KING'S FUND
PROJECT PAPER

TOWARDS EVALUATION OF HEALTH CENTRES

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A commentary on research needs of health centres and associated problems of group practice

by

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FOREWORD

The background to this report is that following the circulation of the King's Fund Centre working paper "Directory of British Health Centres" in 1971, a number of professional organisations got in touch with the Centre expressing concern that, with so many health centres open and many more being planned, very little had been done to evaluate them or their effect on the delivery of health care.

Subsequently, a meeting was held at the Centre to discuss the subject with representatives from the organisations concerned. Although there was general agreement that some form of appraisal should be carried out, there was little consensus about the topics that needed investigation and it was suggested that the King's Fund should sponsor a short-term enquiry to try to identify these topics and to suggest some order of priorities for further study. The King's Fund agreed to finance this enquiry. The Health Services Research Unit of the University of Kent was invited to cooperate and a research fellow was seconded to undertake the study over a period of six months. This report describes the conduct and results of the study.

It is felt that the report may be of help in two ways. First, it is hoped that this examination of research needs and the accompanying recommendations for further action will serve as a guide and stimulus to organisations interested in sponsoring or undertaking studies in this field. Secondly, it is hoped that the method of approach will be helpful to others considering how priorities for research can be determined. It may be that the steps taken in the project - survey of expressed needs; review of studies in progress; establishment of criteria to help in assessing viability; recommendations for further action - could be adopted or adapted for use in other areas.

As the project progressed, it was encouraging to see the interest expressed in it from all parts of the health service and to receive so much help and guidance from organisations and individuals concerned with health centres. Particular thanks are due to all the members of the steering committee for the project and to all those who gave information and advice in the course of study.

Miles Hardie
Director, King's Fund Centre

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TOWARDS EVALUATION OF HEALTH CENTRES

SUMMARY

This paper describes the response to a survey which asked for details of studies already undertaken or in progress to evaluate health centres, and for suggestions about further studies which are needed. In the light of the studies in progress and using criteria to determine the viability of proposed studies, priorities for further research are suggested.

The two major parts of the paper are concerned first with an analysis of response to the survey, and secondly with the establishment of guidelines for further research. Over 600 replies to a postal questionnaire were received. 400 of these offered help and information, over 700 suggestions for further studies were made, and details were given of over 100 relevant projects already undertaken or in progress. Results from many of the major studies already started cannot be expected for some years. In the meantime, respondents indicated that what is needed is 'applied' research projects to provide guidance on the objectives and services provided in health centres; to examine the pattern of health care delivery; and to study the administration of health centres. Costing information and staffing questions were mentioned by relatively few.

After an examination of these suggestions and of the studies already in progress, and using a check list to establish the viability of further studies, twelve areas are identified where further study is both needed and feasible. It is suggested that the first need is for a study of the objectives of the health centre programme. Following on from this, other studies are needed into: the links between health centres and the rest of the service after the 1974 reorganisation; criteria for the provision of RHB services in health centres; the optimum size of health centres; the management of health centres; the 'health care team' in a health centre; integration in providing care; the delivery of care from health centres; services provided in health centres by health visitors and nurses; the role of the health centre in information systems in community health care; and a distillation of studies into the working of health centres. It is also suggested that there is a need to establish a health centre advisory service.

This list calls for studies of different lengths and depths, and for staff with different sorts of expertise and a wide range of skills and experience. Studies of various types are needed: academic research; systematically collected information; action-orientated studies; and answers to particular operational questions. These different requirements, and short-term and longer-term needs, must be distinguished so that the performance of health centres can be monitored and their services evaluated.

1 INTRODUCTION

1 The object of this paper is to serve as a basis for discussion about priorities for further studies into the working of health centres. It is the result of a short-term enquiry sponsored by the King's Fund to find out what studies have already taken place, to identify areas where further study is felt to be needed and to suggest priorities for projects which would be viable.

