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THE HEALTH CENTRE AT CARTERTON

A "Before and After" Study of the Workload of some General Practitioners and of the Views and Experiences of Patients

MAIN REPORT

By
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1978
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SUMMARY

This is the report of a study[1] of the work of three general practitioners and of the views and experiences of some of the patients before and after the opening of a health centre in Carterton, Oxfordshire. This centre replaced the branch surgery of one practice (with which the study is primarily concerned) and provided branch surgery accommodation for another in a residential area rapidly growing up around what was originally a small village.

The work of the doctors was studied over a period of two years commencing in August 1971. The centre opened in May 1972. A postal survey of patients was undertaken just before the centre opened and again 13 months later.

The number of patients registered with the practice studied, and whose records were held at Carterton (as distinct from the main surgery some three miles away) increased rapidly during the period when workload records were being kept; and the workload increased almost in proportion to this increase in numbers. The respondents to the survey of patients' opinions and experience after the centre opened appeared on average to recall attending their doctor less often in the year following the opening of the health centre than respondents questioned just before the health centre opened about a similar period of time. However, they also recalled feeling the need for attention from their doctor, but not seeking it for some reason, less frequently when the centre was open than respondents in the 'before' survey.

The centre was more conveniently located than the small surgery it replaced and provided accommodation for a number of health authority services some of which were previously only available some miles away in towns.

The health centre at Carterton appeared to be about the most popular of the five considered in this series of studies, although it was very small and simple in design, with limited facilities. (In our studies, patients of small centres appear to be more favourably disposed to their health centre than patients of larger establishments) The elderly were at least as well disposed to the health centre as younger age groups. Possible explanations for the popularity of this centre and for the lack of enthusiasm manifested towards it by a minority of respondents, are examined.

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[1] The last of a series of studies of five centres.

ACKNOWLEDGEMENTS

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

To Dr. A.D. Cole, Dr. R. Landray and Dr. B.D. Eldred who provided information on their workload over the two years of the study; and in particular to Dr. Landray for his help in developing the project and liaising with us.

To Ms. Gail Baker who did a great deal of work in the development and administration of early parts of the study.

To Mrs. Ruth Stone, administrator of the centre, who organised the completion of the workload records and prepared the sampling frames for the patient surveys (and generally gave much helpful information about the centre and the locality) - also to her colleagues who assisted in this process.

To the coders who prepared information for transcription to punch cards and in particular to Mrs. Jane Millyard who was in charge of this operation; and to Mrs. Sue Gates and her colleagues who transferred the data onto punch cards.

To Mrs. Barbara Wall who was responsible for most of the data processing on the computer.

To Professor Michael Warren, Director of the Health Services Research Unit, University of Kent who with a number of colleagues in the Unit provided much helpful advice in the course of the series of studies of which this is a part.

To Mrs. Tina Pullinger who took responsibility for the typing of the report and organising its production, to Mrs. Shirley Woodward and Mrs. Lynn Browne who did some of the typing, and Mrs. Isabel Butler and Mrs. Sue Clayton for their clerical assistance.

To the patients of the practice studied who answered so many questions so helpfully.

And last but not least to the Department of Health and Social Security for supporting this study as part of the programme of research of the Health Services Research Unit.

NOTE ON THE STRUCTURE OF THIS REPORT

This report contains a description of the study and commentary on the results together with discussion. It includes a number of tables summarising results obtained and is intended to be self contained for the general reader.

The research documents - records and questionnaires used and notes on their completion - are found in the Appendix Section (Separately Bound).

The Statistical Supplement which is also separately bound contains a large number of tables from the workload studies, the journey to surgery study and the postal survey of patients for those who wish to examine the data in greater detail (references to relevant sections of the Statistical Supplement are given in the body of this report).

INTRODUCTION

In May 1972 a health centre was opened in Carterton, Oxfordshire. This was intended primarily to serve a residential area which was rapidly growing up around the major R.A.F. Transport Command Base of Brize Norton. The general practitioners who worked from the centre came from two practices which were based in the neighbouring and old established towns of Bampton and Burford which were about four miles and three miles respectively from Carterton (see map 1).

Prior to the opening of the centre the Bampton practice had for about ten years been operating a small but, as Carterton grew, an increasingly active branch surgery served by three of the four partners.[1] In recent years the Carterton patients of the Burford practice had travelled to their doctors' surgery at Burford itself though at an earlier period they had held surgeries in Carterton. At the time of the opening of the centre about 4,000 patients in the Carterton area were registered with the Bampton practice compared with about 500 who were registered with the Burford practice.

This study is concerned only with the activities of the Bampton practice which were based at its Carterton surgery (subsequently the health centre) and of the patients of the practice who used that surgery rather than the other and at least nominally main surgery in Bampton. Because of the distance between Bampton and Carterton and the fact that certain doctors in the practice were particularly concerned with the Carterton surgery the two ends of the practice were thought to be largely separate; particularly as the branch surgery and the centre which superseded it were both open on all weekdays (except Saturday).

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[1] This was the situation immediately before the health centre opened, the fourth partner having joined the practice several months previously; before that two out of the three partners served the Carterton branch.

OBJECTIVES

The purpose of this study was:

1. To examine the workload of the Bampton practice doctors which arose at the Carterton surgery or[1] derived from the patients who regarded the Carterton surgery as their normal place of attendance (i.e. whose records were kept there) in order to see if any changes in magnitude or character followed upon the opening of the centre.
2. To question samples of patients from those whose records were held at the Carterton surgery before and after the opening of the health centre to compare their opinions and experience about the health centre and the premises it replaced; and related matters.

This was the last of a series of studies directed at finding out what happened when a health centre opened and as such in designing the records used particularly for the workload studies an attempt was made based on earlier experience to define terms with as much precision as possible (see appendices 1 and 2).

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[1] in the case of home visiting

METHODS USED TO COLLECT INFORMATION

1. Information from the 1971 Census

To obtain information about the socio-economic characteristics of the area served by the Carterton surgery data were obtained from the 1971 census for the set of enumeration districts which as nearly as possible matched the area in question (for full details see tables SE1 to SE5 of the statistical supplement). The data from this source were compared with those from the same census for England and Wales as a whole, and for another semi-rural area.

2. Routine workload data collection

For a period of two years commencing August 9th 1971 (except in the period immediately following the opening of the centre in mid-May 1972 and when illness of practice staff prevented this) simple data on surgery contacts and home visits using the routine workload forms (see records 1 and 2, appendix 1). These records were used to note the number of new and repeat contacts at each surgery or ante-natal session or in a days' visiting (distinguishing between 'ordinary' consultations and those concerned with pregnancy). (For full details of data collected see the statistical supplement section headed Weekly Summary Sheets.)

3. Detailed workload data collection

For four periods, two before and two after the opening of the centre, more detailed data were collected about surgery contacts and home visits using the 'detailed' workload recording forms (see records 3 and 4 in appendix 2). The periods were as follows:

The surgery detailed workload record :

Period 1: A pilot run of 4 days in September 1971 undertaken by one doctor only (Doctor X) and constituting the equivalent of 1+1/3 normal weeks of surgery work for that doctor in the Carterton surgery.

Period 2: Two weeks commencing November 8th 1971.

Period 3: Three weeks commencing November 6th 1972.

Period 4: Two weeks commencing April 30th 1973.

The home visiting detailed record :

Period 1: As for period 1 in the case of the detailed workload record keeping for surgery sessions - again a pilot run undertaken by Doctor X only.

Period 2: Two weeks commencing May 1st 1972; note this was not the same period 2 as in the case of the surgery detailed workload record keeping.

Period 3: Three weeks commencing November 5th 1972 (i.e. effectively the same period as that covered by period 3 for the surgery detailed workload record keeping).

Period 4: Two weeks commencing April 30th 1973 (the same period as that covered by period 4 of the surgery detailed workload record keeping).

In these records for each patient attended during the recording period the following information was recorded; age, sex, marital status, type of consultation - i.e. whether new, acute return, chronic return etc. (allowing for more than one classification if more than one condition presented although in practice only one entry of this kind was provided per patient in each case by all doctors); who initiated the consultation - i.e. whether doctor, patient or other; and the action taken e.g. whether a prescription was issued, whether arrangements were made for an X-ray examination, or arrangements made for a return consultation to the general practitioner in the surgery or the nurse in the surgery etc. (for full details see the record form itself and associated notes in appendix 2).

4. The journey to surgery study

For four periods each of about a fortnight, two before and two after the opening of the centre, all patients attending at the Carterton surgery to see doctors of the Bampton practice were questioned about their journey to the surgery and the information recorded on the transport to surgery form (see record 5 appendix 3) the recording periods were as follows:

Period 1: 10th to 21st January 1972 (nine weekdays)

Period 2: 1st to 16th May 1972 (ten weekdays)

Period 3: 5th to 16th March 1973 (ten weekdays)

Period 4: 21st May to 1st June 1973 (nine weekdays)

On the record form used the following information was recorded for each patient: age, sex, type of place from which journey commenced i.e. whether home, work, school or other, the address of the place travelled from, the length of the travelling time to the surgery in minutes and the method of travel used i.e. whether the patient travelled to the surgery on foot, by car, by bus etc.

5. The surveys of patients' opinions and experiences

These surveys were conducted among patients of the Bampton practice whose records were held at the Carterton surgery. Postal questionnaires were sent to samples of such patients both before and after the health centre opened (see appendices 4 and 5 for copies of the before and after questionnaires used and the letters accompanying them).

The questionnaires for the before survey were sent to a 1 in 4 systematic random sample of patients aged 18 and over; the sample being drawn from those patients records' of the Bampton practice which were kept at the Carterton branch surgery.

Five hundred and two questionnaires were sent out on the 1st May 1972 and first reminders were sent to the 319 people who had not so far responded on the 17th May 1972; second reminders being sent to 146 persons on 31st May 1972 (note the health centre opened mid-May 1972).

In the'after' survey the original sample of patients (except for a few who were removed because they were definitely known to have died or otherwise be incapable of answering questions) were sent questionnaires which enabled comparisons of their views both before and after experiencing the health centre to be made where they replied on both occasions; and a further 1 in 5 systematic random sample was drawn from the records of the patients of the Bampton practice (over 18 years of age) held at the Carterton health centre who had previously been approached in the survey and these were sent the same 'after' health centre questionnaire as the original sample of patients.

A total of 902 questionnaires (484 to the original sample and 418 to the fresh sample) were posted on the 21st and 22nd June 1973; the first reminders were sent to 462 people in all who had not by that date responded on the 10th July 1973 and second reminders were sent to 334 persons on the 24th July 1973 (further details about the response to the survey will be found on pages 32-36 and in statistical supplement tables P1 to P4).

The sampling frame (that is the physical set of records from which the sample was drawn) gave some information about virtually all patients in the samples in particular age, sex, general practitioner with whom registered. The majority of questions in the before and after questionnaires were identical (see appendices 4 and 5). A few questions in the first survey which would have been inappropriate in the second (for example question 27 in the before survey which asked whether patients knew before receiving the questionnaire that their doctor was moving to a health centre soon) were deleted. The questionnaire for the after survey included some extra questions for example about the patients views on whether the medical care they received from their doctor had changed following the opening of the health centre,and on whether they had attended a surgery where a nurse was helping the doctor,and whether they thought that being seen by a nurse at their doctor's surgery was an advantage or a disadvantage to the patient.

BACKGROUND TO THE STUDY - FURTHER INFORMATION ABOUT THE AREA SERVED BY THE CARTERTON SURGERY; THE FORMER CARTERTON BRANCH SURGERY AND ITS SERVICES AND THE HEALTH CENTRE AND ITS SERVICES

The Carterton Area

Carterton (see map 1) is about 15 miles from Swindon and 16 miles from Oxford; it is about 4 miles from Bampton where one of the practices serving Carterton(with which this study is concerned)was based and just less than three miles from Burford, the base of the other practice involved. The market town of Witney is about 5 miles distant from Carterton and in particular the light industrial estate of Witney is some 4 miles away from Carterton. (There was also some industry in the centre of Witney in particular the well known blanket factory)

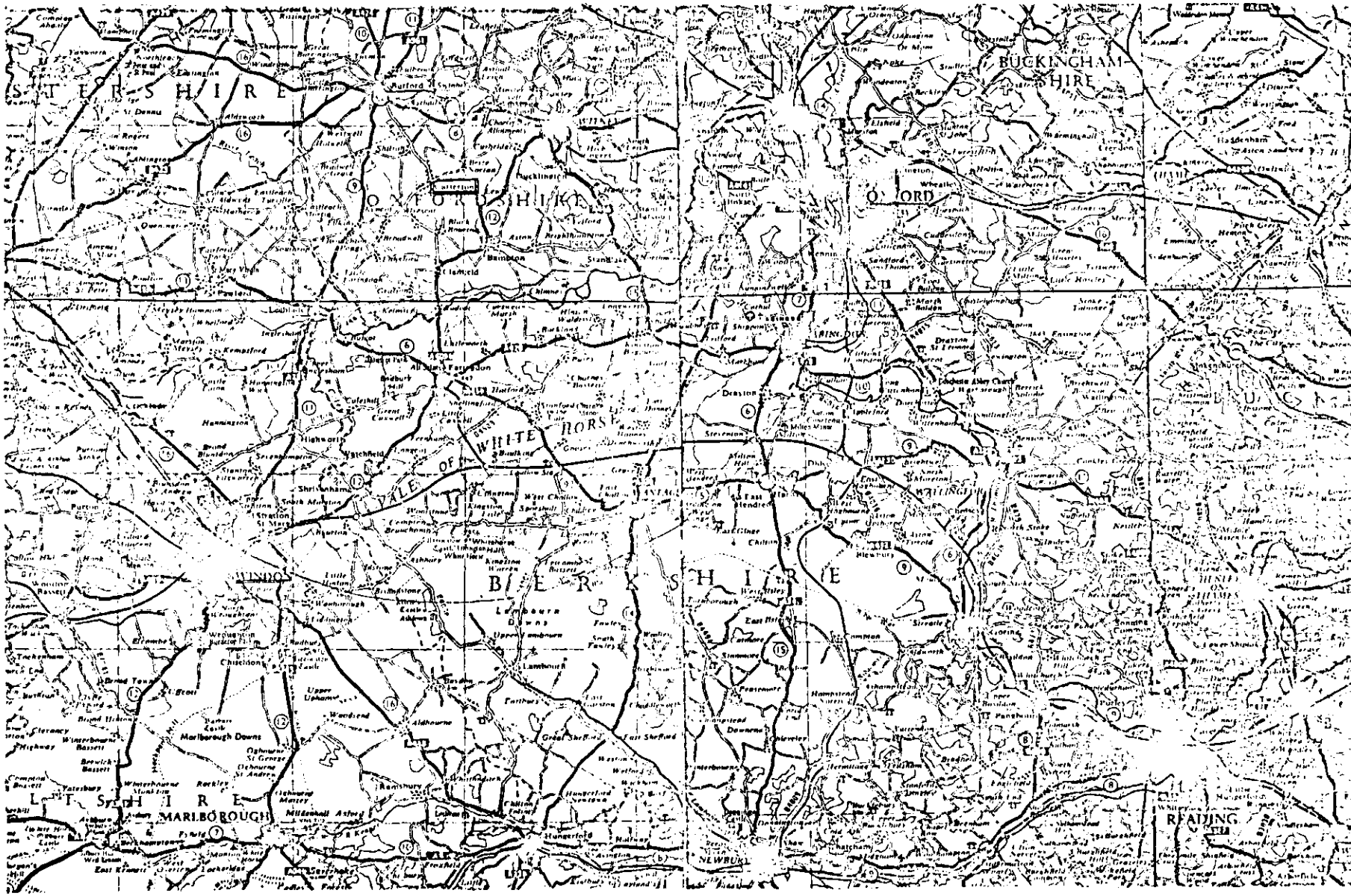
Map 2 shows the approximate area served by the Carterton surgery (i.e. by the Bampton practice); the outer area being the rest of the total area served by this practice. In addition to the Burford practice two other adjacent practices (see map 2) had some patients in the Carterton area in each case not more than a few hundred). The medical officers at R.A.F. Brize Norton also provided care for members of the armed forces and many dependents resident there. For this reason in discussing the population of the Carterton practice area (that is to say the whole population and not just those registered with practices involved in this study) those resident on R.A.F. Brize Norton itself - personnel and families - have been excluded. A number of personnel and their families did live in the civilian part of Carterton and some of these would be registered with the doctors working from the health centre. Following the opening in 1969 of the R.A.F. family centre there had been a tendency for medical officers to take over care of service families.

