Health Centre Impressions

Thirty five years of the William Budd Health Centre

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There are parts of Bristol which the BMA didn't reach at last summer's annual representative meeting. Among them is Knowle West, an interwar council estate three miles to the east of the city centre, and the reasons for its being off the tourist beat are obvious: all the stigmata are there of Britain's position way down the European league (of gross national products)—dreary council houses needing a coat of paint, an absence of trees in the streets, litter, and vandalism.

Nevertheless, among the decay and grubbiness there has always been one bright spot—at least in atmosphere if not appearance. The William Budd Health Centre, 35 years old this year, was the first of its kind in the country. Even though it was not built until 30 years after health centres had been recommended by the Dawson report, like one or two of the other handful of centres running in the 1960s it was much visited and discussed. And the Budd Centre had a particular resonance for me since as a new recruit to the *BMJ* in 1965 I was put to writing a series of articles comparing health centres with group practices. It struck me then as a cheerful lively place practising good medicine under difficult conditions, and I welcomed the invitation to see it again—particularly given the current emphasis on reporting the negative aspects of the NHS (in the past few years I can think of only one major article to the contrary: Richard Smith's "Dumfries: where the NHS really works.")

Separate togetherness

An unusual feature of the William Budd Centre has always been a tendency for the workers there to keep a certain distance. Intended initially only as a temporary substitute for the doctors' branch surgeries, the building now functions as the major premises for doctors in four separate practices, all with their separate consulting suites, appointments system and clerk, and deputising arrangements. Another independent unit is formed by the group of 11 local authority health visitors, who have their own offices within the centre.

Paradoxically, however, I suspect that such formal separation actually encourages closer cooperation than if the staff was combined into one unit. All the practices have access to the well equipped departments of speech therapy, physiotherapy, dentistry, chiropody, clinical psychology as well as the regular clinics held by a consultant obstetrician and community midwife; there is also a treatment room for minor injuries. The staff common room is open to and used by all, formal meetings of representatives of the 44 staff are held every month, and there are less frequent meetings of the William Budd house committee.

So where are the problems at the Budd Centre? Physically, though

a few rooms have been added, not much has changed in 23 years and the centre (a prefabricated single storey building) is showing its age. With little space to expand there is insufficient room to provide more services, increasingly needed as public transport to distant city hospitals gets worse. As everywhere in modern life vandalism and theft make life more difficult for the staff, particularly since the centre is open long hours (8.30 am-7 pm). The reorganisation of the health service has created the usual ritual battles between region and district over which should pay for a particular service or piece of equipment. But in retrospect it is clear that the instigators of the centre were too cautious and apologetic. After all, 50 years ago the area was served by one room of a council house used as a branch surgery; usually the front garden was the waiting room. Many of the people on the estate were said to be incapable of using a public telephone. Today 15 000 patients in Knowle West have a first class service from a well equipped centre, which is recognised as good enough for training medical students; the whole must represent extraordinarily good value for money, and those responsible might well echo the sentiment "look, we have come through."