Aims of the study

2 As indicated in the foreword to this report, the project arose from a meeting held at the King's Fund Centre in 1972 to discuss the evaluation of health centres. The organisations listed below* sent to this meeting representatives who subsequently formed the steering committee for the project. The terms of reference for the study were :

1 to collect information and opinions about the questions that need to be answered about health centres and group practice, with particular reference to problems of organisation and planning;

2 to collect information on studies already completed, in progress or planned in this field;

3 to establish criteria which can be used to help assess priorities for research, and in the light of these criteria and the studies already undertaken, to identify the areas where further research is thought to be both needed and viable.

3 The intention was that the information and opinions thus collected should be summarised and represented in a report, listing the topics proposed for further study in some order of priority, and related to those studies already in progress. The report would then serve as a basis for further discussion, with the aim of arriving at positive recommendations about further studies that should be undertaken.

4 This paper then, is concerned with describing the suggestions made of areas needing further study; providing a comprehensive list of studies that have taken place or are in progress; giving an outline of their progress and some problems they have come up against; discussing criteria that can be used in assessing priorities for further study and, on the basis of all these factors, suggesting areas which would benefit from further examination.

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* Association of London Borough Medical Officers of Health
Association of Scientific, Technical and Managerial Staffs (Medical Practitioners' Union)
British Medical Association
Department of Health and Social Security
King's Fund Centre
North East Metropolitan Regional Hospital Board
Queen's Institute of District Nursing
The Royal College of General Practitioners

Conduct and progress of the study

5 As the information-gathering period has been relatively short (four months) the conduct of the study has been largely concerned with fact-finding, and discussion with those in the field. Comparatively little time has been spent on considering the theories of 'evaluation research' or on discussion about the sponsorship of research.

6 Miles Hardie and Brian Brookes of the King's Fund Centre and Professor Michael Warren of the University of Kent advised on the conduct of the study and were involved throughout its progress.

7 The main methods of gathering information about projects already in progress and suggestions for further studies have been as follows:

1 A short questionnaire (Appendix A) and covering letter was circulated to all of the following in the United Kingdom:

Local Health Authorities (Medical Officer of Health)
Health Centres (Chairman of Management Committee)
Regional Hospital Boards (Secretary)
Teaching Hospitals (House Governor)
Executive Councils (Clerk)
Local Medical Committee (Chairman)
Interested Professional Association* and Consumer Groups**
University and other Research Units***

(These organisations are hereafter referred to as LHA, HC, RHB, HMC, TH, EC, LMC, Prof. Assoc., U/RU).
As will be discussed later the response to the enquiry was encouraging, both in terms of the numbers of replies and the informative and helpful comments made.

2 An open letter was published in the British Medical Journal, and with a minor alteration, in New Society, Health & Social Service Journal and in Social Work Today. The letter asked people working in health centres to send ideas on any studies they thought would be particularly valuable. The objective, as stated in the latter three journals, was to try to hear from professional staff, such as social workers, who might not have been represented in the replies from the health centre management committees, (nearly all replies came from GPs). Subsequently the project was also mentioned in some other publications.

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* The professional associations were mainly the professional organisations which had members working in health centres (physiotherapy, chiropody, social work, health service administration etc).

** These included some national bodies, which, while not representing professions are concerned with services to patients (consumer groups, patients association, etc).

*** The university units and departments contacted had undertaken studies in the area or were known to have similar interests, and we also contacted other organisations undertaking or sponsoring research in community care (for example the Institute of Operational Research and the Nuffield Provincial Hospitals Trust).

3 A search of the literature was made using a bibliography produced by the Health Service Research Unit of the University of Kent [1], the British Health Centres Directory [2] and the library facilities of the King's Fund Centre. The objectives were fourfold; first to survey the scope of the literature; secondly to learn about the experiences of those working in health centres with regard to the planning and operation of the centres, and the types of problems that arose; thirdly to gather information about any studies already undertaken to monitor progress or evaluate effectiveness; and fourthly, to pick up information about new projects and awards made for further studies.