According to the census of 1971 'civilian' Carterton itself provided most of the population of the Carterton practice area - 5300 out of a total of 6700, the remainder being almost equally divided between the village of Brize Norton (as distinct from the R.A.F. base) and the rest of the practice area. Table 1 below shows that in the Carterton practice area as a whole and in particular in Carterton itself there was a high proportion of the population aged under 15 years and a correspondingly low proportion of the population aged over 65 years. This was no doubt a consequence of the fact that Carterton consisted largely of recently built housing estates and included an element of service personnel and their families. (There were also of the order of 1000 people living on permanent caravan sites.) Seventy-two per cent of the households in the Carterton practice area (75% in Carterton

MAP 1

Carterton in relation to surrounding towns and villages

Scale 1 inch : 5 miles



MAP 2

The health centre and the old branch surgery and adjacent G.P. surgery premises at Bampton, Burford, Filkins and Witney.

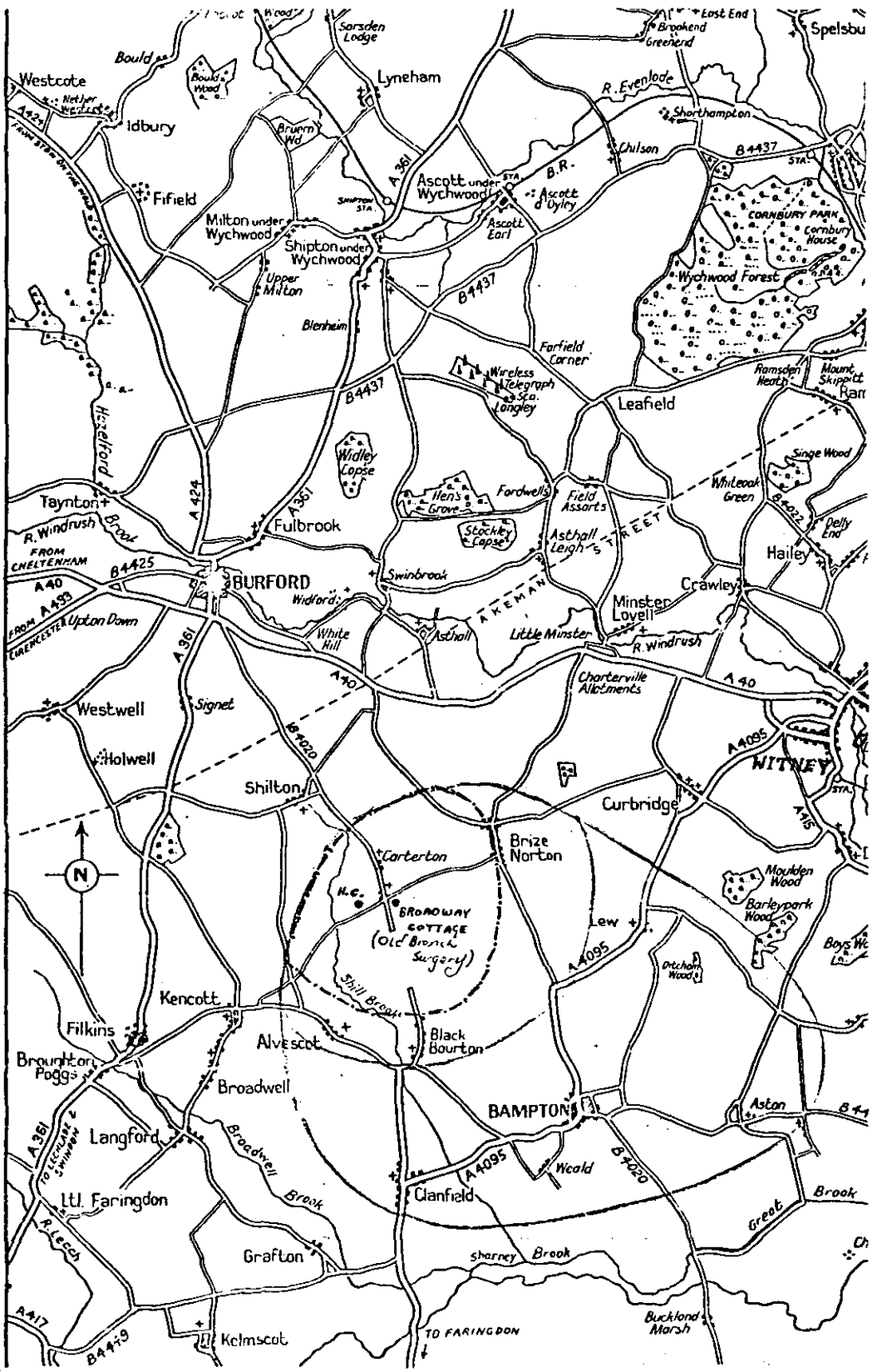
Scale 1 inch : 1 mile

Key

● Nearby G.P. Surgery.

—— The larger area enclosed by this line is the whole Bampton practice area. The smaller area enclosed is the area served by the Bampton doctors from the Carterton surgery (Carterton practice area).

—·— Denotes current boundary of Carterton.



itself) possessed a car compared with 52% of the households in England and Wales as a whole. This level of car ownership was high even for a relatively rural area (compare for example the corresponding figure of 68% for the Paddock Wood area in Kent).

Over half the persons in employment in the Carterton practice area used a car to travel to work compared with about a third in England and Wales as a whole and in the practice area of Paddock Wood, Kent. Carterton at the time of the study had a regular half hourly service to Witney and thence to Oxford; plus daily services to Swindon (operated by an independent bus company). Carterton also was the location of a "dial-a-bus" experiment for local journeys in which persons requiring transport would ring from certain points in the area and such calls would influence the route of a small bus circulating in the locality.

About two-thirds of the workforce (as enumerated in the 10% sample in the 1971 census) of the Carterton practice area worked in the local authority area (Witney Rural District as it was at this time) in which Carterton was situated. The classification of employed persons in this sample in the Carterton practice area by industry reveals that 32% of this group compared with 7% of England and Wales as a whole were classified as working in national or local government or defence. Nearly all of these were in fact working within the local authority area in which Carterton was located and a great many would have been working at the RAF base of Brize Norton itself not necessarily as members of the armed forces. Among the sample of persons in employment from the Carterton practice area there was also a rather higher proportion than in England and Wales as a whole working in the constructional industry and not unexpectedly for a rural area a (slightly) higher proportion were engaged in agriculture, but in fact this was only the source of employment for 4% of the sample. Besides the RAF base of Brize Norton employment would be available in Witney including the industrial estate about 4 miles[1] away and the blanket factory in Witney centre, in Oxford with its major motor industry and in the industrial town of Swindon.

The fact that 24% of the economically active or retired persons as enumerated in the 10% sample in the census of 1971, were recorded as belonging to the armed forces and inadequately described occupations compared with 12% in England and Wales as a whole again brings out the strong influence of RAF Brize Norton as a centre of employment. Professional workers and skilled workers were present in lower proportions than in England and Wales though of course the large contingent of persons in the armed forces in the Carterton area makes comparison difficult. However there was in the Carterton area a

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[1] from Carterton

TABLE 1

SOME SOCIO-ECONOMIC CHARACTERISTICS OF CARTERTON, THE CARTERTON PRACTICE AREA, PADDOCK WOOD PRACTICE AREA (KENT) AND ENGLAND AND WALES - BASED ON THE 1971 CENSUS

CHARACTERISTICS OF AREA	CARTERTON[1]	CARTERTON PRACTICE AREA[1]	PADDOCK WOOD PRACTICE AREA[1]	ENGLAND AND WALES
Population	5279	6676	13992	48,750,000
Percentage of population: who were female	51.2%	51.5%	50.9%	51.4%
under 15 years of age	33.8%	31.8%	26.9%	23.7%
over 65 years of age	6.4%	8.3%	11.1%	13.3%
Percentage of households with at least one car	75.5%	72.2%	68.2%	51.8%
* Percentage of persons in employment travelling to work: by car	55%	53%	36%	37%
by public transport	9%	11%	23%	30%
on foot (or not at all)	18%	19%	23%	20%
* Percentage of Economically Active or Retired Persons in the following Socio-Economic Groups:				
Employers or Managers	9%	10%	11%	9%
Professional Workers	1%	2%	3%	3%
Foremen, Supervisors & Skilled Manual workers	14%	15%	16%	22%
Junior non-manual workers	14%	13%	20%	19%
Armed Forces and Indequately described occupations	26%	24%	10%	12%
* Percentages of Employed Persons in the following Industries: Agriculture	2%	4%	11%	3%
Manufacturing	21%	21%	30%	34%
Constructional	11%	10%	7%	7%
Distribution and Services	27%	27%	39%	39%
National & Local Govt. & Defence	35%	32%	4%	7%

Note: This table consists of extracts from Tables SE1-5 of the Statistical Supplement and Tables 3-7 of Baker and Bevan (1977) which are based on publications prepared by the Office of Population Censuses and Surveys arising from the 1971 Census and which are cited in full below these tables.

[1]Items with an * against them are based on the 10% sample approached in the 1971 Census. Carterton is the village (subsequently town) of Carterton excluding the Brize Norton air base. The Carterton practice area is that served from the Carterton health centre by doctors of the Bampton practice (with the same exclusion). Not all residents in these areas would be patients of the practice. The information about the Paddock Wood practice area (Kent) is included to offer a comparison with another semi-rural area in southern England which is also centred on a growing (but old established) small country town.

slight excess (relatively speaking) of employers and managers and own account workers compared with England and Wales and also a slight excess of the group including personal service workers and agricultural workers (socio-economic groups 7,10 and 15). There was a relative deficit in Carterton compared with England and Wales of junior non-manual workers.

Because the population of Carterton itself dominated the Carterton practice area it is not surprising that the characteristics mentioned for the area as a whole were those exhibited in particular by Carterton. Brize Norton village and the rest of the practice area were in some ways more like England and Wales as a whole in terms of population age structure though for this section of the population agriculture played a much larger part in the employment situation. Households in Brize Norton village and the rest of the practice area were less likely to have a car than those in Carterton but there was a higher incidence of two car households in these areas and a relatively high proportion of employers and managers and own account workers and professional workers. (Data on Brize Norton and "the rest of the practice area"are presented in tables SE1-5 of the statistical supplement.)

Carterton itself whose population in 1971 was about 5,300 (with a further 3,000 persons resident on RAF Brize Norton) has now grown to a population of over 10,000 (and the population of RAF Brize Norton has almost doubled also); the peak years of growth were 1972-74.

At the time when the health centre opened there were just over 4,000 patients of the Bampton practice whose records were kept at the Carterton surgery. The number of such patients was increasing by about a thousand a year during the period of the study (1971-73) and at present is about 7,000. Other practices serving parts of the Carterton practice area each had a few hundred patients in the area during the period of study. The discrepancy between the number of residents in the Carterton practice area and the number of patients registered with a practice serving the area is accounted for by the large number of new residents in Carterton who were not registered with a local doctor and tended only to do so when they needed attention.

A small shopping centre opened in 1968 on a site adjacent to that on which the health centre was subsequently built and from 1970 included a chemist.

The previous practice premises

The branch surgery replaced by the health centre had been functioning in Carterton for about 10 years. Originally it was used for just an odd morning a week by one of the Bampton doctors. This building was a brick clad prefabricated bungalow consisting of a waiting area in the "main bedroom"

plus corridor space (see plan 1) with 16 chairs; the surgery was in the "second bedroom", the "bathroom" was the receptionists room where minor emergencies were attended to also; (by the senior receptionist who had some nursing training). A third room was used by two health visitors . Also in the bungalow was the dispensary for patients living more than two miles from Carterton.

