sea. However, because it grouped together several practices and numbers of other health service personnel it offered opportunities for collaboration and potential benefits of increasing scale of operation in a purpose built building. It was clear that in the case of the former, informal developments were beginning to take place at the time of the study, and in the case of the latter it appeared that a number of benefits had occurred for at least some of the doctors and patients. Notably, the patients of the single handed doctor who moved to the centre were the most likely to favour it and the doctor himself took a generally favourable view of the centre (more so than many of his colleagues who were previously working in groups) even though it must have been very different from his previous practice premises and organisation. We have noted too that the doctors encountered few problems with the local health authority. This particular authority as a matter of policy did not employ an administrator in the centre preferring to keep its trained managers at the authority's headquarters some miles away (Saunders, 1972). Whilst on the one hand this permitted the practices to settle in and accommodate their ways to one another with the minimum of day to day involvement of the authority, on the other hand it is possible that the presence of an administrator in a centre of this size¹ might have been helpful in developing some of the benefits of increasing scale and of collaboration. The successor to Practice 5 now uses the health centre and this together with the expansion of other practices means that the centre at present accommodates more doctors than the original twelve (including Practice 5) for which it was built.

¹ It has been suggested (Baker and Bevan, 1975) that in the case of large centres (nine or more family doctors) those with lay administrators at the centre seemed most likely to be well run.

REFERENCES

- Baker, G.E. and Bevan, J.M. (1975) Management and administration of health centres. Canterbury : University of Kent, Health Services Research Unit Report.
- Bevan, J.M., Dowie, Robin and Kay, P.G. (1974) The need for transport for patients in general practice : A study at the Nuffield Health Centre, Witney. Canterbury : University of Kent, Health Services Research Unit Report.
- Dawes, K.S., Dowie, Robin and Bevan, J.M. (1975) The move to Henfield Health Centre : A study of patients' views. Canterbury : University of Kent, Health Services Research Unit Report.
- Dawes, K.S. and Bevan, J.M. (1976) The Wallsend Medical Centre : A study of the workload and of the attitudes of patients and staff. Canterbury : University of Kent, Health Services Research Unit Report.
- G.B. Department of Health and Social Security (1974) Annual Report for 1973. London : H.M.S.O. Cmd 5700.
- Lance, Hilary (1971) Transport Services in general practice, Supplement No.3, Volume 21 (No.111) The Journal of the Royal College of General Practitioners.
- Saunders, J. (1972) Health Centres : Planning, design and financial considerations, Community Medicine, 128, 185-189.

TABLE 1

THE AGE AND SEX DISTRIBUTIONS OF THE POPULATIONS OF SHOREHAM-BY-SEA,
SOUTHWICK, WEST SUSSEX AND ENGLAND AND WALES

Age last birthday	Shoreham-by-Sea U.D.			Southwick U.D.			West Sussex			England and Wales		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Total (all ages)	18,905 (100%)	8,920 (100%)	9,985 (100%)	11,865 (100%)	5,560 (100%)	6,305 (100%)	492,495 (100%)	227,130 (100%)	265,365 (100%)	48,749,575 (100%)	23,682,980 (100%)	25,066,595 (100%)
	%	%	%	%	%	%	%	%	%	%	%	%
0 - 4	7.0	7.6	6.6	5.8	5.8	5.8	6.7	7.4	6.0	8.0	8.5	7.6
5 - 14	14.2	15.5	13.1	14.7	16.1	13.4	14.3	16.0	12.9	15.7	16.6	14.9
15 - 19	6.6	7.1	6.1	6.2	7.1	5.5	6.1	6.9	5.5	6.8	7.2	6.5
20 - 24	5.9	6.2	5.6	5.6	6.5	4.8	6.1	6.5	5.8	7.7	7.9	7.4
25 - 44	22.9	23.5	22.4	21.4	22.2	20.7	21.4	22.8	20.3	24.2	25.1	23.3
45 - 59	20.0	20.0	19.9	19.8	20.1	19.6	17.7	17.8	17.7	18.5	18.6	18.4
60 - 64	6.6	6.3	6.9	7.5	7.4	7.6	6.7	6.2	7.2	5.8	5.6	6.0
65+	16.9	14.0	19.6	18.9	14.7	22.5	20.9	16.5	24.7	13.3	10.5	16.0

Source : (England and Wales) Office of Population Censuses and Surveys: Census 1971 Great Britain, Age, Marital Condition and General Tables: London H.M.S.O. 1973

(Other) Office of Population Censuses and Surveys: Census 1971 County Report, West Sussex Part I: London H.M.S.O. 1974

TABLE 2

THE GENERAL PRACTITIONERS AT THE CENTRE
(as at February 1971)

Practice	Doctor	Date of joining practice	Date of full registration	Total list size		Number on list over 65
1	A	1959	1939	4,000	8,500	1,293
	B	1961	1958	2,347		
	C	1969	1965	2,153		
2	D	1934	1932	4,087	8,515	1,433
	E	1948	1945	3,350		
	F	1967	1954	1,078		
3	G	1940	1938	2,300		483
4	H	1942	1940	3,900	11,500	1,850
	I	1963	1961	3,900		
	J	1971	1967	3,700		
5	K	not known*	1940	not known		not known
	L	1971	1946	not known		

Notes

1. The centre was a branch surgery only for Practices 1 and 5
The centre was the main surgery for Practice 2
The centre was the only surgery for Practices 3 and 4
2. The list size given is the total list size for each general practitioner in mid 1971 as provided by the general practitioners. In the case of practices with branch or main surgeries elsewhere not all patients would be seen at the health centre or have their record cards held there.

*But many years previous to the study

TABLE 3

DISTRIBUTION OF VARIOUS GROUPS OF PATIENTS BY GENERAL PRACTITIONER¹

- (a) Sample for the main survey
 (b) Respondents in the main survey
 (c) The attenders²
 (d) The attenders - the doctor they say they were registered with
 (e) Estimated numbers of patients born before 1952 whose records were kept at the centre³
 (f) Total list size⁴

	Doctor							Other	Total (100%)
	A	B	C	D	E	F	G		
Sample for main survey	223 12%	43 2%	59 3%	562 30%	379 21%	103 5%	477 26%	4 -	1,850
Respondents (main survey)	141 13%	23 2%	41 4%	369 33%	231 21%	60 5%	248 22%	1 -	1,114
The attenders	126 13%	21 2%	38 4%	306 32%	195 21%	53 6%	211 22%	1 -	951
Non attenders	15 9%	2 1%	3 2%	63 39%	36 22%	7 4%	37 23%	- -	163
The attenders (according to them)	135 14%	20 2%	18 2%	213 22%	199 21%	122 13%	207 22%	37 ⁵ 4%	951
Estimated number of patients born before Jan 1st 1952 whose records were kept at the centre	1,320 13%	278 3%	349 3%	3,325 32%	2,242 21%	609 6%	2,385 23%		10,508
Total list size	4,000	2,347	2,153	4,087	3,350	1,078	2,300		19,315

- ¹ With whom registered according to the records of the practices except in the case of the attenders (according to them) which is based on the doctors with whom the respondents reported themselves as being registered. (Doctor with whom registered unknown for four persons in main sample and one respondent (an attender).)
- ² The attenders were those who had visited a doctor at the health centre either to see him themselves or to take someone else on at least one occasion since the centre had opened.
- ³ Taking the sampling fraction to be 16.9 per cent for Doctors A to F and 20 per cent for Doctor G.
- ⁴ Some of whom would have their record cards kept at other surgeries.
- ⁵ Twenty six of these specified more than one doctor in the same partnership, 11 specified a doctor not participating in the survey.

TABLE 4

THE DISTRIBUTION BY AGE AND SEX OF THE POPULATION OF SHOREHAM-BY-SEA (AGED 20 YEARS OR MORE)

THE SAMPLE FOR THE MAIN SURVEY, THE RESPONDENTS,

RESPONDENTS WHO HAD VISITED THE HEALTH CENTRE , RESPONDENTS WHO HAD NOT VISITED THE HEALTH CENTRE

Sex	Age group	Population of Shoreham-by-Sea (Aged 20 years or more)	The sample for the main survey	The respondents	Respondents who had visited ¹ the health centre	Respondents who had not visited the health centre
		%	%	%	%	%
Males	20 - 24	9	10	8	8	8
	25 - 44	34	36	32	33	30
	45 - 59	29	25	29	29	30
	60 - 64	9	10	12	11	12
	65+	20	17	17	17	16
	Age group unknown		2	2	2	4
Total ²		6,240 (100%)	834 (100%)	477 (100%)	397 (100%)	80 (100%)
Females	20 - 24	7	6	6	7	2
	25 - 44	30	28	28	30	11
	45 - 59	27	29	33	33	35
	60 - 64	9	10	11	10	16
	65+	26	25	21	19	31
	Age group unknown		2	1	1	5
Total ²		7,420 (100%)	1,016 (100%)	637 (100%)	554 (100%)	83 (100%)
Males and females	20 - 24	8	8	7	7	5
	25 - 44	32	31	30	31	20
	45 - 59	28	27	31	31	33
	60 - 64	9	10	11	11	14
	65+	23	22	19	18	24
	Age group unknown		2	2	2	4
Total ²		13,660 (100%)	1,850 (100%)	1,114 (100%)	951 (100%)	163 (100%)

TABLE 4 (cont'd)

Sources : Shoreham-by-Sea; see Table 1
 others; the present survey

¹ That is to see their own doctor or take somebody else.

² Total on which percentages in corresponding column are
based.

TABLE 4A

RESPONSE TO THE PATIENT SURVEY

	Males		Females		Total	
Total questionnaires sent out	834	100%	1,016	100%	1,850	100%
Total completed questionnaires	477	57%	637	63%	1,114	60%
Post Office returns	94	11.2	93	9.1	187	10.1
Moved away	16	1.9	23	2.2	39	2.1
Patient of another general practitioner	2	0.2	4	0.3	6	0.3
Other returns	48	5.7	90	8.8	138	7.4
Substitute respondent	10	1.2	4	0.3	14	0.7
Patient died	10	1.2	10	0.9	20	1.0
Non respondents (from or about whom nothing was heard)	177	21%	155	15%	332	18%

Other persons
from or about
whom some
information was
received

TABLE 4B

THE TYPE OF RESPONSE MADE BY THE PATIENT
AND STAGE AT WHICH QUESTIONNAIRE SENT BACK

	Original questionnaire		1st reminder		2nd reminder		Total	
	No.	%	No.	%	No.	%	No.	%
Completed questionnaire	725	65	230	21	159	14	1,114	100
Post Office return	128	69	32	17	27	14	187	100
Moved away	22	57	6	15	11	28	39	100
Patient of another G.P.	3	50	2	33	1	17	6	100
Other return	67	49	38	27	33	24	138	100
Substitute respondent	7	50	5	36	2	14	14	100
Patient died	13	65	4	20	3	15	20	100
Non response							332	100
Total	965	52	317	17	236	31	1,850	100

TABLE 5

DISTANCES FROM RESPONDENTS' HOMES OF THE HEALTH CENTRE AND THEIR DOCTORS'
FORMER SURGERIES RESPECTIVELY FOR ATTENDERS AND NON ATTENDERS

Sex	Under $\frac{1}{2}$ mile	$\frac{1}{2}$ mile up to 1 mile	1 mile up to 2 miles	2 miles up to 3 miles	3 miles or more	No answer	All (100%)
Distance from the health centre - non attenders ¹							
Males	26	29	36	5	0	4	80
Females	22	31	29	8	3	6	83
Total	24	30	33	7	2	5	163
Distance from the health centre - attenders ¹							
Males	21	36	32	8	1	2	397
Females	22	34	31	8	2	3	554
Total	22	34	31	8	1	3	951
Distance from the previous surgery premises - non attenders ¹							
Males	26	24	33	4	0	14	80
Females	22	29	24	8	2	14	83
Total	24	26	28	6	1	14	163
Distance from the previous surgery premises - attenders ¹							
Males	22	29	26	7	1	15	397
Females	25	28	22	7	1	18	554
Total	24	28	24	7	1	17	951

¹ Attenders are those who had visited the health centre at least once since it had opened to see a doctor themselves or to take someone else.