4 Discussions were held with representatives of the Department of Health and Social Security, (DHSS), Scottish Home and Health Department (SHHD), and Ministry of Health and Social Services, Northern Ireland (MHSS NI). These meetings were very helpful in providing information on studies sponsored by them and possible future projects.

5 Visits were made to a wide variety of organisations in England, Wales, Scotland and Northern Ireland including local authority health departments, health centres, professional associations, and university departments and research institutes (nearly 40 in all). These visits produced a mass of information both written and verbal about experiences in planning and running health centres, about some of the studies being carried out into the workings of health centres, and about future developments.

6 A preliminary analysis of the suggestions for further study made by respondents was also circulated to the representatives of the bodies originally concerned in the project and to government and some university departments. Some helpful replies concerning the analysis and priorities were received, and the analysis was also discussed on some visits.

8 The response and interest expressed in all these aspects of the enquiry were encouraging. As a result the scale of the project has increased during its duration. Because the replies to the questionnaire were so informative a more complex analysis of replies has been undertaken than was first planned. In addition the number of projects that have been undertaken or are in progress is much greater than was thought, so that it has become necessary in effect to compile a register of projects (Appendix D).

9 Another pleasing aspect of the study has been the way knowledge of the project has spread. This has meant that the author has been approached by some research workers about projects they were intending to undertake for information about any similar studies, and for discussion about the scope and details of the project. Similarly, information about specific aspects of the workings of health centres has frequently been requested. In addition, during visits, it has sometimes been possible to exchange information about the way particular problems have been tackled in other areas.

10 Thus, while the study was originally seen as primarily a fact-finding exercise to provide information to help in making decisions about further studies, the response to the project has considerably enlarged its scope and remit.

11 EVALUATION: THE SCOPE OF THE PROJECT

11 The terms of reference in this study were so all-embracing that a discussion of how they have been interpreted may be helpful. Both the concepts of 'evaluation' and the particular characteristics of 'health centre and group practice' need explanation.

Possible Interpretations

12 Evaluative research has become a very specialised subject and is seen by many as a subject for enquiry itself. But in this study the aim has been to keep the subject as simple as possible. In his discussion, "Evaluation of Services", [3] Michael Warren has outlined many of the concepts and methods that can be used at different levels and for different purposes, and this comprehensive approach has been followed in this project. The aim has been to include studies of very varied natures, but which together can be used to help evaluate health centre provision and services.

13 On a more specialised basis it is of interest to note here the Canadian Government - sponsored Community Health Centres Project [4]. The report contains a helpful discussion of the concepts of evaluative research in relation to health centres, identifying different methods, the conditions necessary for effective research, and the role of evaluation in the cycle of planning and implementation of programmes. The report identifies many of the aspects particular to Canada, in addition to general and theoretical problems.

14 This project, however, has been seen to be concerned only with the particular situation existing in Britain. The remit has been to look at the studies which have already been undertaken or are in progress in considering the need to evaluate health centres and group practices. It includes formal non-clinical studies, where indices of change have been identified, measurements have taken place and analysis is subsequently undertaken. More accurately such studies can be said to be monitoring progress. A few studies can be said to be attempting 'evaluation' in the sense that they are seeking to assess how far the stated objectives of a programme have been or are being achieved. In addition in this study the aim has been to include all formal projects which have attempted to add to planning information by helping to define objectives, consider use of services, assess and clarify patient attitudes and indicate possible outcomes of particular courses of action.

15 An even broader boundary has been drawn when looking at suggestions for studies made by respondents. The type of suggestions excluded is easier to identify than the inclusions. Some respondents took the opportunity to mention particular very local problems they had come across - personality clashes for example which could not be included directly. In many cases however, the background situation of the case might very well require further study, for example confusion might have arisen over details of the general practitioners' contracts, so that wherever possible note was taken of the problem involved. Consequently in examining what further projects are needed, a whole variety of different types of studies has been included, which together will aid evaluation of health centres.