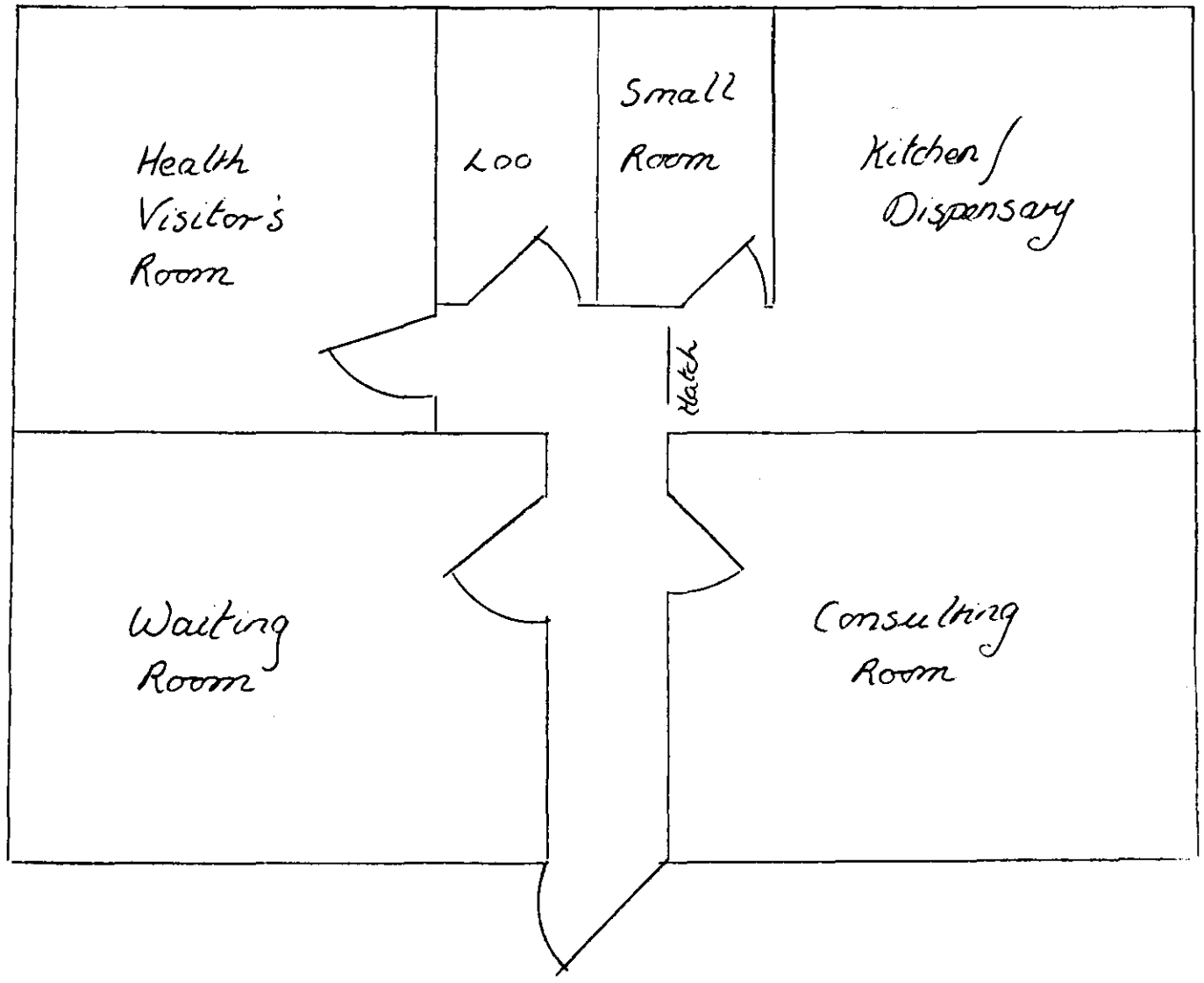
In the period immediately before the opening of the health centre each of the three doctors working there held three ordinary surgery sessions at the branch surgery per week plus one ante-natal session (see chart 1 for details) - these did not change when the "Bampton" doctors moved to the health centre. Six months before the health centre opened a second (part-time) receptionist was appointed joining the full-time senior receptionist. About this time which was also when the fourth partner joined the Bampton practice an appointments system was started both in the Bampton and Carterton surgeries. The branch surgery accommodation was very cramped. In addition a major problem was the lack of privacy. All discussions with the doctors could easily be heard. Whenever anything of interest was discussed the senior receptionist noted that a lull occurred in the waiting room and she found herself making distracting noises! The location of the branch surgery is shown on map 2. It was some 400 yards down the Alvescot Road from the health centre and the Carterton shopping centre on the far side of a crossroads controlled by traffic lights; it was also on the opposite side of the road from both these facilities.

The health centre

The plan of the health centre, as it now is, is shown in plan 2. The small consulting room 3 was originally the medical loan room, which was subsequently transferred to a small room in the dental wing of the health centre. Otherwise the accommodation is as it was when the centre opened. Of the two consulting/examination room suites originally provided one was designated for the use of the general practitioners and the other for health authority use though this was from time to time used by the general practitioners as well. Note that the health centre contained a substantial dental area in relation to its total size and also a dispensary. The health centre, unlike the old branch surgery had a carpark for patients.

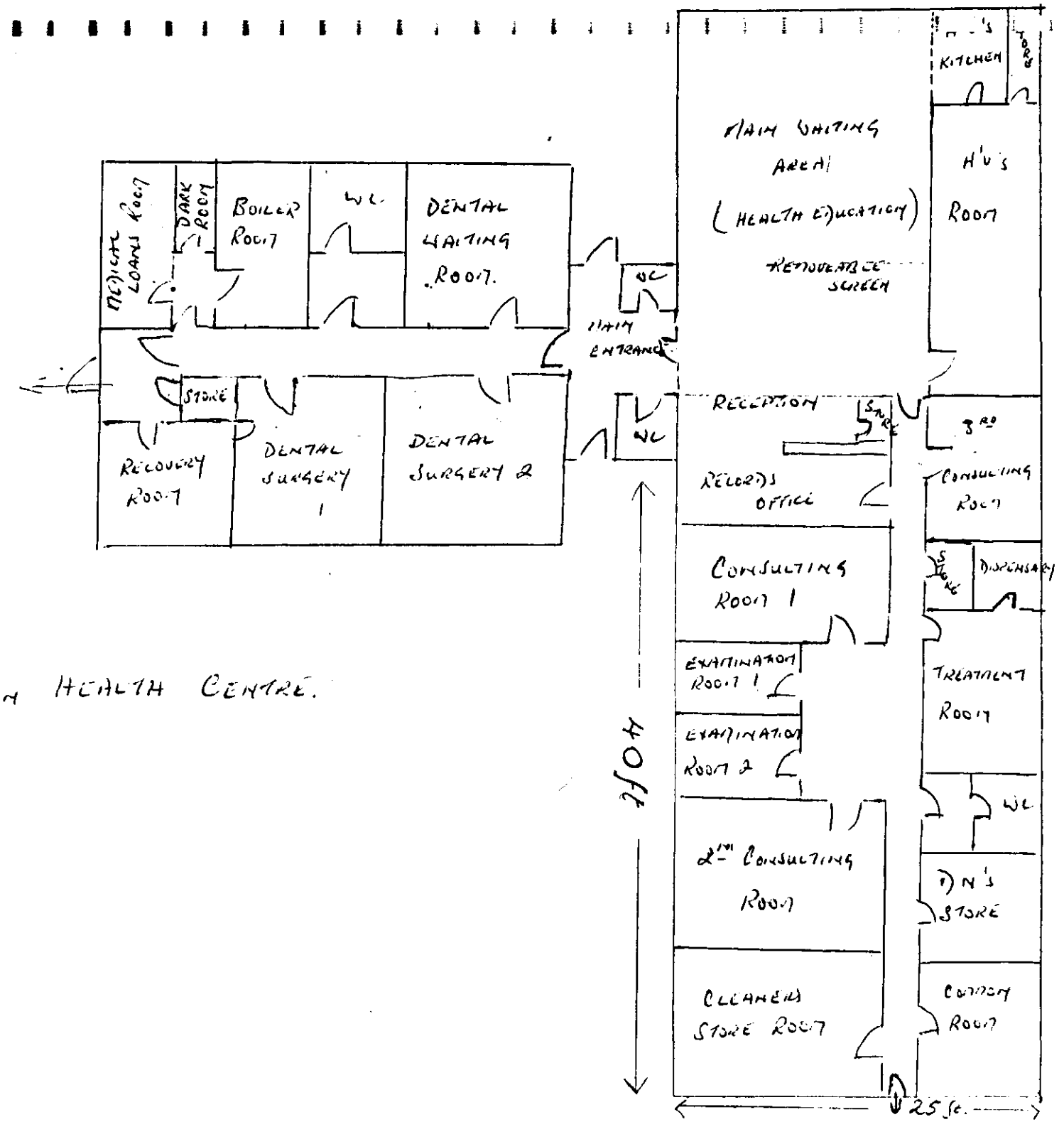
PLAN 1

The Branch Surgery Premises which the Health Centre replaced (Bradbury Cottage)



Scale: 1" : 4'

PLAN 2



CARILTON HEALTH CENTRE.

General Practitioners and staff and services at the health centre[1] contrasted with those available for Carterton residents before the centre was opened

General practitioners working from the centre

Three of the four Bampton doctors worked from the health centre as they had from the old branch surgery premises. The two doctors from the Burford practice each held one surgery session per week at the centre; before the opening of the health centre this practice had not held sessions in Carterton for some years.

Attached health authority staff (i.e. to the general practices)

Prior to the opening of the health centre there had been a single district nurse/midwife attached to the Bampton practice, this person who was based at Bampton would come across for ante-natal sessions to Carterton (see below). When the health centre was opened this post was divided so that there was one midwife and one district nurse serving the Bampton practice area. The number of district nurses working from the health centre at Carterton was increased in the first couple of years to three and is now five.

At the time of the opening of the centre one health visitor served the Bampton end of the Bampton practice and one the Carterton end. The number has not changed since, except there is now a part-timer serving one of the adjacent practices also. Also there were health visitors attached to the RAF family centre at Brize Norton who attended the health centre particularly in the earlier years of its existence.

Administrative and reception staff

The person who had formerly served as senior receptionist in the old branch surgery became the centre administrator and also served as practice manager to the Bampton practice. Her responsibilities included those associated with the Bampton surgery. Her appointment was financed on a 50:50 basis by the general practitioners and the health authority. There were in addition three and subsequently four part-time receptionists one of whom also served as practice secretary. All these were employed by the Bampton practice.

Surgery sessions and out-of-hours visiting

The three doctors from the Bampton practice continued to hold surgeries at the same time as in the old branch surgery, that is to say each held three surgeries per week in Carterton. With the arrival of an additional partner in the practice some months previously this had led to the number of sessions at Carterton being increased from 8 to 9 per week (at that time the two partners serving Carterton had provided four sessions per week at the branch

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[1] Except where otherwise indicated, these are during the first year in which the health centre was open.

surgery). More recently the number of sessions per week provided at the health centre by this practice has been almost doubled owing to the increased practice population served by the Carterton health centre.

The Burford practice held two surgery sessions per week in Carterton health centre, one per doctor, at 11.30 a.m. to 1.00 p.m. on Monday and on Thursday with an average of about ten persons per session attending. The Burford doctors brought the records of those patients they were to see at the health centre with them from their main surgery in Burford; appointments to see them at the health centre being made at the Burford surgery.

No surgery sessions were held at the Carterton health centre on Saturdays. In the case of Bampton patients they were asked in the case of emergencies to attend an open session at the Bampton surgery. (Separate arrangements applied for patients of the Burford practice)

The arrangement for out of hours calls was that when the Carterton health centre number was telephoned an answer phone would give the number of the Bampton doctor on duty (this would usually be the Bampton surgery number which was routed through to the duty doctor at that time). Burford patients would ring over to Burford .

Ante-natal clinics

Three were held each week (see chart 1) on Wednesdays, Thursdays and Fridays. All sessions were attended by a midwife (the district nurse/midwife before the health centre opened); family planning was integrated into these sessions . A cervical smear clinic was held monthly (before the health centre opened the district nurse/midwife based at Bampton came across for this purpose). Very similar arrangements existed before the health centre was opened (though the number of ante-natal sessions had increased from two to three several months previously with the arrival of the additional partner in the Bampton practice).

Well-baby clinics

These were held on Tuesday afternoons 2.00 to 4.00 p.m. attended by one of the three doctors together with the two attached health visitors. Before the opening of the health centre these clinics were held in the Women's Institute Hall in Carterton with one health visitor and one doctor.

Treatment room service

In the health centre the intention was that a district nurse would be in attendance on weekdays at 11.00 a.m. but in the first year or so of the health centre's existence this often proved to be impossible because of staffing shortages. This treatment room service is now provided on a regular basis. There was no service of this kind in the old branch surgery in a formal sense although the senior receptionist who had nursing training did attend to minor emergencies (and still does). There was a treatment room in the main Bampton surgery staffed by the district nurse based in Bampton.

CHART 1

SURGERY HOURS AT CARTERTON HEALTH CENTRE IN THE YEAR FOLLOWING THE OPENING OF THE CENTRE

MONDAY	9.30-11.00 a.m. Dr. Y	11.30 a.m.-1.00 p.m. Burford Doctor	2.00-3.30 p.m. Dr. Z	5.30-7.00 p.m. Dr. Y
TUESDAY	" " " Dr. X		2.00-4.00 p.m. Well Baby Clinic (one of Dr. X, Y, Z)	
WEDNESDAY	" " " Dr. X		2.00-3.30 p.m. A/N Clinic Dr. Z	4.30-6.00 p.m. Dr. X
THURSDAY	" " " Dr. Z	11.30 a.m.-1.00 p.m. Burford Doctor	2.00-3.30 p.m. A/N Clinic Dr. Y	
FRIDAY	" " " Dr. Y		2.00-3.30 p.m. A/N Clinic Dr. X	5.00-6.30 p.m. Dr. Z

Saturday No surgery at the Health Centre but urgent cases may be seen at Bampton surgery without appointment from 9.30-10.30 a.m. (this applied to patients of the Bampton practice); the Burford practice had separate arrangements at its Burford surgery.

A district nurse was to be in attendance at the health centre at 11.00 a.m. on weekdays.

The dental unit (health authority)

This served expectant mothers and school children only. The school children being drawn from local schools; other patients being drawn from within the doctors'practice area plus the RAF base of Brize Norton. All day sessions were held on Mondays, Tuesdays and Wednesdays. The unit had its own part-time receptionist and waiting room.In addition the accommodation included two dental surgeries, a dark room and recovery room. Before the opening of the health centre this service was provided at Witney.

Chiropody

One session per week was held in the treatment room though this was considered to be quite inadequate for the area (some domiciliary chiropody was also carried out). Provision of the service was hampered by there sometimes being no chiropodists available. Before the opening of the health centre the nearest chiropody sessions were at Burford.

Child Guidance

Originally one and subsequently two sessions a week were held at the health centre. Before the health centre opened these sessions were held at Witney.

Speech Therapy

One or two sessions were provided weekly depending on demand. Previously this service was provided at Witney.

Audiometry

Occasional sessions (about every six weeks) were held in the health centre (previously this service had not been provided in Carterton - except as it continued to be in schools in the locality).

Medical equipment loan service

Apparatus was stored at the health centre and this service was operated by the health authority and the Red Cross. Previously the service was provided by the Red Cross at Bampton.

Further notes on services relating to patients in the practice area

Arrangements for confinements

The general practice was for these to be in hospital with early discharge and aftercare provided by midwives. Most admissions went to the Radcliffe Infirmary at Oxford with some to the Wroughton RAF hospital at Swindon ('civilian' patients as well as service wives) and a very few to Princess Margaret Hospital, Swindon. It was estimated that about one domiciliary delivery per month took place within the Bampton practice.

Outpatient sessions

Initially when the health centre opened all outpatients were sent to the Oxford group of hospitals and then arrangements were sometimes made

by the consultant for patients to attend sessions at the Witney health centre. Sessions held at Witney included chest X-ray, psychiatric sessions, orthopaedic sessions and physiotherapy and some specialist care for the elderly. Originally all gynaecology cases went to the Radcliffe Infirmary in Oxford but subsequently gynaecology sessions were also held at Witney. The situation was not changed by the opening of the Carterton health centre.

There is a small cottage hospital at Burford (9 beds) at which some out-patient sessions are held but this is scarcely, if at all, used by patients served from the Carterton health centre.

Pathology

Specimens were sent to the Radcliffe Infirmary in Oxford. In the past these had to go by post which proved most unsatisfactory. At present there is an arrangement whereby a volunteer in her car automatically calls at the health centre at mid-day to collect specimens; specimens from the Bampton surgery having been brought over to the health centre. (The daily collection covers 5 health centres.) She then takes the specimens to the Radcliffe Infirmary for analysis.