TABLE 6

THE AVAILABILITY OF A CAR FOR TRAVEL TO THE HEALTH CENTRE
- DISTRIBUTION OF ATTENDERS¹ AND NON ATTENDERS¹ BY AGE AND SEX

Sex	Age group	Attenders					Non attenders				
		Availability of car					Availability of car				
		Always	Sometimes	Never	Not stated	All ² (100%)	Always	Sometimes	Never	Not stated	All ² (100%)
		%	%	%	%		%	%	%	%	
Male	20 - 24	47	28	22	3	32	57	17	27	0	30
	25 - 44	69	12	18	1	131					
	45 - 59	58	12	27	3	115	58	4	29	8	24
	60 - 64	62	16	18	4	45					
	65 and over	29	19	49	3	68	22	9	52	17	23
	All males	56	15	26	2	397	48	10	35	8	80
Female	20 - 24	24	30	38	8	37	64	9	27	0	11
	25 - 44	39	31	27	2	166					
	45 - 59	32	31	31	7	183	24	21	45	10	29
	60 - 64	21	32	43	4	56					
	65 and over	12	24	56	7	108	10	21	62	8	39
	All female	29	30	37	5	554	22	18	53	7	83

¹ See Table 5 Note 1

² Totals on which percentages in corresponding rows are based.

³ The age group was unknown for six men and four women among attenders and for three men and four women among non attenders.

TABLE 7

PERCENTAGES OF RESPONDENTS WITH FULL DRIVING LICENCE IN EACH AGE GROUP
- SEPARATELY FOR MEN AND WOMEN ACCORDING TO WHETHER
OR NOT THEY HAD VISITED THE HEALTH CENTRE

Age group	Percentage of age group possessing full driving licence			
	Attenders ¹		Non attenders	
	Men	Women	Men	Women
	%	%	%	%
20 - 24	75	43	77	55
25 - 44	85	49		
45 - 59	75	38	67	34
60 - 64	73	20	30	8
65 and over	44	9		
All ages ²	73	34	60	24

¹ See Table 5 Note 1

² See Table 6 Note 3

TABLE 8

PERCENTAGES OF RESPONDENTS WHO ARE ON THE TELEPHONE AT HOME -
BY AGE FOR MEN AND WOMEN ACCORDING TO WHETHER OR NOT THEY HAD
VISITED THE HEALTH CENTRE

Age group	Percentages of age group on telephone at home			
	Attenders ¹		Non attenders	
	Men	Women	Men	Women
	%	%	%	%
20 - 24	41	54	37	55
25 - 44	66	66		
45 - 59	70	63	67	62
60 - 64	64	71	43	38
65 and over	54	51		
All ages ²	63	62	49	49

¹ See Table 5 Note 1

² See Table 6 Note 3

TABLE 9

PERCENTAGE OF RESPONDENTS WHO LIVE ALONE -
BY AGE FOR MEN AND WOMEN ACCORDING TO WHETHER
OR NOT THEY HAD VISITED THE HEALTH CENTRE

Age group	Percentages of age groups living alone			
	Attenders ¹		Non attenders	
	Men	Women	Men	Women
	%	%	%	%
20 - 24	3] 4	0] 1	3	0
25 - 44	4]	2]	3	
45 - 59	3	7	4	3
60 - 64	4] 9	23] 33	4	33
65 and over	12]	38]	4	
All ages ²	5	13	4	19

¹ See Table 5 Note 1

² See Table 6 Note 3

TABLE 10

THE AGE AT WHICH RESPONDENTS LEFT SCHOOL -
BY AGE FOR MEN AND WOMEN ACCORDING TO WHETHER
OR NOT THEY HAD VISITED THE HEALTH CENTRE

Sex	Age group	Attenders ¹				Non attenders			
		Age left school				Age left school			
		15 years or less	16 years or more	Not stated	All ² (100%)	15 years or less	16 years or more	Not stated	All ² (100%)
		%	%	%		%	%	%	
Male	20 - 24	41	44	16	32	63	33	3	30
	25 - 44	57	43	1	131				
	45 - 59	68	27	5	115	58	38	4	24
	60 - 64	58	29	13	45	74	13	13	23
	65 and over	63	26	10	68				
	All males ³	60	34	6	397	65	29	6	80
Female	20 - 24	35	57	8	37	64	27	9	11
	25 - 44	54	45	1	166				
	45 - 59	67	30	3	183	72	24	3	29
	60 - 64	63	30	7	56	67	18	15	39
	65 and over	69	18	13	108				
	All females ³	61	34	5	554	67	23	10	83

¹ See table 5 Note 1

² See Table 6 Note 2

³ See Table 6 Note 3

TABLE 11

THE DISTRIBUTION BY AGE AND SEX OF ATTENDERS¹ BY PRACTICE²

Sex	Age group	Practice		
		1 (Drs A,B,C)	2 (Drs D,E,F)	3 (Dr G)
		%	%	%
Males	20 - 24	5	7	13
	25 - 44	37	31	35
	45 - 59	29	33	20
	60 - 64	11	12	11
	65 and over	18	16	20
	Age unknown	0	2	0
	All ages ³	73 (100%)	225 (100%)	98 (100%)
Females	20 - 24	11	6	5
	25 - 44	35	31	23
	45 - 59	29	33	38
	60 - 64	8	10	13
	65 and over	17	20	19
	Age unknown	1	1	1
	All ages ³	112 (100%)	329 (100%)	113 (100%)

¹ See Table 5 Note 1

² General practitioner unknown for one respondent

³ See Table 6 Note 3

TABLE 12

THE DISTANCE OF HOME FROM THE HEALTH CENTRE
- BY AGE FOR RESPONDENTS WHO HAD ATTENDED¹ THE HEALTH CENTRE

Age group	Distance of home from health centre - miles						
	Less than $\frac{1}{2}$	$\frac{1}{2}$ -1	1-2	2-3	3 or more	Not stated	All (100%)
	%	%	%	%	%		
20 - 24	29	29	33	3	4	1	69
25 - 44	21	39	28	9	0	2	297
45 - 59	19	34	34	8	1	3	298
60 - 64	17	32	36	12	0	4	101
65 and over	26	34	27	6	2	5	176
All ages ²	22	34	31	8	1	3	951

¹ See Table 5 Note 1

² Age group unknown for 10 persons

TABLE 13

THE DISTANCE OF HOME FROM A) HEALTH CENTRE B) FORMER SURGERY
- DISTRIBUTION FOR ATTENDERS¹ BY PRACTICE
(EXCLUDING THOSE WHO DID NOT ANSWER)

Practice	Health centre/ Former surgery	Distance of home from a) Health centre b) Former surgery - miles					
		Less than $\frac{1}{2}$	$\frac{1}{2}$ -1	1-2	2-3	3 or more	All (100%)
1 (Drs A,B,C)	Health centre	20	46	30	4	0	181
	Former surgery	44	33	16	6	1	157
2 (Drs D,E,F)	Health centre	24	33	31	10	1	538
	Former surgery	24	33	32	10	1	466
3 (Dr G)	Health centre	20	34	36	8	2	202
	Former surgery	25	36	32	6	1	170

¹ See Table 5 Note 1

² Note a greater number of respondents did not answer the question on the distance to their doctor's former surgery than the corresponding number in relation to the health centre. This was probably because the health centre had been open for about two years at the time of the survey during which period a number of new patients would have joined the practices.

TABLE 14

THE NUMBER OF VISITS MADE TO THE HEALTH CENTRE SINCE
IT OPENED TO SEE A DOCTOR OR TO TAKE SOMEONE ELSE -
DISTRIBUTION FOR ATTENDERS¹ BY AGE AND SEX

Sex	Age group	Number of attenders					All ² (100%)
		1-4	5-9	10-19	20 or more	Not stated ⁴	
		%	%	%	%	%	
Male	20 - 24	78	16	3	0	3	32
	25 - 44	60	21	13	3	3	131
	45 - 59	57	26	10	7	1	115
	60 - 64	58	20	11	9	2	45
	65 and over	46	25	15	12	3	68
	All males ³	57	23	11	6	2	397
Female	20 - 24	43	41	8	8	0	37
	25 - 44	34	37	19	10	1	166
	45 - 59	51	29	11	9	0	183
	60 - 64	48	23	16	13	0	56
	65 and over	51	26	6	13	4	108
	All females ³	45	31	13	10	1	554

¹ See Table 5 Note 1

² See Table 6 Note 2

³ The age group was unknown for six men and four women among attenders.

⁴ This is the group of attenders who did not state how many times they had attended the centre.

TABLE 15

PERCENTAGE OF ATTENDERS¹ WHO HAD ATTENDED A SURGERY
NURSE SINCE THE CENTRE HAD OPENED BY AGE GROUP AND SEX

Age group	Percentage who had attended a nurse	
	Men	Women
	%	%
20 - 24	31	24
25 - 44	27	39
45 - 59	21	29
60 - 64	22	23
65 and over	22	22
All ages ²	24	27

¹ See Table 5 Note 1

² Age unknown for 10 respondents

TABLE 16

DISTRIBUTION OF ATTENDERS¹ BY NUMBER OF VISITS TO SEE
THE DOCTOR AT THE HEALTH CENTRE SINCE IT HAD OPENED
BY WHETHER OR NOT ON TELEPHONE AND BY AGE

Respondents on telephone

Age group	Number of attenders					
	1-4	5-9	10-19	20+	Not known	All (100%)
	%	%	%	%	%	
20 - 24	64	24	6	6	0	33
25 - 44	42	32	16	8	2	195
45 - 59	54	29	10	6	1	196
60 - 64	49	26	14	10	0	69
65 and over	43	33	10	11	2	92
All ages ²	49	30	13	8	1	590

Respondents not on telephone

Age group	Number of attenders					
	1-4	5-9	10-19	20+	Not known	All (100%)
	%	%	%	%	%	
20 - 24	53	35	6	3	3	34
25 - 44	51	26	16	4	3	100
45 - 59	51	26	11	13	0	95
60 - 64	60	13	13	10	3	30
65 and over	55	14	10	15	5	78
All ages ³	53	23	12	10	3	342

¹ See Table 5 Note 1

² Includes five whose age was not known

³ Includes five whose age was not known

There were also 19 persons for whom it was not known whether or not they were on the telephone, 11 had visited 1-4 times, four 5-9 times, two 10-19 times and two 20+ times.