16 Thus in this paper we are considering the need for studies which seek to:

1 Monitor progress
2 Collect information systematically to feed back into the planning machinery

3 Help to provide solutions to current operational problems - mainly in the administration of health centres.
4 Innovate- devise and test new methods in the delivery of care.
5 Assess the costs and benefits of particular courses of action.
6 Develop theoretical models using simulation and OR techniques which can be used to serve as action indicators.

17 Evaluation then is seen to consist of an appraisal of the performance of health centres and an examination of health centres as part of the total system for the delivery of care. We are concerned with both effectiveness, in the sense of trying to ensure and improve the quality of delivery of care in meeting health care needs in the most appropriate manner, and efficiency, that is the optimum arrangement and allocation and use of resources (finance, equipment, staff and buildings).

Health centres and group practice

18 A further problem in terms of defining the scope of the project occurred in considering what aspects of group practice should be included. The main objective of this project was to make recommendations regarding questions that need to be answered about health centres and group practice. At its widest interpretation this could be taken to include all aspects of general practice and primary health care, but obviously that was not the intention of the initiators of the project. Their intention was that the project should concentrate primarily on the role and performance of health centres in the provision of care, including only those aspects of group practice where similar situations arise.

19 Thus the study has been concerned both with the role of health centres in relation to the rest of the health service, and with all aspects of health centre services, many of which are also common to group practice. For example there can be common problems regarding appointment systems, and reception duties. Therefore while this study concentrated on Section 21* health centres, many of the remarks may apply equally well to group practice. But overall it is felt that health centres must be assessed as part of the total health care system, and information must be assembled on their performance, and on the effects of health centres of different sizes and with different services on the delivery of care.

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* Health Centres established under Part III Section 21 of the National Health Service Act 1946 (England and Wales) and the corresponding legislation in Scotland and Northern Ireland.

111 RESPONSE TO POSTAL ENQUIRY

Distribution

20 Over 1400 copies of the questionnaire and covering letter were dispatched*, most in early December 1972 and some in January 1973 to the organisations mentioned previously. Replies were requested within six weeks and most were received within this timespan, but some were delayed to await meetings of committees or because members of staff were away from their office. Respondents usually completed the questionnaire, using it as an aide memoire as suggested, and many also wrote personal letters.

Replies

21 Over 600 replies to the questionnaire were received. Nearly two thirds of these were positive in that they contained information about existing projects or put forward suggestions for future studies. The 'negative' replies usually indicated that they had no knowledge of any such studies or they felt they had no contribution to make. In several cases they referred us to other people or organisations. Very few (10) expressed opposition to the concept of health centres or to this study.

22 The table on the next page gives details of the total numbers of questionnaires sent and replies received. The abbreviations used in this and following tables refer to the organisations listed on page 14. These figures are useful indications of interest expressed, but it should be noted that in several cases one reply served many organisations and therefore the response rates cannot be stated precisely. Often organisations passed their copies of the questionnaire to someone who had already received one direct; this seemed to happen particularly where a person 'wore several hats'. In these cases allocating the reply to a particular organisation was difficult but the rule of using the address from which the reply came was generally followed.

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* No check was able to be made on whether the questionnaires reached their destination.

DISTRIBUTION OF QUESTIONNAIRE AND RESPONSE

Type of Organisation	Nos. of Organisations to which questionnaires were sent out	Positive replies received	Negative replies received	Total No. replies	Response rate %
LHA	238	91	48	139	58
HC	449	118	33	151	33
EC	142	38	25	63	44
LMC	149*	31	28	59	40
RHB	21	7	7	14	67
TH	36	4	10	14	39
HMC	307	68	81	149	49
Prof. Assoc.	39	12	3	15	38
U/RU	36	14	2	16	44
Misc	6	4	-	4	67
ALL	1423	387	237	624	44

Notes

*1 Because of difficulty in verifying addresses of LMC chairmen, we wrote to both Secretary and Chairman in some cases. Consequently in all 192 questionnaires were sent out to LMCs.