Dispensing

The health centre dispenses for patients living beyond a two mile radius. There has been a chemist in Carterton since 1970 located in the small shopping centre of Carterton which was completed shortly before that date.

General notes on health centre arrangements

Within a year of opening the health centre it was felt that the general practitioner accommodation was becoming quite inadequate and that there was an urgent need for an extension. The only change, as has been noted, and this was made in 1977, was the provision of a small extra consulting room.

There was originally no ECG machine either at the Bampton surgery or the Carterton health centre but since 1977 there has been one in the Bampton surgery.

Storage facilities were felt to be very inadequate at the Carterton health centre in particular for patients' records. The problem has not ceased given the great increase in the numbers now registered with the Bampton practice whose records are kept at Carterton.

RESULTS FROM THE WORKLOAD STUDIES

Routine workload data

The routine workload surgery and home visiting records were completed over a period of about 40 weeks before the health centre was opened (except for occasions when illness intervened and immediately before the opening of the health centre) and over a period of some 60 weeks after the opening of the health centre again with gaps due to similar causes.

In this section a comparison is made of the results available from the before period of 40 weeks (for such weeks as were available) commencing on the 9th August 1971 and finishing on the 14th May 1972 with the comparable 40 weeks after the health centre was opened i.e. commencing on the 7th August 1972 and running through to the 13th May 1973. Because the doctors kept records* for slightly different numbers of weeks due to holidays, illness and the fact that Dr. Z had joined the practice only some weeks after the study had commenced the method of comparison used has been to obtain notional annual contact rates separately for surgery contacts and home visits for each doctor by rating up the totals of contacts recorded during the weeks when the doctors were completing the record by a factor of 46 divided by the number of weeks for which data were available. This was done separately for surgery contacts and home visits since the number of weeks for which a doctor completed the records was not always the same for these two records. The figure for all contacts in Table 2 was then obtained by adding together the appropriate entries in the surgery contacts and home visiting segments of the table. In the case of the before period this procedure probably had the effect of disproportionately (compared with the after period) inflating the apparent total load of the doctors because one doctor only joined the practice about a third of the way through the before period. By basing our estimate of the year's contacts on a 46 week working year some account has been taken of the fact that holidays (and his or staff sickness) were among the reasons for a doctor not completing the record in certain weeks.

Table 2 suggests that the work of the practice in the Carterton area was about 20% greater in the period following the opening of the centre. The increase in surgery contacts (excluding ante-natal attendances) was about 20% and the increase in home visits was 15%. Ante-natal

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*Note the senior receptionist (subsequently the centre administrator) and colleagues actually completed the record forms.

TABLE 2

A COMPARISON OF THE CONTACT RATES[1] OF THE GENERAL PRACTITIONERS BEFORE AND AFTER THE OPENING OF THE HEALTH CENTRE - BASED ON THE ROUTINE WORKLOAD RECORDS FOR SURGERY WORK AND HOME VISITING

DR.	BEFORE (B) AFTER (A)	Surgery Contacts					Home Visits				All Contacts			
		NEW	RETURN	ALL EXCEPT[2] ANTE-NATAL	ANTE-NATAL	NO OF[3] WEEKS DATA AVAIL-ABLE	NEW	RETURN	ALL[2]	NO OF WEEKS DATA AVAIL-ABLE	NEW	RETURN	ALL EXCEPT[2] ANTE-NATAL	ALL INCLU-DING ANTE-NATAL
X	B	1356	1171	2742	378	33	306	237	561	29	1662	1408	3303	3681
	A	1614	1432	3052	411	32	303	309	612	32	1917	1741	3664	4075
	$A/B \times 100\%$	119	122	111	109		99	130	109		115	124	111	111
Y	B	1147	821	2117	214	34	236	245	485	33	1383	1066	2602	2816
	A	1549	1153	2711	329	34	262	303	566	34	1811	1456	3277	3606
	$A/B \times 100\%$	135	140	128	154		111	124	117		131	137	126	128
Z	B	1000	934	2010	192	23	160	138	303	19	1160	1072	2313	2505
	A	1201	1264	2471	355	29	171	209	380	28	1372	1473	2851	3206
	$A/B \times 100\%$	120	135	123	185		107	151	125		118	137	123	128
ALL[4]	B	3503	2926	6869	784		702	620	1349		4205	3546	8218	9002
	A	4364	3849	8234	1095		736	821	1558		5100	4670	9792	10887
	$A/B \times 100\%$	125	132	120	140		105	132	115		121	132	119	121

1 In the rows B and A of the table the entry is the estimated number of contacts in each category per year based on a working year of 46 weeks (i.e. the actual total number of contacts for the number of weeks data (say x weeks) actually available is inflated by a factor $\frac{46}{x}$). The before period extended for 40 weeks from Monday August 9th 1971 and the after period for 40 weeks from Monday August 7th 1972 though data were for various reasons not available for all these weeks in the case of each doctor (see also note 3 and text page 20).

2 These totals include a small number of "other" contacts : see appendix 1 for details of definitions used.

3 That is weeks when the form was fully completed by the doctor concerned. In some cases only a total number of contacts (in the surgery or for home visits) for a week was available - i.e. the total was not further broken down by type of contact. Data from these weeks were not used in constructing this table (the full set of data for each week is to be found in the statistical supplement).

4 Entries in the B and A rows for all doctors are obtained by adding together the entries in the corresponding rows for the three doctors.

attendances increased by nearly 40%. Increases of these kinds were reported by all three doctors but were rather less sizeable for doctor X who had initially the highest contact rate of the three doctors in Carterton.*

Both among surgery attendances and home visits return contacts had increased to a greater extent than new contacts (though it is possible in the case of surgery contacts that this was in part due to the fact that in the after period hardly any contacts were classified as falling into the 'other' category. It was intended that the 'other' category should include contacts not relating to a specific episode of illness as such, for example prophylactic procedures. These, in the after period, would have been classified presumably either as new or repeat but it seems possible that they were disproportionately assigned to the return category.

The substantial increase in the contact rate for the practice was to be expected as at this time Carterton was increasing rapidly in size and the actual number of patients registered with the practice in the Carterton area increased to a substantial extent. Moreover a lot of patients not registered with the practice were treated from time to time because of the somewhat mobile character of a number of the residents in Carterton, both those working at the RAF base and others. The rapid increase in the number of young married couples associated with new housing developments is very probably the reason for the marked increase in ante-natal contacts.

The detailed workload records

Introduction

These records were collected by all doctors for a fortnight before the opening of the health centre and two periods after its opening, one of three weeks and one of two weeks.[1]

The purpose of this part of the investigation was to examine in greater detail than was possible during the longer periods when the routine workload records were kept, whether any characteristics of the workload had changed following the move to the health centre. In particular when the detailed records were being kept information was recorded about the age and sex of each person attended by the doctors. The type of consultation was recorded in greater detail; also the person initiating the consultation and the items of service provided or arranged at the consultation were noted.

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* Note that in view of the remarks above the percentage increases are if anything underestimates of the 'true' increases.

[1] Additionally Dr. X only completed these records for just over a week in September 1971 (only the results for the three recording periods when all doctors were participating are considered in this report, although information for the first period is presented in the statistical supplement).

Clearly since these data were collected only for a few weeks before and after the move to the health centre they will not provide conclusive evidence about changes or lack of changes but they offer the opportunity of looking for at least some traces of differences in the doctors' practice activities which may possibly be associated with the opening of the health centre.

The detailed surgery workload records

These were completed by all doctors for two weeks in November 1971 (that is before the health centre opened) and, after the health centre opened, for three weeks in November 1972 and two weeks in May 1973.

The 20% increase in the surgery contact rate following the opening of the centre apparent from the routine workload data did not manifest itself in the periods when the detailed workload records were being kept - the consultation rate per week in both the periods when the health centre was open was about 6-7% higher than in the period before this. The contact rate in this before period was somewhat above average compared with that of the whole before period when routine data were collected and the opposite was the case for the two 'after' periods when compared with the whole after period when routine data were average.

The age and sex distribution of surgery attenders

Females in all three study periods made up at least two-thirds of the contacts and among the females nearly 40% were in the 25-44 years age group. Persons over 65 years (male or female) made up slightly greater proportion of the contacts after the move (4-5% compared with 2%). Children aged under 15 years accounted for over 20% of the contacts throughout. (Similar percentages were noted in the journey to surgery study see page 28.)

The census of 1971 (see table 1) indicated that 51% of the population of the Carterton practice area were female and among females 28% were aged 25-44 years; men and women over 65 years accounted for 8% of this population while those in the 0-14 years age group made up 32% of the population.

Type of consultation

Consultations were classified as follows: the new category was divided into new cases concerned with pregnancy and other new contacts while return contacts were subdivided into those concerned with pregnancy and those concerned with other conditions which were in turn further divided according to whether they were acute or chronic (for definitions see appendix 2).

Overall (see table 3) the proportion of surgery consultations which were classified as new was little changed throughout the study. Among those described as return contacts there was not much change over time in the proportions of different types, though there was a hint that acute return consultations were increasing relative to chronic return consultations.

TABLE 3

SUMMARY OF RESULTS FROM THE DETAILED SURGERY WORKLOAD RECORDS

	PERIODS OF RECORDING		
	BEFORE HEALTH CENTRE OPENED	AFTER HEALTH CENTRE OPENED	
	PERIOD 2 (all doctors)	PERIOD 3 (all doctors)	PERIOD 4 (all doctors)
Duration of Recording Period	2 weeks in Nov. 1971	3 weeks in Nov. 1972	2 weeks in May 1973
Total Surgery Consultations	338	547	355
Percentage of Consultations in which: Patient was Female	68%	67%	70%
: Patient was aged 0-14 years	22%	21%	21%
: Patient was aged over 65 years	2%	4%	5%
Percentage of Consultations Classified as: New*	47%	46%	48%
: Acute Return*	27%	36%	30%
: Chronic Return*	12%	4%	10%
: Arising out of pregnancy	10%	11%	8%
: Initiated by patient	68%	63%	57%
: Initiated by doctor	32%	32%	25%
: Initiated by other	0%	4%	18%
Percentage of Consultations in which the following items of service were provided or arranged: Prescription	66%	61%	72%
: Certificate	11%	14%	13%
: Specimen	19%	13%	8%
: Return visit to surgery to see doctor	20%	36%	27%
: Referral to nurse in surgery	5%	2%	4%
: Advice only (i.e. no other item of service provided)	11%	17%	14%

Notes: The record forms used and notes on definitions are given in Appendix 2
This table is a summary of results presented in DLS1-5 of the Statistical Supplement
Results from period 1 in which Doctor X only kept records on a pilot basis are excluded from this table but included in tables of the Statistical supplement
* Excluding consultations concerned with pregnancy.

The 'other' class which disappeared almost entirely in the after period in the case of the routine data accounted for 2-3% of contacts in the detailed records throughout the period of the study.

Person initiating the contact

Contacts were classified according to whether it was the patient, the doctor, or some other person who initiated the contact (see appendix 2).

Patient initiated contacts did seem to be declining both in absolute and relative terms over the period of study. This decline given the relatively constant weekly surgery contact rate seemed to be balanced not by an increase in doctor initiated contacts but in those initiated by 'others' - and was probably partly a consequence of patients seeing other staff in, or attached to the health centre who would ask the patient to see their doctor. It was also believed to be due to patients moving into the area being referred by their (former) general practitioner or a hospital consultant to a general practitioner near his new home. Most of the 'other' contacts were in fact classified by the doctors as new i.e. in respect of a new condition. In the case of two of the doctors, Y and Z, the proportion of patient initiated contacts that were in respect of new consultations declined following the move to the health centre (the proportion of their acute return contacts in this class increased) while the converse appeared to be the case for Dr. X.

Items of service provided or arranged in the consultation

After the move to the health centre it appeared that:

1. A higher proportion of patients seen at the surgery were asked to return for a further consultation with the doctor.
2. A slightly higher proportion of patients received advice only (as distinct from other items of service such as a prescription - though the proportion receiving a prescription did not appear to be declining).

The proportion of contacts in which a specimen was taken (or an arrangement for taking a specimen made) declined after the move to the health centre.

There was no evidence of any increase in proportion of contacts involving a referral to the nurse in the surgery. This last result is thought to be due to under recording of such referrals which were often done very informally in this small health centre. The reduction in the proportion of contacts in which a specimen was taken or which led to one being taken took place at a time when facilities for collecting specimens had improved and so may just be a consequence of variation of case mix.

Detailed home visiting workload records

This record was kept by all three doctors for two weeks in May 1972 (immediately before the health centre opened) and for three weeks in November 1972 and two weeks in May 1973, that is after the health centre was in operation. The total number of home visits on which data were

collected was very small see table 4. However it appeared that there was an increase of around 40% in the rate of home visiting per week in the periods following the opening of the health centre (compared with the increase of 15% noted from the routine home visiting records).

The age and sex of recipients of home visits

As in the case of surgery contacts in all periods studied women accounted for at least 65% of home visits. This was particularly the case among visits to the over 65s which in all accounted for just over 25% of the visits in May 1972 and November 1972 and in fact 40% of visits in May 1973. Visits to children under 15 years of age accounted for about one third of all visits in each of these three periods.

Type of visit

Visits were classified in the same way as surgery consultations. Given the small numbers involved the proportion of contacts classified as new did not vary very much being between 50% and 60% in the three periods of record keeping. The implication of the constancy of the proportions of new visits at a time when the number of visits per week was increasing is of course that the number of new visits was increasing somewhat from about nine per week in period 2 to fourteen per week in periods 3 and 4.

The proportion of visits classified as acute return varied a good deal from session to session but there was no particular trend. However there is some possibility that chronic return consultations were increasing both numerically and relatively - possibly a consequence of the increasing numbers of visits being paid to the over 65s in the after period.

Person initiating the visit

As in the case of surgery consultations home visits were classified according to whether patient, doctor, or some other person initiated the visit. It appeared that the proportion of patient initiated visits was declining. This was possibly due to a slight increase in the number of doctor initiated visits but in the last period visits initiated by 'an other' person accounted for no less than 46% of the visits in the period. Eighty percent of the other initiated visits were new. Many of these new other initiated visits were thought to be results of referrals by hospital doctors and others relating to patients moving into the area - some would also be due to health and social services personnel visiting recent arrivals to the area. The residue of the other initiated visits being acute or chronic return, were possibly the result of a referral by a nurse. In the periods after the opening of the health centre a much higher proportion of the patient initiated visits related to a new consultation than was the case in the before period.