TABLE 17

DISTRIBUTION OF ATTENDERS¹ ACCORDING TO NUMBER OF TIMES THEY HAD VISITED
THE CENTRE TO SEE A DOCTOR (OR TAKEN SOMEONE ELSE) ACCORDING TO WHETHER
OR NOT THEY HAD ATTENDED AN OUTPATIENT DEPARTMENT (OR TAKEN SOMEONE
ELSE) AND WHETHER OR NOT THEY HAD VISITED SOMEONE IN HOSPITAL SINCE
THE CENTRE HAD OPENED

Number of visits to health centre	Not visited anyone in hospital and		Visited someone in hospital and		Other	All
	not attended outpatients	attended outpatients	not attended outpatients	attended outpatients		
1 - 4	178	66	103	98	32	477
5 - 9	56	49	48	94	13	260
10 - 19	21	16	22	53	5	117
20 and over	10	18	8	41	5	82
Not known	6	4	3	1	1	15
All	271	153	184	287	56	951

¹ See Table 5 Note 1

Entries in table are numbers of respondents

TABLE 18

DISTRIBUTION OF ATTENDERS¹ ACCORDING TO WHETHER THEY WOULD SEE ANOTHER DOCTOR (FOR A NON URGENT PROBLEM) OR WAIT TO SEE THEIR OWN DOCTOR (IF HE WAS NOT AVAILABLE AT ALL ON THE DAY THEY WANTED THEIR APPOINTMENT FOR ATTENTION) BY AGE AND SEX

Sex	Age group	Decision of respondent		No answer	All (100%)
		See another doctor	Wait to see own doctor		
		%	%	%	
Male	20 - 24	47	50	3	32
	25 - 44	53	44	3	131
	45 - 59	47	50	3	115
	60 - 64	29	62	9	45
	65 and over	41	54	4	68
	All ages ²	47	50	4	397
Female	20 - 24	43	54	3	37
	25 - 44	42	57	1	166
	45 - 59	33	65	2	183
	60 - 64	32	63	5	56
	65 and over	25	69	6	108
	All ages ²	34	63	3	554

¹ See Table 5 Note 1

² The age was not known for six men and four women

TABLE 19

ATTENDERS' VIEWS ON WHETHER THE MEDICAL CARE THEY RECEIVE FROM THEIR DOCTOR HAD CHANGED SINCE THE HEALTH CENTRE HAD OPENED BY AGE AND SEX

Sex	Age group	Has medical care changed?			No answer	All (100%)
		Yes for better	Yes for worse	No stayed same		
		%	%	%	%	
Male	20 - 24	6	16	72	6	32
	25 - 44	12	5	74	9	131
	45 - 59	11	6	82	1	115
	50 - 64	9	4	76	11	45
	65 and over	10	1	85	3	68
	All ages ²	11	5	79	5	397
Female	20 - 24	8	11	68	14	37
	25 - 44	10	4	81	5	166
	45 - 59	7	6	77	10	183
	60 - 64	14	4	71	11	56
	65 and over	10	2	84	4	108
	All ages ²	9	5	78	8	554

¹ See Table 5 Note 1

² Age was not known for six men and four women

TABLE 20

WHERE WOULD ATTENDERS¹ PREFER TO BE SEEN BY THEIR DOCTOR (THE HEALTH CENTRE VERSUS THEIR DOCTOR'S PREVIOUS SURGERY) BY AGE AND SEX

Sex	Age group	Health centre	Former surgery	No preference either way	No answer	All (100%)
		%	%	%	%	
Male	20 - 24	69	13	13	6	32
	25 - 44	63	9	22	6	131
	45 - 59	61	11	24	3	115
	60 - 64	62	9	24	4	45
	65 and over	65	9	22	4	68
	All ages ²	63	10	22	5	397
Female	20 - 24	41	24	22	14	37
	25 - 44	53	13	25	9	166
	45 - 59	48	12	31	9	183
	60 - 64	50	16	29	5	56
	65 and over	53	19	23	5	108
	All ages ²	50	15	27	8	554

¹ See Table 5 Note 1

² Age was not known for six men and four women

TABLE 21

WHERE WOULD ATTENDERS¹ PREFER TO BE SEEN BY THEIR DOCTOR (THE HEALTH CENTRE VERSUS THEIR DOCTOR'S PREVIOUS SURGERY) BY PRACTICE

Practice	Health centre	Former surgery	No preference either way	No answer	All (100%)
	%	%	%	%	
1 (Drs A,B,C)	62	14	16	9	185
2 (Drs D,E,F)	47	15	31	6	554
3 (Dr G)	73	6	16	6	211
All ages ²	56	13	25	7	951

¹ See Table 5 Note 1

² General practitioner unknown for one respondent

TABLE 22

HOW DID ATTENDERS¹ RANK² VARIOUS ALTERNATIVE SITES
AS PLACES AT WHICH TO BE SEEN BY THEIR DOCTOR

Site	Rank assigned to site						Tick but no rank	Site not ticked or ranked at all	All (100%)
	1	2	3	4	5	6			
	%	%	%	%	%	%	%	%	
Health centre	50	10	4	0	0	0	19	16	951
Former surgery	8	20	8	2	1	0	3	59	951
Own home	8	22	18	2	0	0	5	45	951
Outpatient dept	1	3	9	3	5	0	1	79	951
Doctor's home	1	6	12	3	4	0	1	73	951
Other	0	0	0	0	0	1	2	96	951

¹ See Table 5 Note 1

² A rank of 1 means site was assigned highest preference

TABLE 23

METHOD OF TRAVEL USED BY ATTENDERS¹ TO THE
HEALTH CENTRE FOR LAST VISIT BY AGE AND SEX

Sex	Age group	Walk	Bus	Car	Cycle/ motor cycle	Other	Not stated	All (100%)
		%	%	%	%	%	%	
Male	20 - 24	25	13	56	3	3	0	32
	25 - 44	21	8	69	1	2	0	131
	45 - 59	26	10	55	5	3	1	115
	60 - 64	29	4	62	2	2	0	45
	65 and over	38	19	31	6	6	0	68
	All ages ²	27	10	56	4	3	0	397
Female	20 - 24	46	19	32	0	3	0	37
	25 - 44	32	15	45	4	2	2	166
	45 - 59	30	22	36	8	3	2	183
	60 - 64	43	20	29	4	4	2	56
	65 and over	50	30	16	1	4	0	108
	All ages ²	37	21	34	4	3	1	554

¹ See Table 5 Note 1

² Age was not known for six men and four women

TABLE 24

WAS TRAVEL TO THE CENTRE MORE DIFFICULT OR EASIER THAN TO THE
 DOCTOR'S FORMER SURGERY - RESULTS FOR ATTENDERS¹ (a) BY SEX
 (b) BY PRACTICE (c) BY AVAILABILITY OF CAR

	Travel to centre compared with doctor's former surgery				
	More difficult to centre	About same	Easier to centre	Not stated	All (100%)
	%	%	%	%	
(a) <u>Sex</u>					
Males	2	78	17	3	397
Females	8	76	11	5	554
(b) <u>Practice</u> ²					
Drs A,B and C	16	60	18	5	185
Drs D,E and F	2	82	13	3	554
Dr G	4	79	11	6	211
(c) <u>Availability of car</u> ³					
Always	4	71	20	5	382
Sometimes	8	60	9	4	224
Never	5	81	10	3	307
All	5	77	14	4	951

¹ See Table 5 Note 1

² General practitioner not known for one person

³ Availability of car not known for 38 persons

TABLE 25

FEATURES OF THE HEALTH CENTRE THAT
ATTENDERS¹ LIKED AND DISLIKED

Feature	Sex	Liked	Disliked	No views	All (100%)
		%	%	%	
Layout	Males	57	5	37	397
	Females	49	7	44	554
	Total	52	6	41	951
Car parking	Males	53	11	36	397
	Females	45	7	48	554
	Total	48	9	43	951
Lifts	Males	26	2	72	397
	Females	27	3	70	554
	Total	27	2	71	951
Carpet	Males	52	1	48	397
	Females	53	0	46	554
	Total	53	0	47	951
Seating	Males	52	17	30	397
	Females	48	17	35	554
	Total	50	17	33	951
Patient call system	Males	62	14	24	397
	Females	55	15	31	554
	Total	58	14	28	951
Nearness to other health centre services	Males	34	1	65	397
	Females	38	1	61	554
	Total	36	1	63	951

¹ See Table 5 Note 1

WORDS CHOSEN BY THE ATTENDERS¹ TO DESCRIBE THE HEALTH CENTRE

Word ticked by respondent	Males	Females	Both
	%	%	%
Comfortable	73	68	70
Uncomfortable	2	2	2
Neither	25	30	28
Total ²	397 (100%)	554 (100%)	951 (100%)
Warm	67	67	67
Cold	1	0	0
Neither	32	33	33
Total ²	397 (100%)	554 (100%)	951 (100%)
Well lit	54	52	53
Dark	1	1	1
Neither	45	47	46
Total ²	397 (100%)	554 (100%)	951 (100%)
Friendly	37	42	40
Unfriendly	5	5	5
Neither	58	53	55
Total ²	397 (100%)	554 (100%)	951 (100%)
Informal	13	12	12
Formal	19	20	19
Neither	68	68	68
Total ²	397 (100%)	554 (100%)	951 (100%)
Clear directions	48	46	47
Confusing	7	10	9
Neither	45	44	44
Total ²	397 (100%)	554 (100%)	951 (100%)
Uncrowded	11	10	11
Overcrowded	8	8	8
Neither	81	82	81
Total ²	397 (100%)	554 (100%)	951 (100%)
Quiet	19	16	17
Noisy	5	6	5
Neither	76	78	78
Total ²	397 (100%)	554 (100%)	951 (100%)
Cheerful	25	28	27
Grim	1	1	1
Neither	75	71	72
Total ²	397 (100%)	554 (100%)	951 (100%)

¹ See Table 5 Note 1² Total on which percentages in corresponding column above are based.

TABLE 27

ATTENDERS¹ VIEWS ON THE LAYOUT OF THE RECEPTION COUNTER

Type of comment	Number of times comment made ²
Unqualified approval	268
Qualified approval	67
Just 'too open' generally	19
Lack of privacy - just left at that	60
- partition needed	43
- telephone	14
Open plan creates confusion and noise	43
Receptionists getting in one anothers way	15
Reception area too large (should have been given to waiting area)	13
Other	38
No views ³	13
Don't know ³	2
Unqualified disapproval	7

¹ See Table 5 Note 1

² Some respondents made more than one comment

³ About a third of the respondents did not comment. Thirteen people did actually write in 'No views' and two 'Don't know'.

TABLE 28

ATTENDERS'¹ VIEWS ON WHETHER THERE WAS MORE PRIVACY
(WHEN TALKING TO THE RECEPTIONIST) AT HEALTH CENTRE
OR DOCTOR'S FORMER SURGERY BY PRACTICE

Practice	More at health centre	More at former surgery	About the same both places	No answer	All (100%)
	%	%	%	%	
1 (Drs A,B,C)	29	23	41	8	185
2 (Drs D,E,F)	12	31	53	4	554
3 (Dr G)	18	37	40	5	211
All ²	17	31	48	4	951

¹ See Table 5 Note 1

² General practitioner unknown for one respondent

TABLE 29

ATTENDERS'¹ PREFERENCES ON ARRANGEMENT
OF VISITING AREA BY AGE AND SEX

Sex	Age group	Separate waiting room for each practice	One waiting room for all doctors	One waiting room for all doctors and clinics	Other ³	Not stated	All (100%)
		%	%	%	%	%	
Male	20 - 24	34	34	3	16	13	32
	25 - 44	51	30	11	5	2	131
	45 - 59	52	31	5	5	7	115
	60 - 64	69	22	4	2	4	45
	65 and over	44	41	3	5	9	68
	All ages ²	51	32	7	5	6	397
Female	20 - 24	46	43	11	0	0	37
	25 - 44	55	31	3	8	4	166
	45 - 59	57	29	3	5	7	183
	60 - 64	66	25	0	2	7	56
	65 and over	42	37	2	11	8	108
	All ages ²	53	32	3	6	6	554

¹ See Table 5 Note 1

² Age not known for six men and four women

³ Mostly made up of those who wrote in 'as at present' (i.e. one waiting room for all doctors).

TABLE 30

DID ATTENDERS¹ THINK THAT THE METHOD USED IN THE HEALTH CENTRE TO CALL FOR THE NEXT PATIENT TO SEE THE DOCTOR WAS (COMPARED WITH THE DOCTOR'S FORMER SURGERY) EASIER OR MORE DIFFICULT TO UNDERSTAND
(A) BY PRACTICE, (B) FOR PATIENTS OVER 65 YEARS OF AGE

	Method of call at health centre (compared with former surgery)				
	Easier to understand	More difficult to understand	About same	No answer	All (100%)
	%	%	%	%	
(a) Practice					
1 (Drs A,B,C)	30	23	39	8	185
2 (Drs D,E,F)	31	12	51	6	554
3 (Dr G)	32	14	47	7	211
(b) Patients over 65 years of age	22	11	61	7	176
All patients ²	31	15	48	7	951

¹ See Table 5 Note 1

² General practitioner unknown for one respondent

TABLE 31

DID THE ATTENDERS¹ PREFER BEING EXAMINED IN DOCTOR'S SURGERY²
OR IN A SEPARATE ROOM BY AGE AND SEX

Sex	Age group	Prefer surgery	Prefer separate room	Don't mind	Not stated	All (100%)
		%	%	%	%	
Male	20 - 24	38	6	53	3	22
	25 - 44	14	15	69	2	131
	45 - 59	16	15	66	3	115
	60 - 64	16	9	73	2	45
	65 and over	22	15	60	3	68
	All ages ³	18	14	66	3	397
Female	20 - 24	16	14	68	3	37
	25 - 44	17	19	61	2	166
	45 - 59	17	22	56	5	183
	60 - 64	13	34	54	0	56
	65 and over	18	22	54	6	108
	All ages ³	17	22	58	4	554

¹ See Table 5 Note 1

² Doctor's surgery was intended to mean doctor's consulting room (see text page 33)

³ Age was unknown for six men and four women

TABLE 32

ANSWERS OF ATTENDERS¹ TO THE FOLLOWING QUESTION
"COULD YOU SAY IN A FEW WORDS WHAT KIND OF HEALTH CENTRE
 BUILDING YOU WOULD LIKE TO HAVE? CAN YOU SUGGEST ANY
 IMPROVEMENTS THAT MIGHT BE MADE?"