2 Response rates cannot be stated precisely (see preceding para.).

3 In addition six respondents to the open letter suggested areas for further study bringing the total number of positives to 393. Another six also wrote expressing interest or asking for information.

23 The overall response rate can be seen as an indication of interest, and also of secretarial efficiency, particularly when the proportion of replies that were negative is considered. The highest rates were for local authority health departments and regional hospital boards, with the lowest response being from health centres. Perhaps this latter situation reflects greater uncertainty as to whether the questionnaires reached their addressees, and the absence of a secretariat for such tasks.

24 After the expiry date a quick check on response was made and because of the low rate of response from LMCs and HCs a short reminder letter was sent to those LMCs and HCs from whom no reply had been received, but this reminder produced only a few more replies.

25 While overall the response rate was not high in comparison with many formal surveys, there were an encouraging number of replies to a letter which, after all, only asked if the addressee would cooperate. Moreover many of those who did not reply probably had no relevant experience or contribution to make. It must be remembered that in 1972 fewer than 150 local authorities had health centres open in their areas. As this was essentially a fact finding enquiry a response of nearly 400 replies containing information and offering help was gratifying.

26 It is these positive replies on which the findings will be based. The table below gives the proportion of the total of the 393 replies (*including the six from the open letters) which came from each type of organisation.

POSITIVE REPLIES

Type of Organisation	No	%
LHA	91	23
HC	118	30
EC	38	10
LMC	31	8
RHB	7	2
TH	4	1
HMC	68	17
Prof. Assoc.	12	3
U/RU	14	4
Misc	4+6*	2
All	393	100

27 Well over half the positive replies came from local authorities and health centres and nearly one sixth were from hospital authorities. For convenience and because of the low number of replies from teaching hospitals, all the hospital authorities have been grouped together in further analyses of replies. One point for speculation is the low number of positive replies from executive councils, with only 38 out of a total of 142 making positive comments, and similarily only 31 positive comments were received from the LMCs. But it is the non-response or lack of views of executive councils that seems particularly striking as one would have thought they would have had experience of many health centres where problems have arisen. In some cases the executive council clerks referred the enquiry to their relevant committee which subsequently made no comment, but of the clerks who replied in person for their council, most had very little comment to make. And indeed, as shown earlier, over half did not reply at all. Similarily several professional associations made no comment when one would have thought there were questions very close to their interests which need to be resolved.

Replies coming from England, Scotland, Wales and Northern Ireland

28 In all, three-quarters of the replies came from England, as the table below shows.

NUMBER OF REPLIES BY COUNTRY

	Positive	Negative	Total
England	298	187	485
Scotland	55	36	91
Wales	24	8	32
Northern Ireland	16	6	22
All	393	237	630

Concentrating on the positive replies again we can see that 76% came from England, 14% from Scotland, 6% from Wales and 4% from Northern Ireland. Although far fewer in number, than from England, replies from both Scotland and Northern Ireland were particularly enthusiastic and helpful.

IV SUGGESTIONS MADE BY RESPONDENTS FOR FURTHER STUDIES

29 The questionnaire asked respondents what further questions they thought needed to be answered about the organisation and planning of work in health centres and group practice (Question 5), and also to outline any further studies they thought would be valuable in this field (Question 6). Respondents naturally varied in the way they expressed their views and answers to the two questions often overlapped. Some sent copies of specific research proposals, others indicated general areas which they felt needed more attention and others pointed to particular problems they encountered in their practices. Altogether the total number of suggestions made exceeded 700, some bodies making only one main point while others put forward a string of proposals.