Items of service provided or arranged at visit

The changes noted in the case of visits were very similar to those in relation to surgery consultations following the opening of the health

TABLE 4

SUMMARY OF RESULTS FROM THE DETAILED HOME VISITING WORKLOAD RECORDS

	PERIODS OF RECORDING		
	BEFORE HEALTH CENTRE OPENED	AFTER HEALTH CENTRE OPENED	
	PERIOD 2 (all doctors)	PERIOD 3 (all doctors)	PERIOD 4 (all doctors)
Duration of Recording Period	2 weeks in May 1972	3 weeks in Nov. 1972	2 weeks in May 1973
Total Visits	34	68	52
Percentage of Visits in which			
: Patient was Female	76%	71%	65%
: Patient was aged 0-14 years	33%	35%	35%
: Patient was aged over 65 years	26%	29%	40%
Percentage of Visits Classified as			
: New*	53%	59%	56%
: Acute Return*	21%	9%	21%
: Chronic Return*	18%	32%	23%
: Arising out of pregnancy	0%	0%	0%
: Initiated by patient	79%	69%	37%
: Initiated by doctor	21%	29%	17%
: Initiated by other	0%	0%	46%
Percentage of Visits in which the following items of service were provided or arranged: Prescription	68%	59%	56%
: Certificate	0%	10%	6%
: Specimen	6%	3%	0%
: Return visit to surgery to see doctor	15%	6%	6%
: Return visit by doctor to see patient	15%	32%	12%
: Referral to nurse (in surgery or patient's home)	0%	2%	4%
: Advice only	12%	29%	42%

Notes: The record forms used and notes on definitions are given in Appendix 2
This table is a summary of results presented in DLV1-5 of the Statistical Supplement
Results from period 1 in which Doctor X only kept records on a pilot basis are excluded from this table but included in tables of the Statistical Supplement
* Excluding consultations concerned with pregnancy (though none were classified as such in the 3 periods to which this table relates)

centre. In particular in the periods after the health centre was opened. The proportion of visits in which a specimen was taken or its taking was arranged was slightly lower; the proportion of visits in which advice only was given increased; but unlike the finding for surgery contacts the proportion of visits in which a prescription was provided declined. There was little change in the proportion of patients referred during a visit to a nurse.

RESULTS FROM THE JOURNEY TO SURGERY STUDY

Introduction

For four periods[1], each of about a fortnight, two before and two after the opening of the health centre the receptionist of the practice kept a record for all those attending the Carterton surgery to see the doctor, of their age and sex, the address from which they had travelled (and whether it was their home, work address, or other), method of travel, duration of journey in minutes and time of day of the surgery attended (see appendix 3).

The old branch surgery and the health centre were about 400 yards apart. They were situated on the same road in the village but on opposite sides of a crossroads and on opposite sides of the road (see map 2). The old branch surgery had no parking space and the road was busy and narrow making parking on the roadside difficult. The health centre had a carpark for patients. Otherwise except for the health centre being closer to the shopping centre than the branch surgery there was little apparent difference between the two buildings in terms of travelling convenience.

Numbers of attenders in the two after periods were in both cases some 40% higher than in the two before periods of the journey to surgery data being kept. The numbers recorded in the after periods seemed broadly comparable in magnitude with those obtained from the detailed surgery workload records or the routine records in general.

The age and sex distribution of attenders

As found in the case of the detailed workload surgery results females accounted for two-thirds of the attenders and the over 65s for relatively few (slightly more in the journey to surgery study than other studies but still less than 6% in any of the four periods). The 25-44 years age group accounted for 40% of attenders; with women making up at least three-quarters of this group except in the first period of recording when the proportion was 69% . Children under 15 accounted for 21-23% of the attenders in the four periods.

The origin of the journey and the method of travel to the surgery

The proportion of attenders who came from Carterton itself increased from 81% in the first recording period and 85% in the second to over 90% in both the after periods. The only other group of any size came from the

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[1] Period 1 was from the 10th to 21st January 1972
Period 2 from the 1st to 16th May 1972
Period 3 from the 5th to 16th March 1973
Period 4 from the 21st May to 1st June 1973

TABLE 5

SUMMARY OF RESULTS FROM THE JOURNEY TO SURGERY STUDY

	PERIODS OF RECORDING			
	BEFORE HEALTH CENTRE OPENED		AFTER HEALTH CENTRE OPENED	
	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4
Duration of recording session	9 weekdays in Jan 1972	10 weekdays in May 1972	10 weekdays in Mar 1973	9 weekdays in May 1973
Total attendances at branch surgery/ health centre	231	257	390	359
Percentage of attendances in which attender was: Female	64	72	69	65
: Aged 0-14 years	23	23	21	23
: Aged over 65 years	6	1	5	4
: Aged over 60 years	12	6	7	6
Percentage of attendances in which journey to surgery started from:				
Carterton	81%	85%	92%	91%
Home (as distinct from work, school etc.) among: (a) Male attenders	81%	90%	93%	97%
(b) Female attenders	92%	91%	94%	97%
Percentage of attendances in which journey to surgery was made on foot among:				
(a) Male attenders	50%	46%	39%	42%
(b) Female attenders	73%	71%	66%	67%
(c) Attenders aged 0-14 years	81%	76%	67%	67%
(d) Attenders over 65 years	85%	(BOTH, only 2 attended in this age gp.)	78%	73%
(e) Attenders over 60 years	78%	86%	77%	70%
Percentage of attendances where journey to surgery was made by car among:				
(a) Male attenders	38%	43%	52%	55%
(b) Female attenders	19%	17%	29%	28%
(c) Attenders aged 0-14 years	11%	14%	27%	28%
(d) Attenders aged over 65 years	8%	NONE	17%	13%
(e) Attenders aged over 60 years	15%	14%	19%	22%
Percentage of attendances where duration of journey to surgery was less than 5 minutes among:				
(a) Male attenders	34%	54%	59%	60%
(b) Female attenders	27%	28%	32%	40%
(c) Attenders aged 0-14 years	25%	24%	30%	40%
(d) Attenders aged over 65 years	15%	NONE	33%	27%
(e) Attenders aged over 60 years	22%	50%	42%	39%
Percentage of attendances where duration of journey to surgery was more than 15 minutes among:				
(a) Male attenders	26%	7%	11%	4%
(b) Female attenders	29%	7%	16%	5%
(c) Attenders aged 0-14 years	38%	8%	10%	1%
(d) Attenders aged over 65 years	54%	(1 out of 2 attenders in this age gp.)	28%	7%
(e) Attenders aged over 60 years	37%	14%	19%	9%

This table summarises results presented in tables JS1-9 in the Statistical Supplement

village of Brize Norton and accounted for a fairly constant number around 20 in each fortnight, but accordingly therefore a declining proportion of the attenders. The residue came from work places and other small villages. The great increase in numbers from Carterton are a probable consequence of the developments of housing taking place in the village during the period of the study.

Carterton is a relatively compact village and in the before stage over 70% of attenders coming from the village itself walked to the surgery and just over 20% came by car. In the after periods the proportion from Carterton walking to the surgery had dropped to just over 60% with a corresponding increase to 35% in the percentage coming by car. In no period did more than 1% come from within Carterton by bus (attenders coming from the other locations were more likely to come by car than bus both before and after the opening of the health centre and less likely to walk, because of the distances involved).

The fact that Carterton itself was growing rapidly so that some living there would be relatively farther from the centre of the village in the later period of the study is a possible explanation for the increase in the use of the car in the case of those travelling from Carterton - also the parking facilities of the health centre it is believed tipped the balance in favour of attenders using the car for what was usually a relatively short journey.

The duration of the journey to the surgery

Given the increased proportion travelling by car in the after periods any change in the duration of the journey, during the after period, would be affected by this as well as any changes in the average distance of journey made to the surgery (which unfortunately was not recorded in this study). The proportion of attenders starting from Carterton who said their journey took less than 5 minutes increased steadily from period to period from 32% in the first period to 50% in period 4 and the proportion of those taking more than 15 minutes fell from just over 20% in the first period to 13% in the third period and 4% in the 4th period. For those journeying from other locations the proportion whose journey lasted for more than 15 minutes was 60% in period 1, 23% in period 2, 20% in period 3 and 13% in period 4.

Method of travel to the surgery and duration of journey in relation to age and sex

The age groups most likely to walk to the surgery both before and after the opening of the health centre were those over 60 years of age (70% or more walked) and those under 15 years of age (at least two-thirds in each period walked). In the first period the proportion of those over 60 who took more than 15 minutes over their journey to the surgery was 37% (compared

with 28% of all attenders and 38% for those under 15 years). However in subsequent recording periods the proportion was much lower among the over 60s never exceeding 19%. In the periods after the health centre was opened also the percentage of those under 15 who took more than a quarter of an hour over their journey never exceeded 10%.

As has usually been found in studies of this kind[1] female attenders were more likely than men to walk in all four periods of the study and much less likely to come by car. The proportion of females who came by car never exceeded 29% while that for males increased steadily from 38% to 55% as the study progressed. Accordingly females generally reported a longer journey time than males e.g. in all but the first period at least 50% of males reported a journey duration of less than 5 minutes compared with between 27% and 40% of females - the 40% occurring in the last period when 60% of the males also reported this. In the first period it did appear that the average journey duration of males was much closer to that for females and this was due to the fact that in this period only the males were somewhat more likely to come to the surgery from work than females. In subsequent periods over 90% of both males and females set out from home to come to the surgery and indeed in the final period it was 97%.

In the first period a rather higher proportion of females than males reported starting their journey from Carterton itself largely because of the numbers coming from work outside the area. However in the subsequent periods the proportion coming from Carterton itself was virtually the same for males and females with hardly anyone coming from anywhere other than Carterton or the village of Brize Norton.

Time of surgery session to which attenders came

In the periods after the opening of the health centre rather fewer attenders reported coming to evening surgery and more to afternoon surgeries. In all four periods between 53% and 60% attended in sessions commencing before noon. Generally there was no consistent difference between the proportions of males and females at this time; females were however more likely to attend sessions commencing 12 noon up to 4.30 p.m. and correspondingly less likely than the males to attend the evening surgeries starting after 4.30 p.m.

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1 See e.g. Dyche and Bevan (1976) and Bevan and Baker (1977)

RESULTS FROM THE SURVEY OF PATIENT OPINION AND EXPERIENCE

Introduction

This section of the report is based on:

(a) a postal survey in May 1972 just before the health centre opened addressed to a systematic random sample of patients over 18 registered with the Bampton practice and whose records were held at the Carterton surgery (the before survey);

(b) a further approach in June/July 1973 also by postal questionnaire to the same group[1] as that approached under (a) just over a year after the health centre had opened (the respondents to this second enquiry are referred to as the survivors);

(c) at the same time as this, and using the same questionnaire, a fresh sample of patients over the age of 18 registered with the Bampton practice whose records were held at the Carterton health centre (excluding thos approached in the before survey) also approached by post.

We shall refer to this /last group as the fresh sample and (b) and (c) together constitute the after survey.

Where we wish to contrast the views or experiences of the practice population (over 18 years) at the time of the after survey with those of the analogous population at the time of the before survey, the best we can do is to compare the corresponding results from the before survey respondents with those from the respondents from the fresh sample. The results of the survivors of the before sample who replied also to the after questionnaire are also presented but we have to accept that they are a potentially unrepresentative group by virtue of their all still being traceable and their willingness to answer both our questionnaires. The main purpose for our study of this potentially atypical group, however, is that we obtained by this means an indication to the extent to which individuals were changing their views or reporting changed experience. (Simply by asking the same people twice for their opinions and experiences.

The respondents compared with the samples approached

The survey before the health centre opened (See Tables 6 and 7)

Seventeen percent of those approached could not be contacted because they had moved away or in a very few cased died but 81% of those who could be contacted did complete a questionnaire. Men were rather less likely than women to reply but the age distribution of the respondents was close to that of the sample originally approached.

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[1] Apart from a small number excluded by the practice because they had died or it was thought they should not be approached. Those who were uncontactable at the time of the before survey simply because they appeared to have moved were however approached again.

TABLE 6

RESPONSE TO THE PATIENT SURVEYS

	FIRST SAMPLE		FRESH SAMPLE
	Before Survey	After Survey	After Survey
Total approached (a)	502	484	418
Uncontactables* (b)	83	138	59
(Uncontactables as a percentage of the Total approached)	(17%)	(29%)	(14%)
Total contactable sample (a-b)	419	346	359
Total completed questionnaires	341	226	252
(Total completed questionnaires as a percentage of Total contactable sample)	(81%)	(65%)	(70%)

* Uncontactables: Those found to have moved from the area or to have died

(This table is based on Table P1 of the Statistical Supplement)

TABLE 7

AGE/SEX CHARACTERISTICS OF RESPONDENTS COMPARED WITH THE TOTAL SAMPLES APPROACHED

	BEFORE SURVEY		AFTER SURVEY			
			First sample approached again		Fresh sample	
	Total Approached	Respondents	Total Approached	Respondents	Total Approached	Respondents
TOTALS(100%)	502	341	484	226	418	252
Percentage who were:female	60	63	61	63	56	58
:aged 25-44 years	53	51	54 *	44 *	52	49
:aged over 65 years	8	10	8 *	12*	8	10
:aged over 60 years	13	16	14 *	19 *	12	16

* At the time of the after survey

This table is based on tables P2-4 of the Statistical Supplement

The after survey (June/July 1973)

Among the group referred to under (b) above (i.e. the members of the original sample who were approached again at the after stage) the response was predictably rather poorer than that obtained in the before survey, this was even after making allowance for those who were uncontactable by virtue of having moved away or died - this group now made up nearly a third of those approached originally. However, 65% of those who were contactable at this stage completed a questionnaire. Men were again somewhat less likely to reply than women and among men the average of respondents was older than that of the sample approached (at the time of the after survey) - though the age distribution of women respondents was very similar to that of women approached.

In the case of the fresh sample questioned in the after survey (group c) men were slightly less likely to reply than women but the age distribution of men and women respondents was quite similar to that for the sample approached though with a slight excess of over 60s. On this occasion 14% of the sample approached were uncontactable and the response rate expressed as a proportion of those that were contactable was 70%.

Compared with the age/sex distribution of the Carterton practice area population at the time of the 1971 census it appeared that both the samples approached and the respondents in all cases contained:
(a) a higher proportion of women (possibly because women were more likely to register with a doctor than men given their higher contact rate with general practitioners (see table 10) both for themselves and their children);
(b) a higher proportion of those in the age group 25-44 years and a lower proportion in the age group 65 years and over (this is probably due to the fact that although the Bampton practice took patients from within an area surrounding Carterton itself, and this surrounding area appeared to have a population of the order of 25% of that of Carterton itself in 1971 only about 5% of their patients (see below) appeared to come from this area outside Carterton itself).

The addresses of the respondents in the various surveys

In all three groups (a), (b) and (c) about 94-95% of the samples approached and of the respondents came from Carterton itself and most of the rest from Brize Norton village.

Respondents to the before survey: source of knowledge if any of the forthcoming opening of the health centre

Seventy-five percent reported that they knew that a health centre was to open 'soon'. The most frequently mentioned source of information of this group was newspaper (mentioned by 27% of those who knew of the health centre opening)

followed by 'other patients' (24%) and then the third most common was 'saw centre being built' (by 17%) and 16% had heard from surgery receptionist or the doctor or health visitor etc.

Frequent attenders at the surgery in the previous 12 months were more likely to know of the opening of the health centre than less frequent attenders, predictably enough, and also more likely to have heard of its opening from the doctor or staff of the practice or from 'other patients' - though in both cases the differences were not large.

At the time of the after survey (that is 14 months after the health centre had opened) how many of the respondents had been to the health centre?

