PRACTICE PREMISES

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The premises where doctors and patients meet for that consultation and where medical records are made vary enormously with the habits and cultures of the individual communities. However, even with the subject of practice premises, there are certain principles. In this paper, I shall discuss these from the UK perspective and leave it to you to agree or disagree and relate any principles to the situation in Malta.

WHAT ARE THEY AND WHAT GOES ON IN THEM?

First of all then, what do we mean by Practice Premises? I take as my definition the premises at which a patient meets with a doctor or a member of his primary care team for a consultation relating to family practice. So I shall exclude any hospital premises or any satellite outpatient specialist units and concentrate solely on premises used for family medicine.

If one is going to consider designing a building or modifying one for a new use, it is important to think of what is going to go on in the building. Within the practice premises then:

1. Patients will arrange to meet with the doctor.
2. If appointments are made, there must be space for staff and appointment books.
3. When they arrive, patients will wait until their turn comes to see the doctor or their appointment is due.
4. The patient will go in to the doctor and have a consultation with him.
5. The doctor may need to contact the hospital to admit the patient or speak to a specialist colleague.
6. If any procedure such as minor surgery or an ECG is carried out, this may require a separate room.
7. Quite often, patients who attend may have diarrhoea or be nauseated. For these, as well as for other reasons, they will need access to toilets.
8. Patients may at times become acutely ill and require space in which to recover.
9. The patient may need to make arrangements after the consultation to come back at a different time for follow-up.
10. Notes will need to be filed and recovered.
11. The doctor or staff will need to be able to take messages about home visits.
12. Doctors and staff will spend a long time in the building, so they will need to have the facility to make tea or coffee.

WHERE SHOULD THEY BE?

Having thought about what goes on in a doctor's surgery, one

next needs to consider where the premises should be situated. The family doctor by definition looks after families. He also looks after extended families and communities. If the doctor is going to care for a community, his premises should be situated in the centre of that community and be easily accessible to the people he serves. If the people in a community shop in a certain area, then it is convenient for the premises to close to the shopping centre. If people are going to come by car then there needs to be car parking nearby. If people come by bus, then the building, if possible, should be on the bus route. Where many young families are looked after, mothers find it convenient if the premises are near the school. Obviously in each community, the pressures for siting the premises in a certain place will vary. However in the UK it has been found that patients consider the convenience of the practice premises as one of the factors in choosing a particular doctor, and also that where surgeries are easier to get to, the patients make fewer house calls.

Design of the premises

The design of the premises will take into account the needs and wishes of the various people that use the building. These people are:

- The Doctor
- The Patient, and
- The Staff
- The health department, particularly if it subsidises part of the building may also have a say in the design.

The Doctor

The doctor will probably spend most time in the building, so we will consider his priorities first. He will want the building to have certain characteristics:

1. His room will need to be of an adequate size so that he will not feel cramped.
2. He will need a desk, adequate lighting, a comfortable chair for himself and adequate seating for the patients.
3. His room should be warm in winter and cool in summer. So he will need to have an adequate system for heating and a cool design and fans for when it is hot.
4. Most doctors feel that the decor of their room communicates something to the patient about them and may put the patient at ease. Different doctors decorate their rooms in different ways, but to the individual doctor this can be very important.
5. He will have notes for each patient so he will need a convenient filing system, either which he can use himself or which can be used by the clerical staff to retrieve the notes for each patient.
6. If the doctor is going to use a computer, then there must be room for this equipment and it must be arranged on his desk in such a way that he does not need to turn or stoop to use it. It must also not come between him and the patient.
7. Confidentiality will only be maintained if the room is not overlooked and if the door between the consulting room and the waiting room is soundproofed.
8. If the doctor is going to do minor operations, ECG's and other procedures, he will need another room, a couch, containers for his various instruments and some method of sterilisation.
9. The doctor will need an adequate telephone system to communicate with hospital and outside agencies.
10. At the end of a busy surgery, most doctors will want some sort of refreshment, so some sort of small kitchen is useful.
11. Medical equipment is valuable and some people may want to break in and steal this and perhaps also drugs. Thus when the doctor leaves his premises he will want them to be secure. This may involve deadlocks on the doors, bars on the windows and possibly an intruder alarm system.

So these are some of the priorities of the doctor. However the whole system is set up to serve people, So what are the priorities of the patient?