Type of answer	Number ² of times comment made
Unqualified approval	168
Qualified approval	12
<u>Criticisms and suggestions for improvements</u>	
Reception - privacy/cubicles/partition	22
- other	18
Waiting area - size (too small)	20
- windows (lighting)	13
- heat (excessive)	11
- seating	10
- separate waiting area for each doctor/ practice	18
Call system for patients	12
Car parking	12
Sign-posting and directions	8
Centre ought to be on ground floor	39
Centre generally too small	8
Separate waiting room for mothers with children (and/or separate surgery times - quiet room for elderly)	13
Appointment system - runs late	6
- long delay before getting appointment	9
- other	9
Doctor that counts not health centre - Doctor O.K.	4
- Doctor not O.K. (non interest in patients)	8
Opening hours - 24 hours emergency service doctor on premises	9
- longer hours in day	3
- other	1
Chemist in health centre	13
Return to individual surgeries	12

cont'd...

TABLE 32 cont'd

Type of answer	Number of times ² comment made
Attendants in waiting room to assist elderly	2
Child health clinic on lower floor	3
Other sessions needed at health centre	10
Other	32
Unqualified disapproval	3

¹ See Table 5 Note 1

² Some respondents made more than one comment

TABLE 33

HAD ATTENDERS¹ HAD TO CONTACT THEIR DOCTOR OUTSIDE THE OPENING HOURS OF THE HEALTH CENTRE (SINCE IT HAD OPENED) AND IF SO WAS IT EASY OR DIFFICULT TO CONTACT DOCTOR BY AGE AT WHICH RESPONDENTS LEFT SCHOOL

Age at which left school	Yes, easy	Yes, difficult	Yes, no comment	No	Not stated	All (100%)
	%	%	%	%	%	
15 years or more	9	11	1	77	2	580
16 years or more	16	13	2	68	2	318
Not stated	9	15	0	70	6	53
All	12	12	1	74	2	951

¹ See Table 5 Note 1

TABLE 34

COMPARED WITH THE OLD SURGERY DID ATTENDERS¹ FIND IT EASIER OR MORE
DIFFICULT IN THE HEALTH CENTRE TO GET AN APPOINTMENT TO SEE THE
DOCTOR, BY PRACTICE

Practice	Health centre easier	Health centre more difficult	Same	No appointment system at old surgery	No answer	All (100%)
	%	%	%	%	%	
1 (Drs A,B,C)	23	16	31	22	8	185
2 (Drs D,E,F)	13	20	57	2	8	554
3 (Dr G)	16	4	17	57	6	211
All ²	16	15	43	18	8	951

¹ See Table 5 Note 1

² Practice unknown for one respondent

TABLE 35

COMPARED WITH THE OLD SURGERY DID ATTENDERS¹ FIND IT EASIER
OR MORE DIFFICULT IN THE HEALTH CENTRE TO SEE THEIR DOCTOR
WITHOUT AN APPOINTMENT, BY PRACTICE

Practice	Easier at health centre	More difficult at health centre	Same	No answer	All (100%)
	%	%	%	%	
1 (Drs A,B,C)	18	37	30	14	185
2 (Drs D,E,F)	14	22	54	10	554
3 (Dr G)	17	28	42	13	211
All ²	15	26	48	11	951

¹ See Table 5 Note 1

² General practitioner unknown for one respondent

TABLE 36

WERE THE HOURS THE HEALTH CENTRE WAS OPEN MORE OR LESS
CONVENIENT THAN THOSE OF DOCTOR'S FORMER SURGERY :
ANSWERS OF ATTENDERS¹ BY PRACTICE

Practice	Opening hours		Same	Not stated	All ² (100%)
	More convenient at health centre	Less convenient at health centre			
	%	%	%	%	
1 (Drs A,B,C)	32	6	52	10	185
2 (Drs D,E,F)	16	2	76	6	554
3 (Dr G)	25	5	64	5	211

¹ See Table 5 Note 1

² General practitioner unknown for one respondent

TABLE 37

DISTRIBUTION OF ATTENDERS¹(a) BY FIRST PREFERENCE² OF TIME FOR ATTENDING HEALTH CENTRE(b) BY TIME OF LAST ATTENDANCE AT HEALTH CENTRERESULTS BY SEX FOR ALL ATTENDERS AND FOR THOSE OVER 65 YEARS

Sex	Age group	(a) first preference (b) time last att	Hours of attendance								Not stated	All (100%)
			8-10	10-12	12-2	2-4	4-6	6-7.30	7.30-9	%		
Male	All	a	31	16	2	2	11	30	8	-	415 ³	
		b	40	16	1	1	22	19	0	1	397 ⁴	
	Over 65	a	34	37	4	3	15	7	0	-	73 ³	
		b	41	28	0	2	19	7	0	3	68 ⁴	
Female	All	a	25	33	2	7	12	16	4	-	601 ³	
		b	40	21	0	2	25	10	0	2	554 ⁴	
	Over 65	a	25	46	2	10	11	6	0	-	112 ³	
		b	43	29	0	3	19	4	0	4	108 ⁴	

¹ See Table 5 Note 1² i.e. Those who either ranked time interval first or ticked the time interval (more common among elderly).³ The total is of those who ranked a time interval first plus all ticks (some people ticked more than one interval).⁴ Total number of respondents in relevant age/sex category.

TABLE 38

COMPARING CHARACTERISTICS OF RECEPTIONISTS AT HEALTH CENTRE WITH THOSE
 AT DOCTOR'S FORMER SURGERY - RESULTS BY AGE FOR ATTENDERS¹

Characteristic	Age group	Characteristic present in			No answer	All (100%)
		Centre only	Former surgery only	Both		
		%	%	%	%	
Friendly	Under 65	17	16	48	20	765
	65 and over	29	9	53	9	176
	All ages	19	14	49	18	951 ²
Unfriendly	Under 65	4	2	1	93	765
	65 and over	2	1	0	97	176
	All ages	4	2	1	94	951 ²
Homely	Under 65	4	13	7	75	765
	65 and over	9	9	9	73	176
	All ages	5	13	7	75	951 ²
Brisk	Under 65	16	4	9	70	765
	65 and over	11	3	7	78	176
	All ages	16	4	9	72	951 ²
Polite	Under 65	18	6	41	35	765
	65 and over	22	4	39	35	176
	All ages	19	5	41	35	951 ²
Rude	Under 65	2	1	1	96	765
	65 and over	2	0	0	98	176
	All ages	2	1	1	97	951 ²
Reassuring	Under 65	9	10	18	63	765
	65 and over	12	6	22	60	176
	All ages	10	9	19	63	951 ²
Offputting	Under 65	8	3	1	88	765
	65 and over	1	1	0	98	176
	All ages	7	2	1	90	951 ²

¹ See Table 5 Note 1

² Age unknown for 10 respondents

TABLE 39

DISTRIBUTION OF ATTENDERS BY NUMBER OF TIMES
THAT THEY HAD VISITED A DOCTOR OTHER THAN THEIR OWN
SINCE THE CENTRE HAD OPENED - BY PRACTICE

Practice	Number of visits to doctor other than own ³					
	None	1-4	5-9	10 or more	Not stated	All (100%)
1 (Drs A,B,C)	32	55	9	3	2	185
2 (Drs D,E,F)	46	48	4	1	2	554
3 (Dr G)	69	27	1	0	2	211
All ²	48	45	4	1	2	951

¹ See Table 5 Note 1

² General practitioner unknown for one respondent

³ That is since the centre had opened

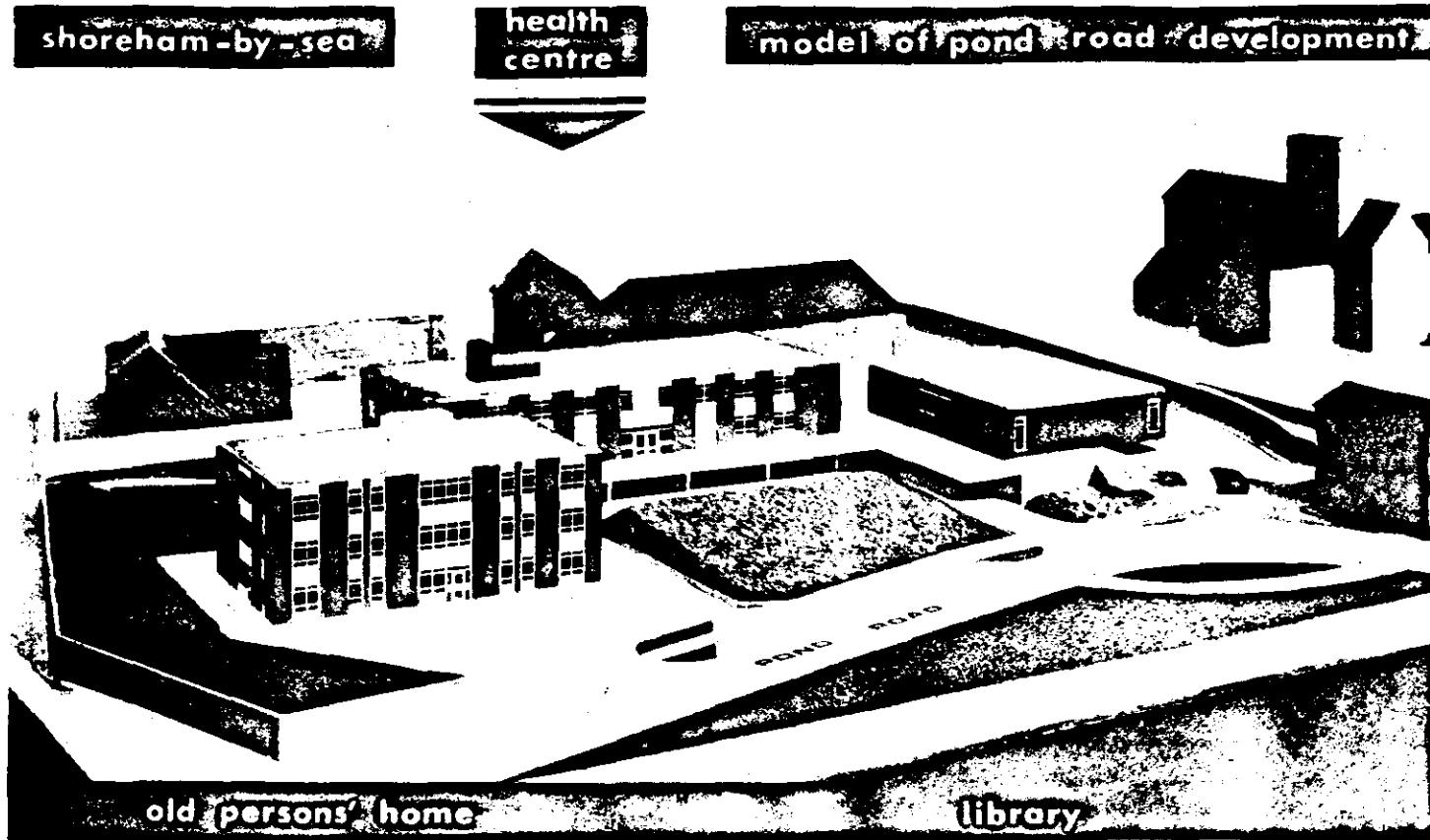
TABLE 40

ATTENDERS,¹ SUGGESTIONS FOR IMPROVING
CHEMISTS SERVICE

Type of comment	Number of times comment made
no/none/very good	136
Chemist in health centre - general	31
- for elderly	4
Opening hours	53
Information about hours - at health centre	6
- general	5
Length of wait at chemists	24
Waiting room/chair/space chemists	15
Other	21