Eighty-six percent of the fresh sample and 88% of the survivors indicated that they had been to the health centre for some reason by the time of the survey.

At which premises would patients prefer to see their doctor? (Table 8)

The before survey

In the before survey, the respondents were asked to choose between the present surgery (that is the branch surgery at Carterton), a health centre, or 'don't mind'.

Just over half the respondents did not mind where they saw their doctor, a third opted for a health centre and 9% for the present surgery. Men were rather more likely to favour the health centre than women - but there was little difference between the proportions of men and women preferring the old surgery. Among women the older age groupswere slightly more likely to favour the health centre than younger age groups. In the case of men however, whilst this trend was apparent for the three age groups below 60 years of age, those over 6 5 were relatively unlikely to favour the health centre and more likely not to mind where they were seen. The number of visits paid to the surgery by respondents to see a doctor in the previous year (or to take someone else) did not appear to be related to their preference to where they were seen. Those who lived in Carterton itself were more likely than those living else where to favour the health centre (though the number of the latter was very small - none of these however favoured the present surgery).

Those who knew that the health centre was to open were considerably more likely to opt for a health centre than those who did not know about it (40% of the former and 21% of the latter would have preferred to be seen by their doctor in a health centre) - among those who did not know about the health centre also a relatively high proportion would have preferred to be seen in their present surgery.

Those who thought that the existing waiting room in the Carterton branch surgery was unsatisfactory were considerably more likely (53%) to favour a health centre than those who thoughtthat the existing waiting room was

TABLE 8

RESPONDENTS' PREFERENCES CONCERNING THE SURGERY PREMISES AT WHICH THEY WOULD PREFER TO SEE THEIR DOCTOR - RESULTS FOR VARIOUS CATEGORIES OF RESPONDENTS

CATEGORIES OF RESPONDENTS	BEFORE SURVEY Percentage who would prefer		AFTER SURVEY Percentage who would prefer (FRESH SAMPLE)		AFTER SURVEY Percentage who would prefer (SURVIVORS)	
	Present Surgery	A Health Centre	Previous Surgery	Carterton Health Centre	Previous Surgery	Carterton Health Centre
All Respondents	9	35	1	75	2	76
Male Respondents	8	42	2	73	4	71
Female Respondents	10	32	1	76	1	79
Respondents aged 18-24 years	8	23	3	69	9	56
Respondents aged 25-44 years	9	37	0	74	1	76
Respondents over 65 years	3	33	0	76	0	93
Respondents who lived outside Carterton	0	22	15	54	7	53
Respondents who did not visit their doctor's surgery in previous year	8	34	0	50	3	63
Respondents who had visited their doctor's surgery one or more times in previous year	9	36	1	78	2	78
Respondents who stated that they did not normally receive an appointment on the day requested	Question not asked		2	68	1	61
Widowed Respondents	7	26	0	79	0	63
Single Respondents	5	45	6	56	6	63
Respondents in fulltime employment	6	42	2	72	2	72
Respondents who were retired	10	31	0	81	0	81
Housewives (not in employment)	14	28	2	75	2	77
Respondents who were on telephone at home	8	39	1	78	1	79
Respondents who were not on telephone at home	9	34	1	73	2	74

Note In the before survey "present surgery" was the Carterton branch surgery
In the after survey "previous surgery" " " " " " " "

Most of those who did not indicate a preference for either the branch surgery or the health centre said they did not mind where they were seen.

This table is based on the following tables in the Statistical Supplement (P Series) 7,8,12,13,40,52,55.

The totals on which these percentages are based are to be found in table 14.

satisfactory (25% favouring the health centre) - surprisingly only 38% thought the waiting room was unsatisfactory though practice staff felt that it was far from suitable. The method used normally by respondents to make an appointment did not appear to be related to their preference as to where they wished to be seen by their doctor nor was there any clear difference associated with socio-economic group (except that those classified as "armed forces and inadequately described occupations" were as a group rather less likely than the remainder of those approached to favour the health centre). The great majority of respondents both men and women were married so it is difficult to say whether there were any differences associated with marital status though the small number of widowed persons both men and women were less likely than others to favour the health centre. Those who worked full-time or part-time were more likely than those who were retired or were housewives (not otherwise employed) to favour the health centre. Among women the number of children they had under five years did not appear to be related to their preferred place for seeing the doctor.

A number of respondents commented on their preferences. Among those who favoured a health centre many added that this was because they assumed that a health centre would be better equipped (often mentioning X-ray) and that outpatient sessions would be held there. These facilities were available at the nearby Nuffield health centre in Witney and some of those who commented did say that they were assuming that the health centre in Carterton would be similar to that at Witney.

The after surveys

In the after surveys respondents were asked to choose between the previous surgery, Carterton health centre and 'don't mind'.

Seventy-five percent of the fresh sample and 76% of the survivors stated a preference for the health centre. Virtually all the remainder didn't mind where they were seen. Both among the fresh sample and survivors, women were slightly more likely than men to opt for the health centre (the opposite was the case in the before survey). There appeared to be no very obvious trend in proportions favouring the health centre with age though the youngest age group particularly men still seemed to be least favourable both among the survivors and the fresh sample. Certainly there was no evidence to suggest that older respondents particularly those over 65 were any less likely to prefer the health centre than any other age group; if anything the contrary.

Once again those who lived in Carterton were more likely to say they preferred the health centre as the place to be seen by their doctor than those living in other places both among the survivors and the fresh sample though the numbers for those living outside Carterton were particularly small in the

after surveys. Unlike the before survey those who had paid one or more visits to see their doctor in the year preceding the survey were considerably more likely to favour the health centre than those who had not paid a visit of this kind; the difference was quite marked both among the fresh sample respondents and the survivors.

About the same proportion of respondents in the after surveys as in the before surveys used the telephone to make appointments as distinct from calling at the surgery and once again there was little difference between those using the two different methods as regards the proportions stating a preference for the health centre. In the after surveys (but unfortunately not in the before survey) respondents were asked whether or not they normally received an appointment on the day requested. Both among the fresh sample and the survivors just over three-quarters said that they did normally receive an appointment on the day they requested and about one-sixth in both cases said that they was not the case. Among the group who did report normally receiving an appointment on the day requested a much higher proportion, about 80%, indicated that they preferred the health centre as the place to be seen than those who did not normally receive an appointment the day they requested(where only around two-thirds favoured the health centre);the difference was largely accounted for by a much greater proportion opting for 'don't mind' among this group which was however relatively small; the differences were more marked among the survivors.

Socio-economic group differences did not appear to be related to preferences as towhere to be seen with the possible exception that the very small number of professional workers among the respondents both in the before and after surveys were rather less likely than other groups to favour the health centre. As for the armed forces and inadequately described occupations among the survivors they were somewhat less likely than respondents as a whole to favour the health centre but the opposite was the case among the fresh sample. Those on the telephone however both in the before and after surveys were generally a little more likely to favour the health centre than those not on the telephone.

Among the survivors but not among the fresh sample married persons were more likely than widowed people to favour the health centre. Those who worked part-time or were retired emerged as being slightly more in favour of the health centre than those who worked full-time or were housewives (not otherwise employed); the opposite result to that obtained in the before surveys although the difference was not great. Among women the number of children they had under 5 years did not appear to be related to their likelihood of preferring the health centre as a place to be seen by their doctor.

Thus at the time of the after survey the great majority of the respondents stated a preference for the health centre and almost all the rest did not mind where they were seen by their doctor. Among the survivors who answered the question

on both occasions the great majority of those who opted for a health centre in the before survey retained this preference in the after survey (65 out of 77) all but one of the rest moving to the don't mind category. (So it would appear that the non-existence of outpatient sessions and X-ray facilities did not cause many of those in favour of a health centre at the before stage to change their mind by the time of the after survey). However, over 70% of those who in the before survey said they didn't mind hand changed their preference to the health centre by the time of the after survey and a similar proportion of those who had favoured the present surgery in the before study had changed their preference in this way.

A comparison of experiences and practices, with some possible relevance to the opening of the health centre, reported by the respondents in the before and after surveys

Introduction

The last section gave an indication of respondents' preferences as to where they would like to see their doctors and explored explanations for their preferences. In this section we search for changes in experience or practice reported by respondents which might be in some sense associated with the opening of the health centre. (That is, of course, not the same as saying the change was caused by the health centre opening.)

Travel to the surgery (table 9)

Origin of journey to the surgery

In the before survey about 84% of respondents both among men and women reported that they normally came to the surgery from home. In the after survey the proportion who came normally from home was much the same for women but rather lower for men (around 70%), both among the fresh sample respondents and the survivors.

Normal method of travel to the surgery

In the before survey about 40% said they normally walked to the surgery and 40% came by car. In the after surveys (both fresh sample respondents and survivors) about 30% said they normally walked and 47% said they normally came by car. No other method of travel was used by more than 7% of respondents in any of the surveys. Higher proportions in the after surveys than in the before survey stated they normally travelled to the surgery by car in the case of the following groups[1]: male respondents, respondents under 25 years of age, widowed respondents, single respondents, respondents in fulltime employment, respondents not on the telephone. Women generally seemed no more likely to use a car in the after surveys and in particular housewives (not otherwise employed) and those with one or more children under 5 years. Nor were the elderly as a whole more likely to come by car - very few of those over 60 years of age used the car compared with the younger respondents. Also despite the increases in car usage reported in the after surveys even then very few of the widowed respondents and single respondents said that they normally came to the surgery by car.

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[1] There will be some overlap between these groups

TABLE 9

INFORMATION FROM THE POSTAL SURVEY RESPONDENTS RELATING TO TRAVEL TO THEIR DOCTOR'S SURGERY

	BEFORE SURVEY		AFTER SURVEY			
			FRESH SAMPLE		SURVIVORS	
Percentage of respondents who usually started journey to surgery from home (as distinct from work etc.) among :						
Male respondents	83		72		70	
Female respondents	84		81		80	
Percentage of respondents who usually travelled to the surgery (a) on foot, (b) by car, among :	(a)	(b)	(a)	(b)	(a)	(b)
Male respondents	29	50	27	65	23	58
Female respondents	48	35	44	36	43	39
Respondents aged 18-24 years	51	28	54	40	35	43
Respondents over 65 years of age	48	30	68	20	59	30
Respondents over 60 years of age	46	29	58	25	48	27
Widowed respondents	52	19	42	37	50	30
Single respondents	55	20	50	31	44	25
Respondents in fulltime employment	30	54	23	65	22	61
Retired respondents	59	17	75	19	58	23
Respondents who were housewives (not in employment)	52	33	56	25	48	33
Respondents who were on telephone at home	30	57	30	58	28	58
Respondents who were not on telephone at home	48	32	45	38	41	36
Women with one or more children under 5 years	53	36	57	29	41	43
Percentage of respondents who stated that their journey to the surgery usually took more than 15 minutes	17		13		15	
Percentage of male respondents reporting difficulty in travelling to the surgery	3		0		5	
Percentage of female respondents reporting difficulty in travelling to the surgery	9		6		6	

Note: this table is based on the following tables of the statistical supplement (P Series) 21,22,27,44,54,57,60,43.

The totals on which these percentages are based are to be found in table 14

Nearly all respondents lived in Carterton itself; the few who lived elsewhere were of course much less likely to walk to the surgery.

Among the 207 survivors who stated their normal method of travel to the surgery in both the before and after surveys 88 said they normally travelled by car in the before survey and 95 in the after survey with a corresponding decline in the numbers who said they normally walked to the surgery.

Normal duration of the journey to surgery

In the before survey 18% said their journey took more than 15 minutes compared with 13% among the fresh sample in the after survey and 15% among the survivors.

Travel difficulties reported by respondents

Among men, 3% of respondents reported travel difficulties in the before survey,none at all among the fresh sample respondents in the after survey, and 5% among the survivors. Among women, 9% reported such difficulties in the before survey and 6% both among the fresh sample respondents and survivors, in the after surveys. Those experiencing difficulties were distributed over most age groups in the case of men in the before and after surveys and also women in the after surveys. In the before survey half the women over 65 years of age reported difficulties in travelling to the surgery (though this was in total a fairly small number). The most common single reason for reporting difficulties was poor health though some mentioned poor bus service and lack of a car, and only one person mentioned the problem of travelling from work.

The results on travel to the surgery from the postal survey of patients compared with those from the journey to surgery study

(see page 29 and table 5)

The journey to surgery study was based on information obtained from attenders about the journey they had just made to the surgery shortly after it was completed. The information was based on two periods of a fortnight before the health centre opened and two periods of similar length afterwards. The postal surveys were addressed to a random sample of patients of the Bampton practice (whose records were kept at the Carterton surgery) and concerned with what "usually" happened when they made a journey to the surgery. The postal survey thus is concerned with much less specific information than the journey to surgery study but is intended to be representative of the population of patients under examination (including some who will not have been to the surgery in the previous year) while the journey to surgery study is concerned with a sample of attendances.

Accordingly it is not surprising that there were some differences between the results for the two studies. In particular far higher proportions among the postal survey respondents reported coming usually

to the surgery from work than was the case (in respect of the actual journey to the surgery) in the journey to surgery study; and the proportion increased in the after survey which was the opposite of what was found in the journey to surgery study. Given the time horizon which postal respondents were asked to use in respect of several questions in the questionnaire it could be that they were[1] casting their minds back to a situation in the Carterton branch surgery before the appointments system was in operation. On the other hand the postal survey does confirm the finding of the journey to surgery study that a higher proportion of people were coming to the surgery by car when the health centre was open - also that women were much less likely to come by car than men, and the elderly than younger respondents.

Normal method of obtaining appointments reported by respondents

Both before and after the opening of the health centre just over half the respondents made an appointment by telephone and about 40% by calling at the surgery. If those who were on the telephone only are considered, then the proportions before and after the opening of the centre who made an appointment by telephone were virtually identical. However among those who were not on the telephone a lower proportion telephoned when the health centre was opened than in the before stage and a somewhat higher proportion called at the surgery (at the time of the before survey 36% of the respondents were on the telephone compared with 42% of the survivors and 51% of the fresh sample of respondents (at the time of the after survey).

Respondents' recollections of the number of times they had visited the surgery (to see the doctor or to take someone else) and the number of times they had been visited at home by the doctor (either for themselves or someone else in their home) in a period of about a year preceding each survey (see table 10)

On the basis of answers given by respondents about the number of surgery visits they had made and the number of times their doctor had visited their homes for the purposes mentioned above during the period of a year approximately preceding each survey, average annual surgery attendance and home visiting rates for various categories of respondent were calculated (for details of the calculations see a note below table P15 of the statistical supplement). Note that the surgery attendance rates and home visiting rates include surgery attendances and home visits in which the respondent was involved as a companion or member of household of the person actually being attended.