The Patient

1. When the patient decides to consult the doctor, he or she first needs to find the surgery. The building should be clearly marked with the fact that this is a doctor's office, with the name of the doctor and the opening times. Very small things can make a lot of difference in finding the surgery. I can remember going to see a colleague of mine who had premises in a building where he was only one of several tenants. I found the building quite easily, but because of poor signposting, I found it very difficult to find my way to the front door of the practice.
2. Once the patient reaches the surgery, he or she may feel quite nervous. It is important that they are quickly made to feel at ease. This perhaps is best done by having a member of staff to greet the patient. This in itself will involve the staff office being in a situation where there is a clear view of the entrance hall of the building.
3. The patient will probably have to wait some time to see the doctor. The patient will be happier and less anxious if the waiting area is comfortable. This can be made possible by ensuring:

a. The chairs are comfortable, not clapped out old chairs.
b. The waiting room is well decorated.
c. There are toys for the children and playpens for the younger children. There is nothing worse than waiting to see the doctor when one is unwell and has a headache and having to control a fractious child at the same time. Children can also annoy other patients waiting in the same room. Toys often distract and amuse children while their parents wait.
d. If parents are going to be comfortable and children are going to be able to play, it is important that the waiting room is not too small. Cramped conditions lead to irritation and anxiety.
e. Many patients appreciate having magazines and news-

papers to look at while they are waiting. Doctors often make the mistake of putting in their waiting rooms the papers that they read, e.g., in the UK, the Times newspaper or the Economist magazine. However most patients do not have IQ's of 140 and can't understand these sort of publications. So it is wise to plan which publications to provide according to one's clientele.

f. I know some doctors here have music playing in their waiting rooms. I understand that this can have a very soothing effect.

g. As the patient is going to be sitting in the waiting room for some time, this is an ideal time to communicate with them using posters and displays in the waiting rooms. These posters are changed regularly. Between the poster displays, announcements about changes in the practice can go up on the noticeboards in the waiting rooms.

h. When it is the patient's turn to see the doctor, it is important that the call system is clear and not confusing. Some doctors go and fetch the next patient themselves. If they do not, then a clear call system using a tannoy or using their staff is required.

The Staff

Staff too will spend many hours in the building. It is important for them too:

1. That they have a comfortable office which is kept at a reasonable temperature.
2. That they have easy access to patients so they can see and advise them when they are unwell or confused.
3. If they are responsible for the filing of the records, they should be able to do this without excessive bending or stooping.
4. They should have an efficient way of communicating with the doctor and of telephoning out of the practice.

Health Authorities

Where health authorities are providing subsidy for staff or buildings as they do now in many parts of Europe including Italy, the authority may have priorities such as:

(a) Having a separate room dedicated to an antenatal clinic or child development clinics, and

(b) Having community nurses or social workers based in an office in the doctor's premises.

Accessibility

One thing that we have not dealt with so far is the matter of accessibility and mobility:

1. We spoke earlier about where the premises should be sited so that patients can get to them.
2. Once patients are at the surgery, they need to be able to get to the waiting room and doctor's office. Steps are very difficult when one is hemiplegic or walking with sticks.
3. If one is old and doddery, long corridors are easier to manage if there are hand rails.
4. Doors and toilets need to be designed to take wheelchairs if one is going to be dealing with older people.
5. If mothers bring their children, there needs to be somewhere for them to leave their prams.

Funding

I think most family doctors in most parts of the world would agree with most of what we have just discussed. However, having agreed with these principles, how is one going to pay for it all? Doctors all over the world face this dilemma: "Do I spend more money on the premises for my patients and leave my family less well-off, or do I practice from poorer premises?" The choice may be even starker: "Can I afford good premises at all?" Under some circumstances, the local civic or health authorities provide the premises themselves and rent it out to the doctors for a reasonable sum of money. This solves many problems. However, if a government authority provides the premises, that authority usually has the last word on the design of the premises, or at least on the overall sum that can be spent on them. In other countries, such as in the UK, the health authority provides cheap loans for the purchase or rent of practice premises. Under these circumstances, the doctor makes the final decision about the design and the only limit on the cost is the amount of the loan that the health authority is prepared to subsidise. Many practices, including my own, go over this sum and have a part subsidised and part full cost loan. If one follows this path, one lands up with a pleasant capital sum when one retires and sells the premises to supplement one's pension.

This matter of funding is crucial when considering practice premises. Up until 1964, British family doctors had no subsidy for staff or premises from the UK government. Most family doctors practised as single-handed doctors from the front rooms of their homes with their wives taking messages for them and arranging their records. In 1964, the government introduced subsidies for staff and buildings. Since that time family doctors have developed much improved premises, employed staff and started to work together in groups. One consequence of this is that a wider range of problems are now dealt with more competently within the cheaper and more friendly environment of family medicine in the community. The morale of British family doctors has improved, their training has improved enormously and now the cream of medical school students are going into family practice recognising it as the speciality of medicine where most can be done for the patient and which provides the most challenging and rewarding speciality of our profession. ◆