¹ See Table 5 Note 1

PLAN 1



Source : The Health of West Sussex 1968, The Annual Reports of the County Medical Officer of Health and Principal School Medical Officer

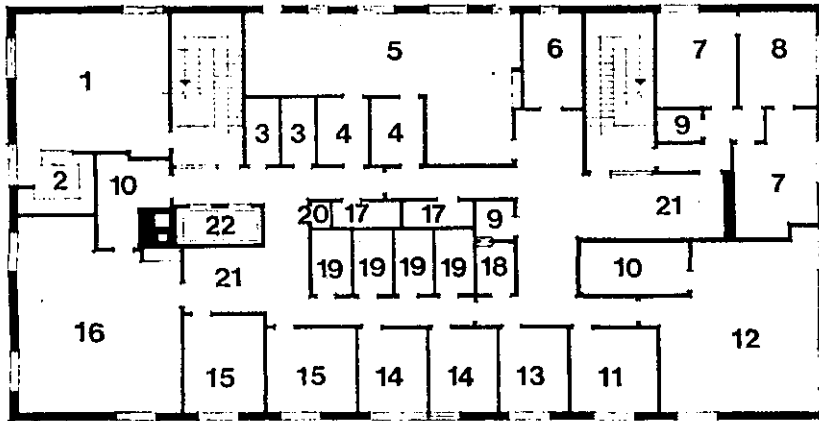
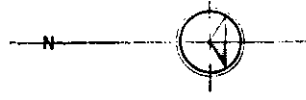
SHOREHAM-BY-SEA

HEALTH CENTRE

FIRST FLOOR PLAN

- 1. staff room
- 2. kitchen
- 3. staff lavatory
- 4. interview
- 5. social workers
- 6. speech
- 7. dental surgery
- 8. recovery room
- 9. laboratory

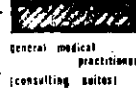
- 10. store
- 11. educational psychology
- 12. health education
- 13. general purpose
- 14. consult
- 15. clinic
- 16. nurses
- 17. public lavatory
- 18. lavatory
- 19. examination
- 20. cleaner
- 21. waiting
- 22. lifts



GROUND FLOOR PLAN

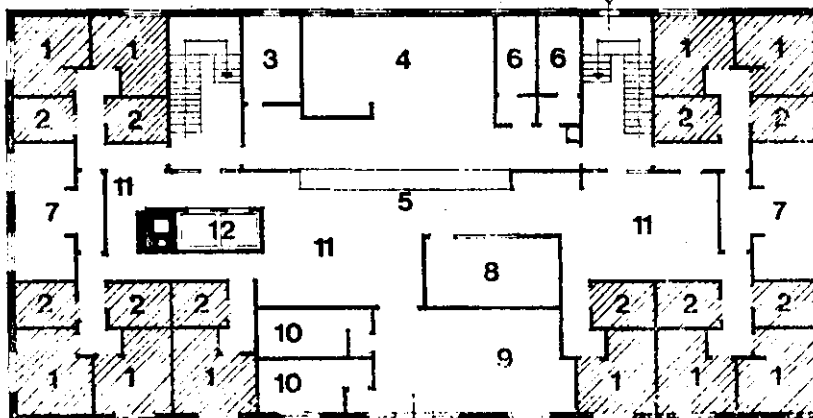
- 1. consult
- 2. examination
- 3. store
- 4. office records
- 5. reception
- 6. staff lavatory

- 7. treatment
- 8. playroom
- 9. pram store
- 10. public lavatory
- 11. waiting
- 12. lifts



LOWER GROUND FLOOR (not illustrated)

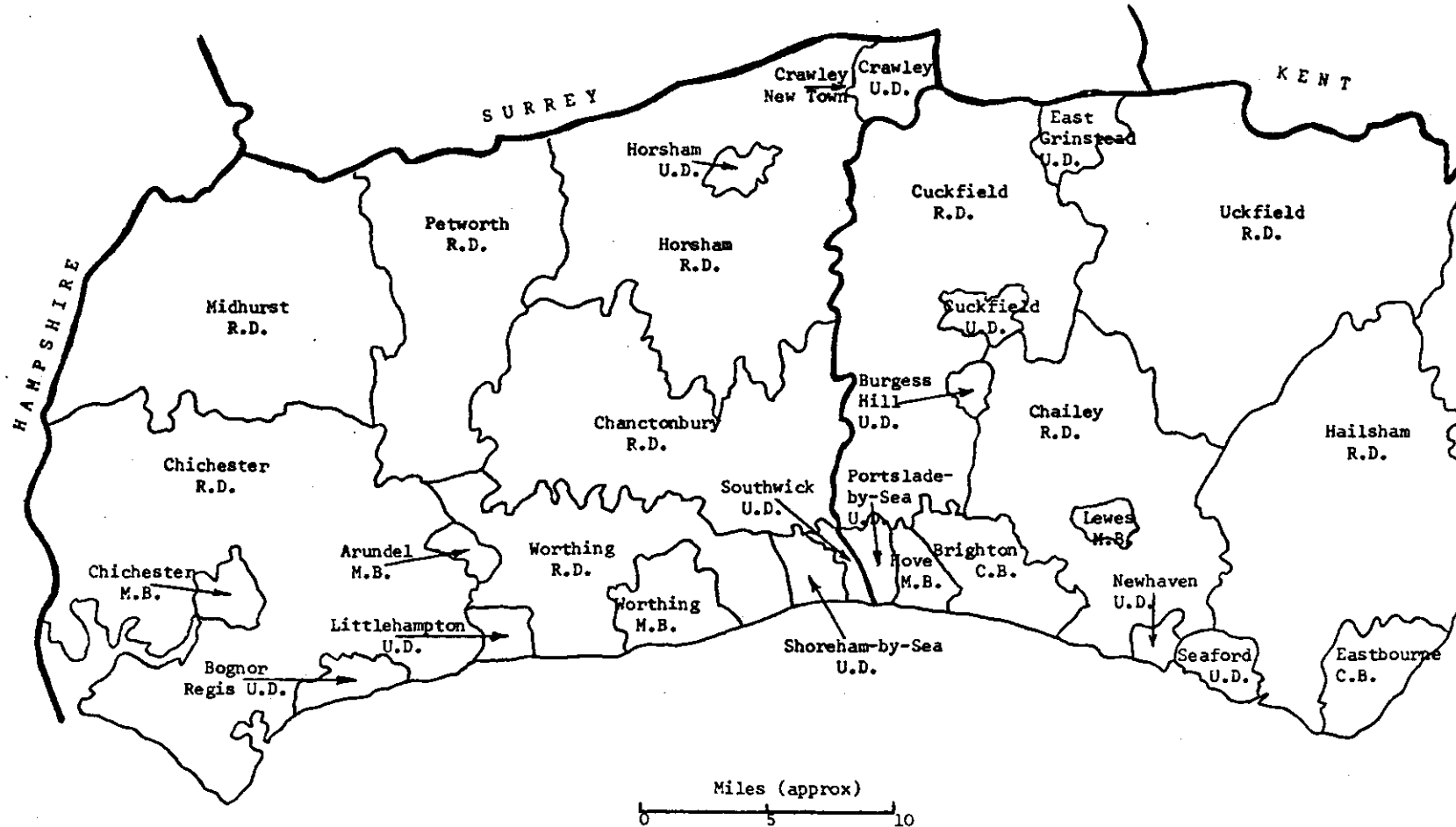
- 1. car park
- 2. lifts
- 3. lift motor room
- 4. domestic service
- 5. boiler house
- 6. incinerator
- 7. electricity plant
- 8. telephone plant



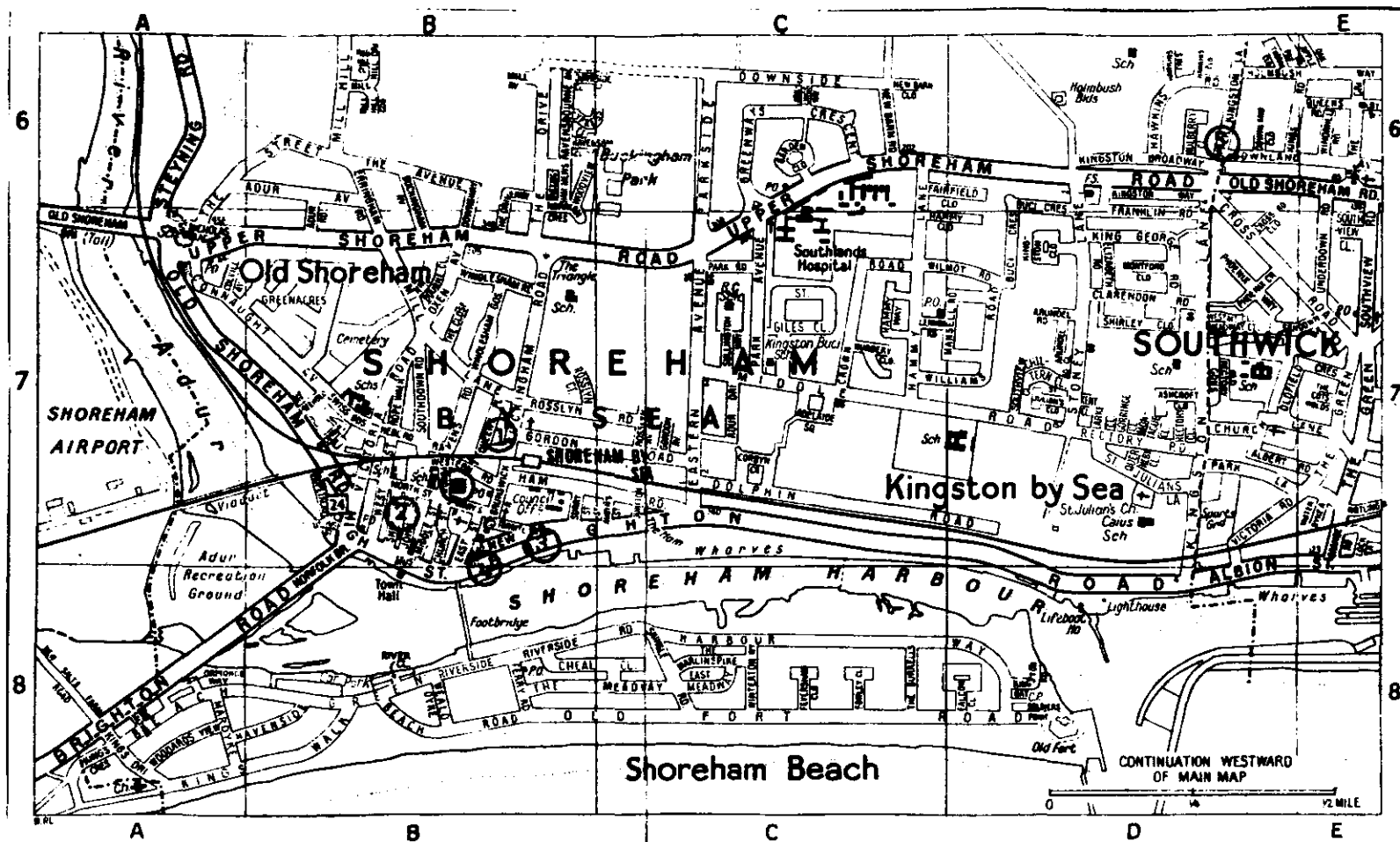
Source : The Health of West Sussex 1968, The Annual Reports of the County Medical Officer of Health and Principal School Medical Officer