Surgery attendance rates

Respondents in the after surveys (both survivors and fresh sample) reported at least 10% fewer attendances on average per year than respondents

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[1] in the before survey

TABLE 10

AVERAGE ANNUAL SURGERY[1] AND HOME VISITING[2] RATES BASED ON RESPONDENTS' RECOLLECTIONS RELATING TO A PERIOD OF ABOUT A YEAR PRECEDING EACH SURVEY

(a) Average surgery contact rates and (b) Average home visiting rates for:	BEFORE SURVEY		AFTER SURVEY			
			FRESH SAMPLE		SURVIVORS	
	(a)	(b)	(a)	(b)	(a)	(b)
Male attenders	4.5	1.8	3.5	1.3	4.0	1.8
Female attenders	6.7	1.9	6.2	1.7	5.8	1.2
Respondents aged 18-60 years	6.6	1.7	5.1	1.4	5.4	1.1
Respondents aged over 60 years	3.2	2.8	5.2	2.2	4.3	2.7

[1] i.e. Respondent's surgery visits to see the doctor themselves or to take someone else

[2] i.e. visits to respondent's home to see respondent or someone else in the household

This table is based on tables P15, P16 of the Statistical Supplement (Note that in the case of the rates presented in this table for the after survey, those in the statistical supplement tables have been deflated by 6% to take account of the fact that in the after survey the period about which respondents were questioned was longer by that amount than the period referred to in the before survey).

in the before survey. (Both before and after the recollected attendance rate was considerably higher for women than for men). Both among men and women the decrease occurred in the under 60s age group; and it appeared that those over 60 years of age were making more visits on average per year to the surgery than in the period before the health centre opened.

The 207 survivors who answered the question on numbers of visits to their doctor in the preceding year in both surveys however appear to have seen their doctor more often in the surgery in the after period than in the before period. In particular whereas in the period covered by the before survey 20% of them stated that they had not been to their doctor at all in the preceding 12 months, in the after period the corresponding percentage was 14%. There are reasons however why this particular group may differ in their experience from patients of the practice as a whole since they would by definition be slightly older at the time of the after survey than they were at the time of the before survey and would in many cases have become more settled in Carterton by that time.

Home visits

Among men the reported visiting rate in the after survey was lower in the case of the fresh sample respondents than that reported by the respondents in the before survey (though among the survivors the average rate was the same as that found for respondents in the before survey). Among women both fresh sample respondents and survivors, the average rate reported in the after survey was lower than that for the before survey. The fall in the reported visiting rate was more marked among those under 60 years of age than among older respondents.

It appears that for both men and women the combined surgery and home visiting rate per year (as recollected by them) was lower in the year after the centre had opened than it had been in the year just before it was opened. For example men recalled an average of 6.3 contacts in the home or surgery per year in the before survey compared with 4.8 in the case of the fresh sample respondents in the after survey (5.8 in the case of survivors). Women recalled 8.6 contacts in the home or surgery per year in the before survey and among the fresh sample respondents 7.9 at the time of the after survey (7.0 in the case of the survivors).

Respondents recollection of the number of times they had felt the need to go to see their doctor at the surgery or to call the doctor to their home but had not done so for some reason in the period of about a year preceding each survey (Table 11)

Average rates per year for various categories of respondent for the number of times they had felt the need for a surgery consultation and the number of times they had felt the need for calling a doctor to their home, but had not actually done so, were calculated in much the same way as the average rates in the immediately preceding sections (pp 44-47). The questions on which this section is based were interpreted, as indeed was the intention, by most respondents who commented on their answers as being entirely concerned with occasions when the patient felt a need for a consultation but did not take any action (very often because they did not wish to trouble the doctor when he was busy).

Surgery visits needed but not requested

In both the before and after surveys men reported on average that they had felt such a need about the same number of times. Among women the average number of times this need was felt in the after survey was about half that reported in the before survey.

Both among those over 60 and those under 60 years of age the rate of surgery consultations needed but not asked for was lower in the after survey than it was in the before survey.

(The 207 survivors answering this question on both occasions also reported a lower rate of occasions when they felt the need for surgery consultation but had not sought one in the after survey than in the before survey)

Home visits needed but not requested

Both among men and women, and among those over 60 years of age as well as younger respondents, the average number of such occasions reported was lower in the after surveys than in the before surveys - though the rates in all cases were fairly small.

Among the survivors who answered this question in both surveys also the number of occasions when a home visit was needed but not called for was lower on average in the after survey than it was in the before survey.

If we add together the number of occasions when respondents felt the need for attention from the doctor either in the form of surgery consultation or a home visit but had not in fact asked for

TABLE 11

AVERAGE NUMBER OF TIMES RESPONDENTS RECOLLECTED FEELING THE NEED TO SEE THEIR DOCTOR AT THE SURGERY OR FOR THE DOCTOR TO BE CALLED OUT TO SEE THEM BUT WHERE THEY DID NOT ACTUALLY REQUEST THIS

	BEFORE SURVEY		AFTER SURVEY			
			FRESH SAMPLE		SURVIVORS	
Average number of times per year (a) Respondent felt need for surgery consultation but did not request one (b) Respondent felt need for home visit but did not call doctor out, for:	(a)	(b)	(a)	(b)	(a)	(b)
Male respondents	0.7	0.4	0.7	0.2	0.8	0.3
Female respondents	1.6	0.7	0.9	0.5	0.8	0.4
Respondents aged 18-60 years	1.1	0.5	0.8	0.4	0.7	0.3
Respondents aged over 60 years	1.7	1.3	0.8	0.4	1.4	0.8

This table is based on tables P17 and P18 of the Statistical Supplement (Note that in the case of the rates presented in this table for the after survey, those in the statistical supplement tables have been deflated by 6% to take account of the fact that in the after survey the period about which respondents were questioned was longer by that amount than the period referred to in the before survey).

this for some reason, it appears that on average respondents felt this sum to be lower in the year preceding the after survey than did respondents when thinking of the period preceding the before survey.

So we have the result that respondents were reporting lower contact rates with their doctor when the health centre was open and reporting that they less often failed to request attention from their doctor when they felt they needed it.

Staff other than the doctor who had attended respondents in the year preceding each survey

In the case of the district nurse, only about 1% of men and of women respondents reported that they had been attended by her in the surgery in the year before the health centre opened compared with about 8% in the year after the health centre opened. The proportion of respondents who had been attended at home by the district nurse was slightly lower in the after period (4% fresh sample, 6% survivors) than in the before period (7%) probably because some work that would have been done in the patients home had now been transferred to the health centre

In the case of the health visitor in the before survey 4% of women respondents said they had seen her in the surgery and 23% at home. The corresponding figures in the after survey (fresh sample) were 14% and 21% respectively (13% and 18% among the survivors).

There was no change in the proportion of women who had seen a midwife either at the surgery (about 5%) or in their homes (about 8-9%).

The chiropodist had not been available in the old surgery and so a question about whether or not respondents had seen this person in their doctors surgery was not asked/ In the after survey (both fresh sample and survivors) about 1% of men and 3% of women reported having seen a chiropodist in the health centre. (One percent of men and of women reported seeing the chiropodist at home.)

The preference of respondents when they wish to see a doctor about a non-urgent matter and their own doctor was not available at all at the surgery on the day when they wished to see him - would they prefer to see another doctor or to see their own doctor on another day?

This question was included to see whether the opening of the health centre was associated with any weakening in the link between the patient and his doctor. Among men both before and after the opening of the health centre around three-quarters would see another doctor and the rest would wait for their own doctor.

Among women, in the after survey fresh sample respondents were somewhat less likely to be prepared to see another doctor than those in the before survey (58% compared with 68%) but there was no difference between the survivors in the after survey and before survey respondents in this respect. It was among those in the 18 to 24 years age group (both fresh sample and survivors) that there was the most marked drop in the proportion prepared to see another doctor.

Among the survivors who answered the question on both occasions there was almost no change in the proportion who were prepared to see another doctor although this was marginally down; and slightly more numerically speaking were prepared to wait for their own doctor. This overall impression of lack of change conceals the somewhat larger numbers of individuals who changed their minds in various directions, e.g. of the 145 persons who were in the before survey would see another doctor 120 would be prepared to see another doctor in the after survey and 24 would want to wait for their own doctor. By contrast of the 56 in the before survey who said they would wish to wait for their own doctor 21 in the after survey would see another doctor and 34 would wait for their own doctor.

What would the respondent do if they cut their hand badly at home at three o'clock on a Tuesday afternoon and although the bleeding soon stopped they thought it would need seeing by someone (table 12)

In the before survey 64% of respondents said they would go to their doctors surgery, that is to say the old branch surgery in Carterton, 21% to the Witney health centre, 7% to a hospital of one kind or another (hospitals would all be at least 10 miles away from Carterton). In the after survey 80% among the fresh sample respondents and 82% of the survivors said they would attend their own doctors surgery, that is in the health centre, and only 10% in either group would at this time have gone to the Witney health centre; about the same would have gone to a hospital as in the before survey. The Witney health centre did have a long established minor casualty service - it had been in operation for some 20 years in Witney including a number of years before the health centre itself was built and was staffed throughout the opening hours of the health centre. In the Carterton health centre the district nurse was to attend the treatment room at 11.00 a.m. on weekday mornings - but during the study period this arrangement could not always be maintained owing to a shortage of nurses.

Two factors possibly affecting those opting in favour of the Witney health centre as distinct from their doctors surgery were:

1. Whether or not the respondent works in the Witney area; and,
2. Whether or not the respondent has access to a car on a Tuesday afternoon.

TABLE 12

WHAT WOULD RESPONDENTS DO IF THEY CUT THEIR HAND BADLY AT HOME AT THREE O'CLOCK ON A TUESDAY AFTERNOON AND ALTHOUGH THE BLEEDING SOON STOPPED THEY THOUGHT IT WOULD NEED SEEING BY SOMEBODY - ANSWERS FOR VARIOUS CATEGORIES OF RESPONDENTS

CATEGORIES OF RESPONDENTS	BEFORE SURVEY Percentage who would go to			AFTER SURVEY FRESH SAMPLE Percentage who would go to			AFTER SURVEY SURVIVORS Percentage who would go to		
	Doctor's Surgery	Witney Health Centre	A Hospital	Doctor's Surgery	Witney Health Centre	A Hospital	Doctor's Surgery	Witney Health Centre	A Hospital
All Respondents	64	21	8	80	10	7	82	10	4
Male Respondents	60	23	10	79	10	9	76	11	10
Female Respondents	66	20	6	80	10	5	86	9	1
Those in full-time Employment	60	22	12	81	9	7	74	16	7
Those in part-time Employment	61	29	8	79	12	9	91	3	3
Retired Respondents	66	21	0	81	6	6	81	4	4
Housewives (not otherwise employed)	73	19	5	79	10	5	92	5	2
Women with one or more children under five years	72	17	3	83	10	2	93	2	2

This table is based on tables P28, P53, P56, P59

The totals on which these percentages are based are to be found in table 14

Table 12 suggests that both of these factors may have had some bearing on respondent's choice in the before survey; however it is clear that for all classes of respondent considered a much higher proportion opted for their doctor's surgery than in the before survey.

Among the 207 survivors who answered the relevant question in both surveys the main change in preference was among the 44 people who in the before survey said they would go to Witney health centre for treatment for a cut hand. Thirty four of those in the after survey indicated that they would go to their doctor's surgery.

Respondents' opinions in the after survey as to whether the medical care they obtained from their doctor had changed for the better or worse after the health centre had opened (Table 13)

Twenty seven per cent of the after fresh sample respondents and 30% of the survivors thought that the medical care in question had changed for the better; hardly anyone (no more than 2% among either the fresh sample respondents or the survivors) thought that care had changed for the worse. All the rest either felt that the care had not changed or in the case of a few respondents that they could not give a definite answer one way or the other (there were more of these among the fresh sample respondents *).

There was not much difference between the answers of men and women respondents among the fresh sample though among the survivors a higher proportion of men felt that care had changed for the better than women. Among the fresh sample respondents those over 60 years of age resembled the respondents as a whole in terms of the proportion who felt that care had changed for the better. Among the survivors however those over 60 were much more likely than younger respondents to feel that care had changed for the better.

Women aged 25-44 years of age who made up a substantial part of the practice population and gave rise to an even larger proportion of contacts (particularly if those concerned with children are included) were slightly less likely than women as a whole among either the fresh sample respondents or the survivors to feel that care had changed for the better. However women with one or more children under 5 years were more likely to feel that care had changed for the better than women as a whole among the survivors whilst the opposite was true in the case of fresh sample respondents.

Those who preferred to be seen by their doctor at Carterton health centre were much more likely to feel that care had changed for the better than those

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* possibly because these would include some recent arrivals in Carterton.

TABLE 13

PERCENTAGE OF RESPONDENTS WHO FELT THAT THE MEDICAL CARE THEY RECEIVED FROM THEIR DOCTOR HAD IMPROVED FOLLOWING THE OPENING OF THE HEALTH CENTRE - FOR VARIOUS GROUPS OF RESPONDENTS IN THE AFTER SURVEY
(Note almost all respondents who did not feel that care had improved felt that it had stayed the same (on balance) and less than 2% thought it had changed for the worse)

CATEGORY OF RESPONDENT	FRESH SAMPLE	SURVIVORS
All	27	30
Men	26	36
Women	27	28
Respondents over 65 years of age	24	56
Respondents over 60 years of age	28	41
Respondents aged 18-24 years	20	30
Women aged 25-44 years	25	26
Women with one or more children under 5 years	24	34
Respondents who preferred seeing their doctor at the health centre	33	36
Respondents who did not mind where they saw their doctor	12	10
Those who had visited the surgery on one or more occasions to see doctor or to take someone else in preceding year	30	30
Those who had <u>not</u> visited the surgery to see doctor or to take someone else in preceding year	7	29
Those whose doctor had visited their home at least once in preceding year to see them or someone else in household	31	40
Those whose doctor had <u>not</u> visited their home at least once in preceding year to see them or someone else in household	24	23
Those who had attended a surgery session where nurse helped doctor	34	34
Those who had <u>not</u> attended a surgery session where nurse helped doctor	24	27
Those who thought it an advantage for the patient to be seen by a nurse at doctors surgery	32	34
Those who thought it a disadvantage for the patient to be seen by a nurse at doctors surgery	25	12

TABLE 13

(continued)

CATEGORY OF RESPONDENT	FRESH SAMPLE	SURVIVORS
Those who were on 'phone at home	27	32
Those who were not on 'phone at home	28	29
Those who, if they had badly cut their hand on a Tuesday afternoon, would go to:		
(a) Witney Health Centre	16	18
(b) Doctors' Surgery	29	32

This table is based on the following tables from the Statistical Supplement (P Series) 61, 62, 63, 65, 70, 71a, 74, 75, 66.

The denominators on which percentages are based are given in Table 14

who didn't mind where they were seen or preferred the previous surgery (in fact only about 10% of the latter thought that care had changed for the better following the opening of the health centre). Respondents who had had some form of contact with their doctor either in the form of a visit to the surgery in the preceding year or a home visit to a member of their household in that period were more likely than those who had not had contact of this kind to feel that care had changed for the better. Also those who had attended a surgery where a nurse had helped the doctor (not necessarily in the health centre) were more likely to feel that care had changed for the better following the opening of the health centre than respondents who had not attended such a surgery. Moreover those who thought the nurse helping the doctor in this way was advantageous to the patient were more likely to feel that care had changed for the better following the opening of the health centre than respondents who felt that the nurse working in this way was a disadvantage to the patient.