30 An attempt has been made to analyse these suggestions by grouping most of them into the broad subject areas which they covered. The topic headings used are necessarily general and cover a wide field. In several cases complex suggestions from respondents have had to be arbitrarily allocated to a general category. However while this rather cavalier method serves the purpose of overall analysis the suggestions have also been looked at individually and are discussed later in the paper.

Areas for further study

31 Most of the suggestions fall into nine main areas covering the objectives and services provided in health centres; patterns of health care delivery; the administration of health centres; patient attitudes to health centre services; general design factors; staffing questions; the organisation of general practitioner services; and costs*. The table below shows the number of suggestions falling into each category and the proportion of the whole group accounted for. A full list of suggestions, showing the number of times each was made, is provided at Appendix B and this is discussed later.

NUMBERS AND % OF SUGGESTIONS IN EACH MAIN AREA

	No	%
Objectives and Services	178	24
Pattern of Health Care Delivery	135	18
Administration of Health Centres	133	18
Patient Attitudes	96	13
General Design	88	12
Staffing	38	5
Organisation of GP Services	29	4
Costs	18	3
Others	18	3
TOTAL NO OF SUGGESTIONS	733	100

32 The table shows that the greatest number of suggestions made were concerned with identifying the objectives of health centres, what services they should provide, how centres should be planned in relation to population, what size they should be and where they should be sited. The next most requested areas for study were the administration of health centres and the pattern of health care delivery. Questions concerning staffing and costs were put forward by relatively few respondents.

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* These headings are hereafter referred to in the abbreviated form used in the table on this page.

33 Obviously there is some overlap between the headings. For example, it is noticeable that the organisation of GP services accounts for only 4% of all suggestions made, but this is more understandable when it is realised that the heading, "pattern of health care delivery," covers all general points about health care teams and GP working patterns and activities before and after the move into a health centre.

A closer look at suggestions

34 The list at Appendix B gives an indication of the wide range of subjects mentioned. The numbers in brackets refer to the number of times the suggestion was made.

35 The need mentioned most was for studies of the advisability of providing services other than general practitioner and local authority nursing services, the facilities they would use and the way they should be organised. Such a very wide general issue obviously contains within it many separate elements but certainly many respondents felt there was an urgent need for objective studies of the benefits or otherwise of providing out-patients clinics, physiotherapy, x-ray, opticians, general and school dental services and emergency or minor accidents services, in what situations such services are appropriate, and how they should be provided in terms of use of facilities and their organisation. Mention was made of problems of staffing, noting staff shortages and chains of responsibility, equipment costs and maintenance and space requirements in providing such services.

36 The next most popular suggestion made was for further examination of general design factors. To a large extent many of the design queries raised depended on more information being made available about the expected use of centres and scheduling of services (car parking for example). However studies of the accommodation needs of nursing staff and services and their activities, and of the flow of patients within health centres would seem to be welcomed by many.

37 In addition to practical aspects of planning, respondents also particularly felt more information is needed about the delivery of health care from health centres. Suggestions ranged from in-depth studies of team structures, to proposals to monitor performance before and after the move into the health centre. Respondents were not asked to consider the viability of studies they requested and here it is interesting to note that while some respondents gave thought to the way such studies could be carried out, many were not aware of the difficulty of finding proven and appropriate techniques, and the expertise for such studies. In particular the calls for evaluation of integration of teams, and comparisons of the different sorts of situations in health centres and group practice, and also for judgment on the quality of care, often overlooked the problems inherent in such situations.

38 The need for more information on patients' attitudes to health centres was cited by nearly a hundred respondents. In particular it was felt that more study was needed of the relationship between the general practitioner and his patient, and of the impressions of patients of the overall delivery of care. Transport surveys were suggested as being necessary by several when the area served by the health centres was extensive or where there were thought to be problems of local transport. Such suggestions were often linked to more general questions of patient access such as reception services and patient call systems.