MAP 1

THE COUNTIES OF WEST AND EAST SUSSEX SHOWING THE POSITION OF SHOREHAM-BY-SEA



THE LOCATION OF THE HEALTH CENTRE AND THE OLD SURGERY PREMISES



- ① Practice 1 (Branch)
- ② Practice 2
- ③ Practice 3
- ④ Practice 4
- ⑤ Practice 5 (continued as main surgery)
- Health Centre

APPENDIX 1

General medical services

Local health services

GENERAL MEDICAL SERVICES

	PRACTICE 1 Doctor A Doctor B Doctor C	PRACTICE 2 Doctor D Doctor E Doctor F	PRACTICE 3 Doctor G	PRACTICE 4 Doctor H Doctor I Doctor J	PRACTICE 5 Doctor K Doctor L
MONDAY	B 10 - 11 a.m. A 5 - 6 p.m.	D - E - F 9 - 10 a.m. D F 5 - 6.30 p.m.	9 - 10 a.m. 5 - 6 p.m.	9 - 10 a.m. 5.30 - 6.30 p.m.	K 5.30 - 6.45 p.m.
TUESDAY	A 10 - 11 a.m. B 5 - 6 p.m.	D - E - F 9 - 10 a.m. D - E - F 5 - 6.30 p.m.	9 - 10 a.m. 5 - 6 p.m.	9 - 10 a.m. 5.30 - 6.30 p.m.	K 9.30 - 10.45 a.m.
WEDNESDAY	C 10 - 11 a.m.	D - E - F 9 - 10 a.m.	9 - 10 a.m.	9 - 10 a.m.	L 9.30 - 10.45 a.m. K 10.45 - 12.00 noon L 3.00 - 4.15 p.m. K 4.15 - 5.30 p.m.
THURSDAY	A 10 - 11 a.m.	D - E - F 9 - 10 a.m. D - E 5 - 6.30 p.m.	9 - 10 a.m. 5 - 6 p.m.	9 - 10 a.m. 5.30 - 6.30 p.m.	L 3.00 - 4.15 p.m.
FRIDAY	B 10 - 11 a.m. A 5 - 6 p.m.	D - E - F 9 - 10 a.m. E - F 5 - 6.30 p.m.	9 - 10 a.m. 5 - 6 p.m.	9 - 10 a.m. 5.30 - 6.30 p.m.	L 5.30 - 6.45 p.m.
SATURDAY	10 - 10.30 a.m. (Rota)	9 - 10 a.m. (Rota)	9 - 10 a.m.	9 - 10 a.m.	-

LOCAL HEALTH SERVICES

Cervical Cytology	By appointment	
Child Health	Tuesday	2.30 - 4 p.m.
	Thursday	2.30 - 4 p.m.
Chiropody	By appointment	
Dental	By appointment	
Educational Psychologist	By appointment	
Family Planning	Friday - by appointment	
Health Visitors	Monday to Friday	9 - 10 a.m.
Mothercraft	Wednesday	2.30 - 4.30 p.m.
Rehabilitation	Monday	2.30 - 4.30 p.m.
	Friday	2.30 - 4.30 p.m.
Speech Therapy	Monday	9 a.m. - 5 p.m.
	By appointment	
School Eye Clinic	Tuesday	9.15 - 11.30 a.m. (fortnightly)
	Friday	9.15 - 11.30 a.m. (monthly)
Vaccination and Immunisation	Thursday	9.30 - 11.30 a.m. (monthly)
Welfare Foods	Monday to Friday	2.30 - 4.30 p.m.

APPENDIX 2

Letter and final postal questionnaire

UNIVERSITY OF KENT AT CANTERBURY
HEALTH SERVICES RESEARCH UNIT

CORNWALLIS BUILDING
THE UNIVERSITY
CANTERBURY
KENT
CT2 7NF

DIRECTOR

PROFESSOR MICHAEL D. WARREN

TELEPHONE (0227) 66822

Date as Postmark

Dear

As you probably know, your doctor, together with several other doctors, moved in March 1970 from his old surgery into the Health Centre at Shoreham.

Both the doctors and the Department of Health and Social Security are anxious to find out the views of patients on some matters which might be affected by this change. Your views will help us to find out about the needs of patients and so help in the planning of medical services in health centres.

We should be most grateful if you would complete the enclosed questionnaire and return it, as soon as possible, in the stamped addressed envelope provided. Your answers will be treated in strictest confidence, and neither the Department of Health and Social Security nor your doctor will be able to learn the identity of those people answering the questionnaire.

Yours sincerely

Gill Dyche
Research Associate

Enc

--	--	--	--	--	--

SHOREHAM-BY-SEA HEALTH CENTRE STUDY

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

SECTION I

1. How many times have you visited a doctor at the Shoreham Health Centre since it opened in March 1970, either to see him yourself or to take someone else.

Please tick one If 'None', please complete Section II only, starting at Page 14, Question 50.

- None
- 1 - 4 times
- 5 - 9 times
- 10 - 19 times
- 20 or more times

2. If you could choose the times of surgery hours, which of the following would be the most convenient for you?

Please put a '1' in the box beside the most convenient time, a '2' beside the next most convenient time, and a '3' beside the third most convenient time, etc.

- | | | | |
|-------------------|--------------------------|--------------------|--------------------------|
| 8 a.m. - 10 a.m. | <input type="checkbox"/> | 4 p.m. - 6 p.m. | <input type="checkbox"/> |
| 10 a.m. - 12 p.m. | <input type="checkbox"/> | 6 p.m. - 7.30 p.m. | <input type="checkbox"/> |
| 12 p.m. - 2 p.m. | <input type="checkbox"/> | 7.30 p.m. - 9 p.m. | <input type="checkbox"/> |
| 2 p.m. - 4 p.m. | <input type="checkbox"/> | | |

3. Thinking back to the last time you visited a doctor at the Health Centre,

- (a) At what time did you come

Please tick one

between

- | | | | |
|-------------------|--------------------------|--------------------|--------------------------|
| 8 a.m. - 10 a.m. | <input type="checkbox"/> | 2 p.m. - 4 p.m. | <input type="checkbox"/> |
| 10 a.m. - 12 p.m. | <input type="checkbox"/> | 4 p.m. - 6 p.m. | <input type="checkbox"/> |
| 12 p.m. - 2 p.m. | <input type="checkbox"/> | 6 p.m. - 7.30 p.m. | <input type="checkbox"/> |

- (b) On that occasion did you:

Please tick those which apply

- | | Yes | No |
|------------------------------|--------------------------|--------------------------|
| Come alone | <input type="checkbox"/> | <input type="checkbox"/> |
| With children | <input type="checkbox"/> | <input type="checkbox"/> |
| With another adult person(s) | <input type="checkbox"/> | <input type="checkbox"/> |

4. The last time you visited the Doctor at the Health Centre did you combine your visit with any of the following activities?

Please tick as many as apply

Seeing other medical or welfare staff at the Health Centre (e.g. health visitor, dentist, social workers, etc.)

No, none of these

Shopping

Visit to friends or relations

Other activities, please describe:

5. Are the hours during which the Health Centre is open more convenient or less convenient than the doctor's old surgery hours?

Please tick one

(a) more convenient

(b) Less convenient

(c) About the same

If 'More convenient' or 'Less convenient' please say why:

.....
.....

6. Compared with the old surgery do you find that in the Health Centre it is more difficult or easier to see the doctor without an appointment?

Please tick one

Easier in the Health Centre

Easier in the old surgery

About the same

- 6b. Compared with the old surgery do you find that in the Health Centre it is more difficult or easier to get an appointment to see the doctor?

Please tick one

My doctor did not have an appointment system in the old surgery

Easier in the Health Centre

Easier in the old surgery

About the same

7. Have you been to see any of the following staff at the Health Centre either to visit them yourself or to take someone else?

Please tick those which apply

- | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| Mental Welfare Officer | <input type="checkbox"/> | Home Help | <input type="checkbox"/> |
| Dentist | <input type="checkbox"/> | Educational Psychologist | <input type="checkbox"/> |
| Chiropodist | <input type="checkbox"/> | Surgery Nurse | <input type="checkbox"/> |
| Speech Therapist | <input type="checkbox"/> | Health Visitor | <input type="checkbox"/> |
| Eye Specialist | <input type="checkbox"/> | None of these | <input type="checkbox"/> |
| District Nurse | <input type="checkbox"/> | | |

Other, please specify:

8. Have you been to any of the following clinics or sessions at the Health Centre either to go to them yourself, or to take someone else?

Please tick those which apply

- | | | | |
|---|--------------------------|-------------------|--------------------------|
| Rehabilitation Clinic (for strokes, etc.) | <input type="checkbox"/> | School Eye Clinic | <input type="checkbox"/> |
| Cervical Smear Clinic | <input type="checkbox"/> | Chiropody Clinic | <input type="checkbox"/> |
| Family Planning Clinic | <input type="checkbox"/> | Mothercraft | <input type="checkbox"/> |
| Ante-natal clinic | <input type="checkbox"/> | Speech Therapy | <input type="checkbox"/> |
| Child Health Clinic | <input type="checkbox"/> | Physiotherapy | <input type="checkbox"/> |
| Hearing Clinic | <input type="checkbox"/> | Welfare Foods | <input type="checkbox"/> |
| | | None of these | <input type="checkbox"/> |

Other, please specify:

9. Have you been attended at home, either you yourself, or someone else in your household, by any of the following people since the Health Centre opened in March, 1970?

Please tick those which apply

- | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| Mental Welfare Officer | <input type="checkbox"/> | Home Help | <input type="checkbox"/> |
| Chiropodist | <input type="checkbox"/> | Educational Psychologist | <input type="checkbox"/> |
| Speech Therapist | <input type="checkbox"/> | Home Nurse | <input type="checkbox"/> |
| Eye Specialist | <input type="checkbox"/> | Health Visitor | <input type="checkbox"/> |
| District Nurse | <input type="checkbox"/> | None of these | <input type="checkbox"/> |

Others, please specify :

.....

10. Have you been to hospital as an outpatient (including to casualty) since 31 March 1970, either to be seen yourself or to take someone else?

Please tick one Yes

No

If 'Yes', at which hospital or hospitals?

Please tick Southlands

Other hospitals

If 'Other' please give name of hospital(s):.....
.....

11. Have you visited anyone in hospital since 31 March 1970?

Please tick one Yes

No

If 'Yes', at which hospital or hospitals?

Please tick Southlands

Other hospitals

If 'Other' please give name of hospital(s):
.....

12. Have you been in hospital as an inpatient on or at any time after 31 March 1970?

Please tick one Yes

No

If 'Yes', in which hospital or hospitals?

Please tick Southlands

Other hospitals

If 'Other' please give name of hospital(s):
.....

13. At which of the following places would you prefer to be seen by your doctor, about a non-urgent matter?

Please put a '1' in the box beside your first choice, a '2' beside your second choice, a '3' beside your third choice, etc.

At his old surgery premises At your home

At the Health Centre At the doctor's home

At the hospital out-patient department None of these

13b. Can you explain why you prefer the place you mentioned as your first choice in a few words?

.....
.....

14. How did you travel to the Health Centre at Shoreham on your last visit?

Please tick those which apply

- | | | | |
|------|--------------------------|-------------|--------------------------|
| Walk | <input type="checkbox"/> | Rail | <input type="checkbox"/> |
| Bus | <input type="checkbox"/> | Motor-cycle | <input type="checkbox"/> |
| Car | <input type="checkbox"/> | Bicycle | <input type="checkbox"/> |
| Taxi | <input type="checkbox"/> | | |

Other, please describe :

15. Compared with the old surgery do you find that you are able to travel to the Health Centre more easily or not?

- (a) More difficult to travel to the health centre
- (b) About the same
- (c) Easier to travel to the health centre

16. Do you have any special difficulties in travelling to the Health Centre?

Please tick

- Yes
- No

If 'Yes', could you please say what the difficulties in travelling to the Health Centre are?

.....

17. Which of the following statements apply to you when you go to the Shoreham Health Centre?

Please tick one

- I usually go to the surgery from home
- I usually go to the surgery from work
- I usually go to the surgery from other places

If 'from other places' please give details :

.....

