IMPRESSIONS OF GROUP PRACTICES

Future Outlook Hopeful?—Guildford

[From a Special Correspondent]

The practice at Edinburgh (27 November, p. 1300) showed how unwise are any generalizations about group practice. Nevertheless, if one theme has been uppermost, both in the recent correspondence in the B.M.J. and in my visits to health centres and group practices, it is the apparent virtual impossibility of erecting new, purpose-built premises at the present time. It was thus surprising, and heartening, to hear of the initiative of some doctors in Guildford who are spending £35,000 on a new group-practice centre. Moreover, this scheme itself was the outcome of ten years' hard planning by the partners and a professional work-study of the practice two years ago.

The Practice

The group practice consists of five partners, one of whom is also a part-time consultant physician at the Royal Surrey County Hospital, while another does two weekly sessions as an orthopaedic assistant. It serves about 11,000 patients, and roughly 600 of these are private patients. Three of the partners do obstetrics and hold weekly clinics, three-quarters of the deliveries taking place at the local 13-bedded general-practitioner maternity unit or a private nursing-home. One doctor also runs a fortnightly baby clinic. The practice has been a group one since 1925, and an appointments system has been working smoothly for over 10 years. Another feature, introduced successfully 18 months ago, was an earlier time—4.30-5.30 p.m.—for the evening surgery. There are no branch surgeries, and the central premises are situated in an old building on one of the main roads in Guildford, providing also a flat for two part-time caretakers, who take the telephone calls after hours. At present there are also two full-time secretaries, one full-time receptionist, and two part-time resident caretakers. Two district nurses have recently been attached to the practice full-time, and it is hoped to obtain two health visitors as well when the new building is ready. In addition a geriatric health visitor and a medical social worker each visit the practice once a week for consultation with the doctors. Because there is open access to the casualty and diagnostic facilities of the local hospital the nurses spend little time working in the surgery—though they meet all the partners together to discuss the day's work every morning—and only simple laboratory tests and electrocardiography are done by the doctors.

The Work-study

Realizing that their premises, though serviceable, would eventually have to be demolished as part of the town's development scheme, the partners commissioned a professional work-study on which to base the plan of a new building. Preliminary sketch plans for this had already been made by the architects, and the study team was briefed to examine the administration of the practice with a view to improving it. Two men spent 11 days in October 1962 scrutinizing such things as external and internal communications (including analysing the daily number of telephone calls received in each hour), office staffing, the appointments systems, requests for visits and repeat prescriptions, book-keeping, typing and filing, and office lay-out. The recommendations made included the type of telephone exchange to be fitted, the optimum size of the different types of room, the arrangement of the office to ensure a free flow of patients, and the purchase of a dictating machine and transcriber. The fee for this study was £350, and, though the staff told me that they were aware of the team's presence during it, the team did not upset the daily routine in any way. Moreover, the partners think that they saved a great deal more money than the amount of the fee—as was also the case with the advice received from the Group Practice Advisory Service. They strongly advised other group practices thinking of building new premises to seek similar help.

The Plan

The original proposal had been for a two-story square building, with four staff flats on the first floor. Nevertheless, as a result of a study of purpose-built group-practice premises made by one of the partners, the doctors decided that there was no real need for somebody to be in the surgery 24 hours a day, and that a cheaper way of housing the caretakers was to buy a nearby existing house. At first four of the doctors took the fifth's suggestion that the single-story building should be round as a joke. Later, they acknowledge that the advantages of this shape outweighed any risks of architectural eccentricity, and the architects themselves pointed out that it was the logical choice.
development of their plans. Though the irreverent might be tempted to compare the building with British Railways Round House at Camden Town, or a stage-set for a new production of Wagner at Bayreuth, the result, in plan and model (see Figs.), is an exciting building of its generation, and an appropriate one for a country town that can boast of the recent Yvonne Arnaud theatre and shop development that is rather better than most.

The new practice centre is being built in the gardens of the houses owned by the group. On one side will be the backs of new property when the existing houses have been demolished and development has taken place. On the other are playing-fields that stretch to Guildford Cathedral on the hill, and this land will eventually contain the new University of Surrey. A private road will lead to the centre, and parking space will be provided for the doctors' and ancillaries' cars, together with some room for patients' cars as well. The entrance is wide, with a pram-shelter, while the reception desk is divided into sections so that a person wanting to register on a doctor's list, or a repeat prescription, does not use the same part as one making an appointment. The waiting-room will be in the centre of the building, and will have a copper roof with a glass dome. It is hoped to have a children's corner in the waiting-room, with toys and games, and some sort of distraction for the adults, such as a small fountain or fish-tank.

The design of all the consulting-rooms is the same, and these will contain a desk, an examination couch, and a sink work-bench unit under the window. The doctors prefer to come into the waiting-room and fetch their own patients rather than relying on any signalling device. They pointed out that it is often just as a patient is leaving that she tells you about her real complaint—a lump in the breast—and this would not happen if another was on her way to the room. Personal calling is also quicker, and pleasanter for the patient, they thought, and it stops the patient going into the wrong room. Another feature that the doctors rejected was separate consulting and examination rooms, though two spare consulting-rooms are included in the plan. A corridor runs round the building between the central waiting-room and the peripheral rooms. This feature, together with 9-inch brick walls between the rooms and double-glazing, will ensure that there is adequate sound-proofing and that patients who may be distressed do not have to re-enter the waiting-room before they leave.

A separate room has been provided for the nurses and other ancillaries, though the doctors pointed out that they spend most of their time on domiciliary work outside the surgery premises. Moreover, the two spare consulting-rooms would provide flexibility for consultations both by doctors and by ancillary workers. The office has been separated from the reception desk, so that patients will not be able to hear telephone conversations about confidential matters. Neither a treatment-room nor a laboratory has been provided, because of the open access to a hospital near by.

**Balance-sheet**

Excluding the cost of the land, the estimated total cost of the centre (which is already under construction) is £35,000. Of this £15,000 was borrowed from the group-practice loan fund and the remainder from the bank. To my question about how the latter loan had been possible, the doctors told me that the practice had formed itself into a limited company a few years ago, and that the company now owned a couple of houses adjacent to the present practice premises. It was readily granted a loan on the security of this property, which it hopes eventually to develop, and perhaps ultimately to pay off much of the cost of the new premises. The partners emphasized that they had no capital themselves for the project, but they see no reason why others should not be able to copy their ideas, though not their precise plan. They have no regrets about the risk of embarking on building premises that are suitable for practising modern medicine in.

Twelve years ago J. G. Ollerenshaw¹ said that "in my view it is from a failure of adaptability that many of our troubles arise." If this is true the outlook for the group practice at Guildford in the second half of the twentieth century is good, and one hopes that it may be possible for other practices to copy it.

I wish to thank the partners at the Guildford practice for their kindness and help in the preparation of this article. The architects were Scott, Brownrigg and Turner, of Guildford, and I am indebted to them for permission to reproduce the figures of the plans and model.

**REFERENCES**