Health centre apparent in Bookham

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According to Wilson,¹ much of the earlier impetus and enthusiasm for health centres seems to have gone, dissipated by pressures ranging from financial cutbacks, personality clashes, and local politics to fears of the loss of independence. This paper describes how a group of family doctors and health authority officers developed premises, part of which was owned by the doctors and part by the health authority. This produced a health centre type of primary care unit, without the disadvantage of the doctors having to rent from the family practitioner committee (FPC). An extremely rapid building programme was accomplished. A similar venture in this district has been described by Williams.² A group of general practitioners purchased land from the health authority 50 metres from a community clinic to develop group practice premises. In the Bookham development, however, integration of primary care was as complete as in any health centre. Pereira³ has commented that whether health centres will benefit the nation depends largely on the doctors who work in them: especially if they do not become "institutionalised by officialdom and organisation, then nothing but benefit can accrue."

The 1979 Annual Conference of Representatives of Local Medical Committees (LMCs) voted in favour of signing the model licence agreement.⁴ Until then the General Medical Services Committee (GMSC) had recommended that general practitioners should not move into health centres because of the unsatisfactory nature of the contract with FPCs.⁵ Many doctors fear a loss of independence if they go into a health centre and the chairman of the GMSC's Practice Premises and Organisation Subcommittee has said that many are concerned about the advisability of placing an increasing proportion of practice premises in the hands of a state monopoly employer.⁶ He has reminded doctors that it is financially beneficial to own their premises as there is a capital gain on the property. This is especially important in times of inflation. Furthermore, if correctly negotiated, the cost-rent scheme for purpose-built premises provides a rent reimbursement. This repays the outstanding interest on the 100% loan from the General Practice Finance Corporation.

General practitioners in contract with FPCs can also benefit under the scheme for direct payment for rent and rates, subject to certain criteria prescribed by the DHSS.⁷ The cost-rent arrangement is one part or component of the scheme for reimbursement of rent and rates of medical practitioners' surgery accommodation. The intention of a cost rent is to encourage doctors to improve the general standard of practice accommodation by providing purpose-built premises, or their equivalent, whose design is based on the recommendations in the statement of fees and allowances for general medical practitioners. Encouragement is given by using schedules of unit costs directly related to building costs. If the GP uses the scheme properly it can result in a cost rent commensurate with the return normally expected where funds are invested. It is the GP's responsibility to finance a project, though this scheme does allow for new purpose-built surgery premises to be built by a third party and rented to the doctors. This arrangement has certain advantages because it obviates the need for an incoming partner to buy his share, as might be the case with a building

owned by a partner or a group. A more satisfactory arrangement for the doctors in an existing partnership or group would be to build their own premises; the financing of the building can be difficult, though loans are available from the General Practice Finance Corporation.

No two projects are alike and the cost-rent scheme is sufficiently flexible to allow projects being designed to satisfy the requirements of family doctors in their endeavour to provide a higher standard of primary health care and at the same time to produce a better environment for the patients to see their doctor. Because of the unsatisfactory nature of some premises the Royal Commission on the NHS⁸ has recommended that FPCs and health authorities should use their powers vigorously to ensure that patients are seen by their GPs in surgeries of an acceptable standard.

Bookham plan

The Mid Surrey District's 1977 strategic plan argued the case for a health centre in this locality. Land had been bought by Surrey County Council (before the 1974 NHS reorganisation) at Eastwick Park Avenue for this purpose but GPs thought the site unsuitable for their practices, and in any case working in a health centre was not popular. Then a private development of flats was announced at a prime site in the High Street. Dr Bennett and his colleagues decided to buy two flats for practice premises and the developer agreed that the internal plan of the flats would be to the doctors' specification. This news prompted district officers to consider whether another two flats would serve as an adjacent community clinic because health clinics serving 10 000 people were held in unsatisfactory church hall premises.

The practice consists of five principals, one part-time assistant, and two trainees and is split into two surgeries in two villages. New premises were needed in the half of the practice serving 7500 patients because of development in the village and the consequent expansion of the practice.

Spurred on by the enthusiasm of the family doctors and of the community medical and planning administrators discussions took place relatively quickly at the various levels. All concerned seemed to want the scheme to forge ahead, perhaps because of its novelty. Contrary to an experience described by an LMC representative at the 1977 LMC Conference,⁹ the statutory health authorities were helpful and no pressure was applied either to promote or to sink the concept of the joint venture. In June 1977 the scheme was agreed in principle by the Surrey FPC after approval by the LMC. Though the perimeter of this development was fixed—it was part of a large block of flats—the private architect had freedom to design the interior as required. He had had some experience with Health Service projects and was quick to understand the design features required by the cost-rent scheme.

In October 1977, after consultation with the community health council, Surrey AHA also agreed in principle to the scheme, with the caveat that the original site for a health centre at Eastwick Park Avenue would be declared as surplus to the district's requirements. The site would be sold and the proceeds put towards paying for the new development. This was confirmed the following month by the regional health authority. Building work started in February 1978 and was completed in January 1979. The doctors had their first surgery on 5 February 1979 and the community services started 10 weeks later.

The general practitioners own their part of the development and the shared waiting area and the health authority the rest,

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which is the health clinic. If, for some reason, a divorce ever became necessary it would be simple to enclose the waiting area with its common entrance into the GP premises. A separate entrance to the health clinic is available through the health education room. Separate gas boilers heat each half and other services are also separate. One cleaner maintains the premises but her charges are separate for both parts and the GPs pay for the waiting area to be cleaned.

The accommodation (see plan) in the health clinic provides a consulting room, treatment room, chiropody room, health education room, health visitors' office, district nurses' office, toilets, and kitchen. Each has a distinct telephone system, but the district nurses' and health visitors' offices are also linked to the GP system without the facility to make external calls. Besides the waiting area, the GP suites consist of reception and office areas, three consulting and two examination rooms, toilets, kitchen, and store. The consulting rooms are 11, 15, and 18 square metres, dimensions which compare favourably with the DHSS health centre guide's recommendations of 11 square metres.¹⁰

The health clinic costs, including adaptations and fees, were approximately £40 000, while the GP suites, including legal

fees, totalled £45 000. GP mortgage payments were covered by the cost-rent scheme.

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- ⁸ Royal Commission on the National Health Service, *Report*, Cmnd 7615. London, HMSO, 1979.
- ⁹ *British Medical Journal*, 1977, **2**, 405.
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