18. When you visit or take someone else to visit the doctor or other medical staff at the Health Centre, do you:

Please tick one

- Usually use the stairs
- Usually use the lifts
- Usually walk up the ramp

Any comments:

.....

19. Generally speaking do you like the Health Centre more or less than the doctor's old surgery?

Please tick one

- I like the Health Centre more than the doctor's old surgery
- I like the doctor's old surgery more than the Health Centre
- I like the two places about the same
- I don't like either place

19b. Please could you give your reasons for this choice?

.....

.....

20. Please tick any of the words below which you think best describe the Health Centre at Shoreham-by-Sea.

- | | | | | | |
|-------------|--------------------------|-------------|--------------------------|------------------|--------------------------|
| Comfortable | <input type="checkbox"/> | Overcrowded | <input type="checkbox"/> | Informal | <input type="checkbox"/> |
| Grim | <input type="checkbox"/> | Quiet | <input type="checkbox"/> | Unfriendly | <input type="checkbox"/> |
| Warm | <input type="checkbox"/> | Confusing | <input type="checkbox"/> | Well lit | <input type="checkbox"/> |
| Dark | <input type="checkbox"/> | Cold | <input type="checkbox"/> | Clear directions | <input type="checkbox"/> |
| Friendly | <input type="checkbox"/> | Noisy | <input type="checkbox"/> | Cheerful | <input type="checkbox"/> |
| Formal | <input type="checkbox"/> | Uncrowded | <input type="checkbox"/> | Uncomfortable | <input type="checkbox"/> |

21. What features about the Health Centre building do you like or dislike?

Please tick as many as apply

	<u>Like</u>	<u>Dislike</u>	<u>No Views Either Way</u>
Layout of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car parking arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitted carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient call system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nearness of other services e.g. chiropody, mothercare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other features, please state:

.....

.....

.....

22. What do you think about the size of the Health Centre?

Please tick one

- Too small
- About the right size
- Too big

23. Do you think your doctor's waiting area in the Health Centre is:

Please tick one

- Too large
- About the right size
- Too small

24. How would you like the waiting room to be arranged?

Please tick one

- Separate waiting rooms for each practice
- One waiting room for all patients going to see the doctor
- One waiting room for clinics and doctors

Other, please state:

25. Do you think it is important or not important that the following be provided in or near the waiting area?

	<u>Important to have</u>	<u>Not important to have</u>
(a) Magazines and books	<input type="checkbox"/>	<input type="checkbox"/>
(b) Medical information, e.g. on family planning, addresses of dentists, mass X-ray, sickness benefits	<input type="checkbox"/>	<input type="checkbox"/>
(c) Flowers/plants	<input type="checkbox"/>	<input type="checkbox"/>
(d) Easy chairs	<input type="checkbox"/>	<input type="checkbox"/>
(e) Pictures	<input type="checkbox"/>	<input type="checkbox"/>
(f) A clock	<input type="checkbox"/>	<input type="checkbox"/>
(g) Children's playroom	<input type="checkbox"/>	<input type="checkbox"/>
(h) Toys	<input type="checkbox"/>	<input type="checkbox"/>
(i) Tea and coffee vending machine	<input type="checkbox"/>	<input type="checkbox"/>
(j) Toilet facilities nearby	<input type="checkbox"/>	<input type="checkbox"/>
(k) Background music	<input type="checkbox"/>	<input type="checkbox"/>
(l) Other, please state:		

26. Did you have any difficulty finding your way from the waiting area into the doctor's surgery?

Please tick one

Yes

No

If 'Yes', was this just on your first visit?

Please tick one

First visit

Other visits

Can you say what made it difficult?
.....
.....

27. Do you think it is important for the receptionist to recognise you and know you by name?

Please tick one

Important

don't mind either way

Unimportant

28. What is your opinion about having a room, separate from the doctor's surgery in which he can examine you?

Prefer being examined in the surgery

Prefer being examined in a separate room

Don't mind either way

29. Comparing the Health Centre with the old surgery, could you say what the receptionists seem like in both places?

Please tick as many as you think apply

	<u>New Centre</u>	<u>Old Surgery</u>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>
Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>
Homely	<input type="checkbox"/>	<input type="checkbox"/>
Brisk	<input type="checkbox"/>	<input type="checkbox"/>
Rude	<input type="checkbox"/>	<input type="checkbox"/>
Polite	<input type="checkbox"/>	<input type="checkbox"/>
Reassuring	<input type="checkbox"/>	<input type="checkbox"/>
Off-putting	<input type="checkbox"/>	<input type="checkbox"/>

30. Which qualities do you think a receptionist in a doctor's surgery should have? Could you say how important these are by putting a '1' in the box beside the thing you think most important, a '2' beside the next important thing and a '3' beside the third important thing, and so on.

Please tick as many as you think apply

- Well educated
- Well spoken
- Efficient
- Well groomed

Other, please write in

.....

31. What age do you think is ideal for a doctor's receptionist?

Please tick one

- 19 and under
- 20 - 29 years
- 30 - 39 years
- 40 - 49 years
- 50 - 59 years
- 60 years or more

32. Is the receptionist's age important?

Please tick one

- Yes
- No

If 'Yes', in what way?

33. Compared with the old surgery, what do you think of the method used in the Health Centre to call for the next patient to see the doctor?

Do you think it is

- (a) Easier to understand at Health Centre than at old surgery
- (b) More difficult to understand at the Health Centre than at old surgery
- (c) About the same

34. Which of the following methods would you prefer to be used to call you from the waiting area to your doctor's surgery?

Please put a '1' by your first choice, a '2' by your second choice and a '3' by your third choice and so on.

- (a) The doctor to call your name over a loud speaker
- (b) The receptionist to call out your name
- (c) The doctor to enter the waiting room and call you personally
- (d) A flashing light and buzzer by the doctor's name
- (e) The doctor to appear on closed circuit T.V. and call you personally
- (f) Other, please describe:

35. How do you feel about the matter of privacy when talking to the receptionist?

Please tick one

- I think privacy is unimportant
- I think privacy is important

Comments:

36. Do you feel you have more or less privacy in the Health Centre compared with the old surgery when talking to the receptionist?

Please tick one

- (a) More privacy at the Health Centre
- (b) More privacy at the old surgery
- (c) About the same

37. What do you think about the layout of the reception counter at the Health Centre?

.....

.....

.....

.....

38. Who is your own doctor?

Please tick one

- | | | | |
|--------------------|--------------------------|--|--------------------------|
| Dr. Forrester Wood | <input type="checkbox"/> | Dr. Stafford | <input type="checkbox"/> |
| Dr. Gordon | <input type="checkbox"/> | Dr. Stanwell | <input type="checkbox"/> |
| Dr. Harrison | <input type="checkbox"/> | Dr. Titley | <input type="checkbox"/> |
| Dr. James | <input type="checkbox"/> | Dr. Watson | <input type="checkbox"/> |
| Dr. Jones | <input type="checkbox"/> | Dr. Westmorland-White | <input type="checkbox"/> |
| Dr. Lott | <input type="checkbox"/> | Dr. | <input type="checkbox"/> |
| Dr. Riddle | <input type="checkbox"/> | (a doctor not on the list,
please write in) | |

39. Thinking back to the last time you visited a doctor at the Health Centre to see him yourself, did you see your own doctor?

Please tick one

- Yes
- No

40. How many times have you seen a doctor at the Health Centre who is not your own doctor, that is since it opened in March 1970?

Please tick one

- None
- 1 - 4 times
- 5 - 9 times
- 10 or more times

41. 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 Centre
- See your own doctor later on the same day

If neither of these, please say what you would do:

.....

.....

42. If your own doctor is not available at all at the Health Centre 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

If neither of these, please say what you would do:

.....
.....

43. Have you had to contact your doctor outside the opening hours of the Health Centre, that is since March 1970?

Please tick one

Yes

No

If 'Yes' would you say it was difficult or easy to contact your doctor when the Health Centre is closed?

Easy

Difficult

Comments:
.....
.....

44. How would you contact your doctor in an emergency at night?

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

45. Where do you usually get your prescriptions made up at the moment? Please give the name of the chemist, or chemists if more than one.

1st Chemist mentioned:

2nd Chemist mentioned:

46. Why do you normally go to this chemist?

	<u>First Chemist</u> <u>Mentioned</u>	<u>2nd Chemist</u> <u>Mentioned</u>
Nearby	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>
Open at convenient times	<input type="checkbox"/>	<input type="checkbox"/>

Other, please state:

47. Have you any suggestions for improving the chemist service for patients?

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

48. Generally speaking has the medical care you get from the doctor changed now the Health Centre is open?

- (a) Medical care has changed for the better since the Health Centre opened
- (b) Medical care has changed for the worse since the Health Centre opened
- (c) Medical care has stayed the same

If medical care has changed, for the better or for the worse, in what way?

.....
.....

49. Could you say in a few words what kind of Health Centre building you would like to have? Can you suggest any improvements that might be made?

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

SECTION II see next page

SECTION II

50. Do you live alone or with your family?

Please tick all the appropriate boxes

Alone	<input type="checkbox"/>	Brother/Sister	<input type="checkbox"/>
Wife/Husband	<input type="checkbox"/>	Grandparents	<input type="checkbox"/>
Children	<input type="checkbox"/>	Other, please specify:	
Parents	<input type="checkbox"/>	

51. How long have you been registered with your present doctor?

years

52. How far from each of the following places do you live?

Please tick

	<u>Shoreham</u> <u>Health Centre</u>	<u>Doctor's</u> <u>Old Surgery</u>
Under 1/2 mile	<input type="checkbox"/>	<input type="checkbox"/>
1/2 mile up to 1 mile	<input type="checkbox"/>	<input type="checkbox"/>
1 mile up to 2 miles	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 miles up to 3 miles	<input type="checkbox"/>	<input type="checkbox"/>
3 miles or more	<input type="checkbox"/>	<input type="checkbox"/>

53. Do you hold a full current driving licence?

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

54. Do you have the use of a car to get to the Health Centre?

Always, or nearly always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Never	<input type="checkbox"/>

What do you think of (a) the parking arrangements at the Health Centre

.....

(b) the bus services to and from the Health Centre

.....

55. Are you on the telephone at home?

Please tick one

Yes

No

56. What is your job? (If housewife, give husband's occupation, e.g. skilled mechanic, shopkeeper.)

.....

Please describe what your job actually involves.

.....

What type of firm do you work for (e.g. large factory, small factory, garage, etc.)?

.....

57. How old were you when you left school?

years

58. Did you get any recognised certificates, qualifications or articles?

Please tick any that apply

- | | | | |
|--|--------------------------|--|--------------------------|
| Skilled trade | <input type="checkbox"/> | University entrance | <input type="checkbox"/> |
| Semi-skilled trade | <input type="checkbox"/> | Higher National Diploma | <input type="checkbox"/> |
| Training Centre | <input type="checkbox"/> | S.R.N. | <input type="checkbox"/> |
| On the job training at least three months | <input type="checkbox"/> | S.C.M. | <input type="checkbox"/> |
| Formal apprenticeship lasting at least three years | <input type="checkbox"/> | Social Worker Diploma | <input type="checkbox"/> |
| R.S.A. | <input type="checkbox"/> | Teacher Training | <input type="checkbox"/> |
| Commercial Arts | <input type="checkbox"/> | Certificate of Education | <input type="checkbox"/> |
| City and Guilds | <input type="checkbox"/> | Diploma Technology/
Humanities | <input type="checkbox"/> |
| C.S.E. | <input type="checkbox"/> | Full membership of a professional institute (including law, architecture, engineering) | <input type="checkbox"/> |
| 'O' levels | <input type="checkbox"/> | University Degree | <input type="checkbox"/> |
| General School Certificate | <input type="checkbox"/> | Veterinary qualifications | <input type="checkbox"/> |
| Matriculation | <input type="checkbox"/> | Medical qualifications | <input type="checkbox"/> |
| Ordinary National Diploma or Certificate | <input type="checkbox"/> | Dental qualifications | <input type="checkbox"/> |
| 'A' level | <input type="checkbox"/> | | |

Thank you for your cooperation

APPENDIX 3

Doctors questionnaire

SHOREHAM BY SEA HEALTH CENTRE STUDY

DOCTORS INTERVIEW

1. Name of the health centre

2. Date of opening

3. Name of general practitioner

4. Name of senior partner

5. Names of other partners

.....