Those who would still when they cut their hand on a Tuesday afternoon go to the Witney health centre for treatment were much less likely to feel that care had changed for the better following the opening of the Carterton health centre than the respondents who said they would go for treatment of this kind to their doctor's surgery; so it would appear that at least some of those opting at the time of the after survey for going to the Witney health centre for treatment of a cut hand were doing so not just on the ground of convenience.

There was no evidence found in the surveys that the more affluent were any different from those less well-off in terms of their feelings about whether or not the opening of the health centre had improved the care their doctor could give them (in particular there were not apparent differences that made any sense of this kind between members of different socio-economic groups; those on the telephone did not differ from those not on the 'phone and those coming by car held similar views to those using other means of transport to the surgery).

TABLE 14

NUMBERS OF RESPONDENTS ON WHICH THE PERCENTAGES IN TABLES 8,9,12, and 13 ARE BASED (i.e. DENOMINATORS OF THE FRACTIONS INVOLVED)

CATEGORY OF RESPONDENT	BEFORE SURVEY	AFTER SURVEY	
		Fresh Sample	Survivors
All Respondents	341	252	226
Male Respondents	126	106	84
Female Respondents	215	146	142
Respondents aged 18-24 years	39	35	23
Respondents aged 25-44 years	173	124	100
Female Respondents aged 25-44 years	116	73	69
Respondents aged over 65 years	33	25	27
Respondents aged over 60 years	36	40	44
Respondents who lived outside Carterton	18	13	15
Respondents who had not visited their doctors surgery in previous year to see him themselves or to take someone else	62	28	38
Respondents who had visited their doctors surgery on one or more occasions to see him themselves or to take someone else in previous year	274	223	185
Respondents whose homes (a) had not, (b) had been visited on one or more occasions in preceding year by doctor either to see respondent or other person in the household	(a)178	148	131
	(b)155	99	94
Respondents who stated that they did not normally obtain an appointment on the day requested	N/A	41	39
Widowed Respondents	42	19	30
Single Respondents	20	16	16
Respondents in full-time employment	142	132	99
Respondents in part-time employment	49	34	33
Respondents who were retired	29	16	26
Housewives (not in employment)	107	61	60
Respondents who were (a) on telephone	122	130	96
(b) not on telephone	212	119	129
Women with one or more children under 5 years	72	42	44
Respondents who preferred seeing the doctor in the health centre	N/A	189	172
Respondents who did not mind where they saw the doctor	N/A	51	49
Those who had attended a surgery where nurse helped the doctor	N/A	91	86
Those who had not attended a surgery where nurse helped the doctor	N/A	153	134

TABLE 14

(Continued)

CATEGORY OF RESPONDENT	BEFORE SURVEY	AFTER SURVEY	
		Fresh Sample	Survivors
Those who thought it an advantage for the patient to be seen by a nurse at the doctor's surgery	N/A	172	173
Those who thought it a disadvantage for the patient to be seen by a nurse at the doctor's surgery	N/A	43	25
Those, who if they had badly cut their hand on a Tuesday afternoon, would go to:			
(a) Doctor's Surgery	N/A	202	186
(b) Witney Health Centre	N/A	25	22

N/A = Not Applicable in the case of tables presented in the body of this report

DISCUSSION

The population served by Carterton health centre was predominantly situated in the village (now town) of Carterton itself. This community possessed several distinctive characteristics relevant to the planning of its health and social services and to the interpretation of the results of this study:

1. The population of Carterton was rapidly increasing at the time of this study with the result that the number of patients registered with the Bampton practice who were resident in the Carterton area was increasing by about one thousand a year. Moreover a number of residents, perhaps as much as a quarter of the population, did not appear to be registered with any local doctor. One reason, it is thought, for this is that persons moving into Carterton would not change to a Carterton doctor uhtil they felt the need for attention.

2. The presence of the large R.A.F. Transport Command Base of Brize Norton nearby (which was also growing at this time) led to a number of service personnel and their families living in civilian Carterton. This contributed to the high mobility of the population and affected its age structure.

3. Housing generally in Carterton tended to be cheaper than elsewhere in the surrounding area. Moreover there were a number of permanent caravan sites in Carterton (accommodating it is believed a total of around a thousand persons). These sites offered the attraction of relatively cheap accommodation (at least in terms of capital investment) but conditions there were relatively depressed.

4. The combination of substantial housing development much of it in the private sector and consisting of accommodation at the lower end of the price range, the service family element of the population and the fact that Carterton was relatively isolated from surrounding towns where most amenities were situated unless one had a car all probably contributed to the Carterton population being on average very young and so having a relatively high (crude) birth rate.

Because Carterton had changed so recently from being a very small village a few miles from established centres of population in the locality it was in these latter that the main surgeries of general practitioners serving the area were located. Since two of these practices (and in particular that based at Bampton) took responsibility for general medical services in the growing Carterton village (as distinct from a new practice being established there) Carterton health centre is at least in formal terms only a branch surgery of the practices concerned.

What effect then did the opening of the health centre at Carterton have on access to services? There are two aspects to this question.

The first is that of difficulties when travelling to the site where services are provided. In the case of general practitioner services the health centre replaced the branch surgery of the Bampton practice. The centre was about 400 yards from the old branch surgery and in probably a more convenient position in relation to the population to be served; in particular parking would be easier when visiting the Carterton health centre. From the postal surveys of patients of this practice it appears that relatively few respondents reported any difficulty in travelling to the old surgery and still fewer in travelling to the health centre. Partly because of the siting of the health centre and partly because of the increased usage of a car by patients when coming to the surgery when the health centre was open journey times appeared to have been reduced considerably following the opening of the centre. For patients of the other (Burford) practice the opening of the health centre meant that at least on two days a week they could attend a surgery in Carterton instead of making the journey to Burford. In the case of a number of health authority services (see pages 15 - 19) too, the opening of the centre meant that patients no longer had to travel to Witney or some other local town in order to obtain access to these.

Given then that the opening of the health centre meant that a number of services were obtainable at a more convenient site than was previously the case the second aspect of the question of ease of access to services arises. That is to what extent did the availability of services to Carterton patients (whether provided at Carterton or elsewhere) change? The health centre in Carterton was open usually on weekdays from about 8.00 a.m. to 7.00 p.m. whereas the branch surgery it replaced was open only when surgery sessions and clinics were in progress and for limited periods before and after these were completed. This meant that it was at least possible to get advice from a receptionist, and often treatment for minor injuries or ailments, over much longer periods of the day when the health centre was open than was the case before (this applies to weekdays).[1] In the case of the Bampton practice the number of surgery sessions and clinics held per week in Carterton did not during the period of the study increase following the move to the health centre (though with the arrival of the additional partner a few months before an increase had taken place then, see page 15) but more recently

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[1] Quite apart from the opening hours of the health centre the fact that it was a base for nursing and other staff as well as providing accommodation for general practitioners meant that there would tend to be more people with some kind of expertise around to deal with or advise about urgent problems.

the number of sessions has been almost doubled to take account of the increased practice population. Such an increase would have been impossible in the old branch surgery. The health centre although relatively short of general practitioner accommodation did at least have enough multi-purpose space to make such an increase in sessions just possible. Because the health centre provided an additional base in the larger area including Carterton and the other local centres of population it made possible, when staffing permitted, an actual increase in the total of sessions and services of various kinds provided by the authority - for example dental sessions increased in number as did the number of community nursing staff serving Carterton and surrounding area.

The Carterton health centre was open on Monday to Friday only. General practitioner services on Saturdays tended as before to be based on the main surgery premises of the two practices involved and out of hours calls would also be routed through these.

Given that the health centre offered improved access to care of various kinds and improved conditions for those providing the care - including a common room, a treatment room and a health education area is it possible to say anything about the impact of the health centre in the years following the opening of the health centre?

The Carterton section of the population of the practice we studied was increasing at the time at the rate of 25% per annum or more - and to make matters more complicated there was the large group of people in Carterton not registered with the local doctors but who would tend to look to the health centre for care when they needed it. Our findings from the workload study showing that there was a 21% increase in the contact rate per annum for the doctors in the year following the opening of the centre compared with the year before is clearly related to this rapid increase in the at risk population[1].

Since this increase in the contact rate is a little less than the relative increase in the population served (i.e. registered with the Bampton doctors) this result is also compatible with the findings of the patient survey that respondents thinking of the year after the centre had opened recollected on average fewer contacts with the doctor than those who were questioned in the before survey about the year preceding the opening of the centre. This apparent decline in contact rate per person was accompanied by a decline in the number of times respondents recollected feeling the need to call on the doctor's services but not actually doing so. Its seems possible that

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[1] and the 40% increase in the ante-natal attendances is an indication that the new adult population of Carterton was relatively young.

the reduced contact rate (which was not, the workload study suggested, due to a decline in the ratio of return contacts to new contacts) coupled with a reduced incidence of occasions when a need for care was felt but not sought, may be related to the presence in the midst of the community of the health centre open for long hours - that is the reassurance that follows from its being easier to make contact with those concerned with provision of care may perhaps reduce the demand for care and the sense of unfulfilled need simply because the centre is there to be called on if it is needed.

Some support for this conjecture is given by the finding that in the survey of patients the year after the health centre opened a considerably higher proportion than in the survey just before the centre opened said they would go to their doctors' surgery for attention if they cut their hand badly on a Tuesday afternoon. This increase was accompanied by a decrease in the proportion who said they would seek care for such an injury at the Witney health centre (with its long established treatment room facilities).[1]

At the time of the before survey a number of respondents appeared to be expecting that the Carterton health centre would resemble in services and facilities the sophisticated centre at Witney (where for example many specialties held outpatient sessions and X-ray facilities were available). Obviously the Carterton health centre was of a much more modest character than this. However the proportion of respondents in the 'after' survey who felt the care they received from their doctor had changed for the better following the opening of the health centre was considerably higher than the proportion found in the case of patients of a large urban health centre where the accommodation replaced was certainly of no higher standard than that replaced in Carterton (Dyche and Bevan, 1976). The proportion who felt this way about care at the Carterton health centre was moreover only a little less than the proportion of a sample of patients in another study who felt that medical care they received had improved following the introduction of a particular way of organising a doctor/nurse team in a specially built experimental surgery unit which was in addition to pre-existing facilities (Bevan et al, 1976).

Of the five centres studied in the series of investigations of which that at Carterton was the last a higher proportion of respondents to the survey of patient opinion at Carterton after the health centre was opened indicated a

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[1] There is no reason to suppose that in the period intervening between the before and after surveys there was any decline in the proportion of Carterton patients working in Witney. Certainly the result mentioned above was found in particular in the case of respondents (the 'survivors') who answered this question both in the before and after surveys.

preference for seeing their doctor in their health centre as opposed to not minding where they were seen or stating some other site than was the case for respondents questioned about any of the other four centres[1]. The three smallest centres studied contained much more support in this respect than the two rather larger ones (involving nine and twelve general practitioners respectively). Certainly while it is true that the Carterton health centre presented a vast improvement on the accommodation previously available to general practitioners and other services it also retained very much a 'village' atmosphere. It does seem that centres on this scale are more popular than larger ones.

Respondents as a whole to the postal survey seemed then to view Carterton health centre relatively favourably. Were there any groups that stood out as being different in some way? Two important groups did not. Respondents over 60 years of age seemed to be at least as well disposed to the centre as younger respondents. They reported on average a higher contact rate with the doctor either in the surgery or in the home in the year following the opening of the health centre than respondents in the same age group in the year preceding its opening; but like respondents as a whole they recalled fewer occasions when they felt the need to call attention from the doctor but had not obtained it when the health centre was open than respondents in this age group thinking of the year before it opened.

Women aged 25 to 44 years are the second important[2] subgroup whose views about the health centre were very similar to those of the respondents as a whole. The group of women with one or more children in the family under 5 years also did not stand out as having special problems or attitudes towards the health centre.

The age group most apathetic towards the health centre was the youngest (18-24)(this was also noted in other studies; see for example Bevan and Baker 1977).This could of course be explained simply by the fact that this section of the population had little need for health services but it is also possible that it may be a symptom of problems encountered by inexperienced people coping with family and other adult responsibilities.

The postal survey did suggest that there were two kinds of persons who tended to be much more apathetic if not opposed to the health centre than respondents as a whole. First, there were those who were in a sense isolated from the health centre and those who worked there - as evidenced by their

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[1] See Dawes et al, 1975, Dawes and Bevan, 1976, Dyche and Bevan,1976, Bevan and Baker, 1977.

[2] The importance of this group arises both from its size relative to the population as a whole and because women in this age group are high users of services both directly for themselves and for their families.

not having seen the doctor in the year preceding the survey (either in the surgery or in the home) or not knowing in the before survey of the imminent opening of the health centre. This could just be a matter of lack of interest due to good health but it could be a consequence of a feeling of estrangement. Certainly the minority who felt that they did not usually get an appointment to see the doctor on the day requested were much less in favour of the health centre than those who found they did.

Secondly, there were those who may have feared that the consequence of the health centre approach to care would be that the patient would find himself/herself being seen by some other member of the primary health care team rather than the doctor.[1] Thus for example those who thought it a disadvantage to the patient for a nurse to help the doctor in the surgery were also more likely to view the health centre without enthusiasm than those who felt that such help would be an advantage. However those who had experienced the nurse helping the doctor in the surgery appeared to be more likely both to feel that the nurse helping this was an advantage to the patient and that care received following the opening of the health centre had changed for the better.

It may be that the fears both of those who are isolated from their doctor's organisation (because,possibly quite incorrectly,they feel that they cannot obtain care when they feel in need of it) and those who often without direct experience are concerned lest the doctor's role may be encroached upon by other members of the primary health care team may be allayed by the provision of suitable information (these remarks of course do not apply only to health centres).

The small size of the health centre at Carterton did have one advantage for those who worked there. This is because its scale meant that almost inevitably the common room was fairly close to the consulting rooms and offices of staff (except the dentist's) and tended to be used a good deal in formal and informal meetings of those working in the health centre. (Initially there had also been a weekly lunch meeting of doctors and social workers, who did not hold sessions in the centre , but these had subsequently gradually declined in frequency to once a month with fewer persons attending).

On the other hand the small size of the centre has presented increasing problems to those who work there as the population of Carterton has grown. The accommodation(apart possibly from the dental wing) has to be used very intensively and there remains an acute shortage of storage space. There is however ground available on which the health centre could be extended. The fact that the general practitioners using the centre had to maintain main surgeries elsewhere raises the problem of location of equipment especially as at present such equipment would tend to be located in

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[1] Other studies (see for example Bevan et al.,1976) suggested that a number of patients had reservations about extending the role of the nurse in the primary health care team

the main surgeries although the population of Carterton is now several times the size of the communities served by these surgeries.

However the health centre in Carterton has constituted a sufficient if not ideal base from which to provide care for this community at a time when it is increasing very rapidly in size and experiencing inevitable growing paints of a sizeable population without local roots and with few local amenities.

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