6. Any assistants

(a) At the health centre

(b) At your branch surgery/s

7. Date of joining present partnership/practice

8. Date of starting practice from the health centre

9. What type of practice did you have before you moved to the health centre?

(a) Practice run from own home

(b) Practice run from a separate lock up surgery

(c) Other, please state

.....

Was this

(a) A group practice (practice in receipt of the Group Practice Allowance). Please give the number in the group practice.

(b) A partnership

(c) A single handed practice

(d) Other

10. Is all your practice run from the health centre?

.....

.....

11. How many patients on your list actually use the health centre?

.....

12. Do you have a branch surgery?

13. How many patients on your list actually use the branch surgery?
.....

14. What is your total list size?

15. And the number over 65 years?

16. Roughly what percentage of private patients do you have?

17. Is there any problem about using the centre for these patients?
.....
.....

If 'yes', could you say more about this?

18. Could you tell me how your reception system works? Probe

What are the arrangements for hours, etc? Probe

Do you divide receptionists between practices?

Do the practices share any reception staff?

Are you satisfied with these arrangements? Probe

How adequate are the arrangements?

19. What secretarial help do you actually have, apart from your receptionists?

(a) In the practice :

(b) Outside the practice :

How adequate are these arrangements? Probe

What about secretarial equipment, what do you have?

20. What other medical and para medical staff are attached to your practice, and what are their names?

21. Do you have any trainee doctors or traineeships in your practice?
Who are these doctors?

Could you say what they actually do and the date they joined the practice?

22. What about any non medical staff (e.g. caretakers, etc)? Probe, names.

What do they do?

23. Do you have any attached staff? (not Local Authority attached staff)

What are their names?

What do they do?

When did they become attached to the practice?

24. What is the local authority attachment policy in this health centre?

25. What percentage of the Local Authority staff are attached? How are they attached?

26. Do you go and sit in the common room in the health centre?

If 'yes', approximately how many times during the week?

27. What are your reasons for using the common room/not using the common room?
(Cross out appropriate)

(a) Relax

(b) Tea, coffee, etc

(c) To confer with doctors and staff

(d) Medical education

(e) Other

28. Do you feel that doctors in a health centre should have a separate common room?

Yes/No

Could you say more about that?

29. Who else uses the common room?

How do you feel about sharing a common room with other members of the staff in the centre who are not doctors?

Comments/probe

Have you any criticisms or comments to make about the common room?

30. Do you share any other accommodation in the health centre

(a) with other doctors.

(b) with other people who are not doctors

If 'yes', how do you feel about this?

31. Comparing the situation in the health centre with your old surgery premises, do you find you confer about patients and discuss problems with other doctors and para medical personnel, more or less? Probe

Thinking of other doctors in your practice do you confer more or less since working in the health centre?

Confer less since working in the health centre

Confer more since working in the health centre

About the same in both places

Single handed - doesn't apply

32. What about other doctors in the health centre? Do you confer with them more or less since working in the health centre?

Confer less since working in the health centre

Confer more since working in the health centre

About the same in both places

Do not confer with other centre doctors. Probe

Comments

33. Other para medical personnel - do you confer more or less since working in the health centre?

Confer less since working in the health centre

Confer more since working in the health centre

About the same in both places

Do not confer with para medical staff. Probe

Comments

34. How many times in the last two weeks have you spoken to any of these people about patients or any general medical problems? Probe

Spoken to other doctors in practice

Spoken to other health centre doctors

Spoken to para medical staff. Give name and position

Comment

35. What about contacts with outside agencies i.e. probation, do you ever talk to or see anyone like this? Probe comments

About how often do you talk to or see such people?

36. Comparing your old surgery with the health centre, do you feel that the amount of non medical work e.g. administration, you do in the course of your surgeries has changed, or not? Probe

37. Comparing your old surgery with the health centre, do you feel the amount of work of a para medical character that you do has changed (e.g. dressings, immunisations). Probe

38. What clinics and special sessions do you have

- a. in the health centre
- b. outside the health centre

39. At what times are these held, is there an appointment system, are those in the practice, or for the local authority?

How many of these were held before at the old surgery?

How many are held at the branch surgery?

40. Do you run a rota system for e.g. maternity cases, casualty?

What are your arrangements for night calls, and calls out of hours? Did you make any changes in these when you moved to the health centre?

Are there any problems involved concerning nightcalls?

41. Do you undertake any other work?

Yes/No

- Hospital appointments
- Sessions at homes/institutions
- Police surgeon
- Industrial medicine
- Dental anaesthetics
- Insurance medicals (private or Ministry)
- School medicals
- Office work
- Education (lectures)

42. Comparing the situation in your old surgery with the health centre, would you say there is any difference in your pattern of home visiting? Probe/ what changes

43. Is there any tendency to specialisation amongst doctors in the health centre, e.g. someone may be better known for paediatrics?

Yes/No .

- a. another doctor in your group
- b. another doctor working in the centre
- c. other para medical personnel, probe

Comments

44. What are your surgery times?

Do you run an appointments system?

Yes/No

Is this full appointment system/part appointments system?

at the health centre :

at the branch surgery :

45. Are you satisfied with your consulting room at the health centre? Probe

Are you satisfied with your examination room at the health centre?

46. Do you have all the equipment you need? Probe

Any comments about this

47. What would you say the ideal number of doctors in a health centre should be?

What would you think a realistic number would be??

How many practices should a health centre have?

How many doctors in each practice?

48. What do you think about the size of the health centre?

Please tick one

Too small	<input type="checkbox"/>
About the right size	<input type="checkbox"/>
Too big	<input type="checkbox"/>

49. Do you think the waiting area in the health centre is -

Please tick one

Too large	<input type="checkbox"/>
About the right size	<input type="checkbox"/>
Too small	<input type="checkbox"/>

50. Do you think it would be a good or a bad idea to have a duty chemist operating from the health centre premises? Probe. Could you say more about that.

51. How do you feel about seeing patients who are not registered with you or your partners if their own doctor is not available in an emergency?

52. Why did you decide to go into the health centre?

53. What is the point of working in a health centre? Probe. Are there any particular advantages?

Disadvantages?

Probe, anything else you particularly like, or dislike?

54. Are there any changes you feel should be made to the buildings, organisation, staff at the health centre? Could you say what these are? Probe

55. How satisfied do you feel working here in the health centre? Could you say what aspects of the work are important to you, as a doctor?

56. Do you feel the medical care you can give your patients has changed since you moved to the health centre? Probe in what way has it changed?

57. How do you feel about

(a) the local authority ownership of the health centre?

(b) it is sometimes said larger health centres have a feeling of anonymity about them, what do you feel about this in relation to Shoreham?
Probe

(c) and that doctors may possibly lose practice identification in a health centre. How do you feel about this?

57A. Could you comment about the doctor/patient relationship in the health centre?

58. When you come to the health centre do you

- usually use the stairs
- usually use the lifts
- usually walk up the ramp

Have you any comments about these methods of getting to the health centre?

59. If you could choose the times of surgery hours, which of the following would be the most convenient for you from the doctor's point of view?

Please put a '1' in the box beside the most convenient time, a '2' beside the next most convenient time, and a '3' beside the third most convenient time.

- 1. 8 a.m. - 10 a.m.
- 2. 10 a.m. - 12 p.m.
- 3. 12 p.m. - 2 p.m.
- 4. 2 p.m. - 4 p.m.
- 5. 4 p.m. - 6 p.m.
- 6. 6 p.m. - 7.30 p.m.
- 7. 7.30 p.m. - 9 p.m.

60. Are the hours during which the health centre is open more or less convenient for you than your old surgery hours?

- (a) more convenient
- (b) less convenient
- (c) about the same

If 'more' or 'less convenient', please say why :

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

61. At which of the following places would you prefer to see your patients?

Please put a '1' in the box beside your first choice a '2' beside your second choice, a '3' beside your third choice and so on.

- 1. At your old surgery premises
- 2. In the health centre
- 3. At a hospital outpatient department
- 4. At the patient's home
- 5. At the doctor's home

Can you explain why you prefer the place you mentioned as your first choice in a few words?

62. Generally speaking do you like the health centre more or less than your old surgery?

- Please tick one
- 1. I like the health centre more than my old surgery
 - 2. I like the old surgery more than the health centre
 - 3. I like the two places about the same
 - 4. I don't like either place

Please could you tell me why you like
(fill in with choice)

63. Please tick any of the words below which you think best describe the health centre at Shoreham-by-Sea.

Comfortable	<input type="checkbox"/>	Overcrowded	<input type="checkbox"/>	Informal	<input type="checkbox"/>
Grim	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Unfriendly	<input type="checkbox"/>
Warm	<input type="checkbox"/>	Confusing	<input type="checkbox"/>	Well lit	<input type="checkbox"/>
Dark	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Clear directions	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	Noisy	<input type="checkbox"/>	Cheerful	<input type="checkbox"/>
Formal	<input type="checkbox"/>	Uncrowded	<input type="checkbox"/>	Uncomfortable	<input type="checkbox"/>

What are the main features about the health centre building you like or dislike?

Tick as many as you like

	<u>Particularly like</u>	<u>Particularly dislike</u>	<u>No views either way</u>
Layout of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car parking arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour of the decorations (blue and white)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitted carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient call system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nearness of other services e.g. chiropody, mother care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other features please state :

64. Do you think the following should be provided in or near the waiting area?

Please tick the things in the column of your choice

	<u>Important to have</u>	<u>Not important to have</u>
(a) Magazines and books	<input type="checkbox"/>	<input type="checkbox"/>
(b) Medical information, e.g. family planning, addresses of dentists, mass x-ray, sickness benefits	<input type="checkbox"/>	<input type="checkbox"/>
(c) Flowers/plants	<input type="checkbox"/>	<input type="checkbox"/>
(d) Tables	<input type="checkbox"/>	<input type="checkbox"/>
(e) Comfortable chairs	<input type="checkbox"/>	<input type="checkbox"/>
(f) Pictures	<input type="checkbox"/>	<input type="checkbox"/>
(g) A clock	<input type="checkbox"/>	<input type="checkbox"/>
(h) Children's playroom	<input type="checkbox"/>	<input type="checkbox"/>
(i) Toys	<input type="checkbox"/>	<input type="checkbox"/>
(j) Tea and coffee vending machines	<input type="checkbox"/>	<input type="checkbox"/>
(k) Toilet facilities nearby	<input type="checkbox"/>	<input type="checkbox"/>
(l) Background music	<input type="checkbox"/>	<input type="checkbox"/>
(m) Clear directions to the surgery	<input type="checkbox"/>	<input type="checkbox"/>
(n) Other, please state	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other things which you as a doctor feel the waiting area should or should not have?

65. Which of the following methods would you prefer to be used to call the patient from the waiting area to your surgery?

Please put a '1' by your first choice, a '2' by your second choice and a '3' by your third choice and so on.

- (a) The doctor to call the patients name over a loudspeaker
- (b) The receptionist to call out the patient's name
- (c) The doctor to enter the waiting room and call the patient personally
- (d) A flashing light and buzzer by the doctor's name
- (e) The doctor to appear on close circuit T.V. and call the patient personally

Please state any other methods you may think a good idea:

Have you any comments on the patient call system?

66. Which qualities do you think a receptionist in a doctor's surgery should have? Could you say how important these are by putting a '1' in the box beside the thing you think most important, a '2' beside the next important thing and a '3' beside the third important thing, and so on.

- Well educated
 - Well spoken
 - Efficient
 - Homely
 - Well groomed
 - Polite
 - Other:
-

67. What age do you think is ideal for a doctor's receptionist?

Please tick one

19 and under

20 - 29 years

30 - 39 years

40 - 49 years

50 - 59 years

60 years or more

Is the receptionist's age important?

Please tick one

Yes

No

Could you say why you think this?