39 Some of the most complex areas were mentioned in only a few replies. One basic point raised by some respondents is the necessity of defining objectives and setting up yardsticks for monitoring progress. Various types of costing studies were also said to be needed because of the lack of such information to date. Other 'minority proposals' included the need for

examination of the relationship between group practices working in a health centre, and another was the possible contribution of data from health centres in the larger information systems of the health service as a whole. One general question raised by some respondents related to the training of professional staff, medical, nursing and para-medical, and mention was made both of the need to study more carefully the role of the health centre in training staff and consequent demands on accommodation and staff time, and the need for induction and appreciation courses for all groups of staff before moving into health centres.

40 Indeed the list of suggested areas for further study gives only an idea of the wide range of suggestions made. The grouping together and summarising of suggestions for purpose of analysis does not do full justice to the thought that had gone into many of the replies and the very many helpful comments we received. Not all the suggestions are explicitly mentioned in the list. There were also requests for study of the following topics:

Computer linkage of patient records with hospital records
Organisation of laboratory services and use of telex
The health centre as a learning and teaching unit
Need for job descriptions of all staff
Need for a general amenity fund
The role of health centres in providing health care services for the elderly
Whether a health centre should be one building, or on one floor, or whether there should be a 'campus' type of a group of buildings

41 And at perhaps a deeper level it was suggested that it would be advantageous to study how a GP's perception of his role in a health centre affected the organisation of the delivery of services. Another more complex suggestion cited the need to provide indices of 'quality' in the provision of community care. Two other respondents felt that the health centre should be studied only as part of the total system of health care and this should be effected by following patients through the system and measuring speed, efficiency and effectiveness in particular programmes of care.

Analysis of suggestions made by different organisations

42 The number of suggestions made by the various organisations replying to the enquiry was analysed. In total most came from health centres (242) and local health authorities (209), followed by hospital authorities. The table at Appendix C gives the number and proportion of suggestions by organisations.

43 Quite naturally the various organisations cited areas in which they were concerned more closely in their own day-to-day activities as needing further study. Thus replies from local authorities more frequently mentioned design of centres, while hospital authorities queried whether health centres should be sited near a hospital and what hospital services should be provided in health centres, (these points accounted for over half of all hospital authority replies). Similarly over a third of all executive council replies were concerned with the administration of centres, particularly with record systems, and many professional associations raised points about their particular service.

44 However it is interesting to note that many university and similar research units were particularly concerned with the pattern of health care delivery, as were some professional associations. 10 of the 37 suggestions from local medical committees were

concerned with patient attitudes, mainly the nature of the GP/patient relationship. Moreover the analysis of replies from health centres themselves is of interest. Over a third of their suggestions were outward-looking, that is asking for further studies on patient attitudes, of how care is provided and patterns are changing.

Analysis of suggestions made by country

45 The list below shows the number of suggestions coming from :

England	574
Wales	67
Scotland	66
Northern Ireland	26

Differences in the type of suggestions coming from England, Scotland, Wales and Northern Ireland were also interesting. Over three quarters of all the suggestions came from England. Subjects where more than this proportion of the replies came from England included :

The use of the treatment room
Numbers and ratios of staff, and how they should be employed
Types of agreement and committee structure
Appointment systems
Training of GP in administration
Costing
Integration of health care team
GP activities 'before' and 'after'
Role of nurses, health visitors and social workers
Patient attitudes, particularly GP/patient relationship and access

46 Some of these topics reflect the fact that most of the university and research insitutes and professional bodies consulted are in England, and that they were particularly concerned with objectives, attitudes and the health care team. But other English respondents were more concerned with details of management as compared with the rest of the United Kingdom. For example they particularly wanted studies on costing, staffing ratios and types of agreement. This concern perhaps reflects knowledge of the different practices of the various English local authorities. Another impression is that more English general practitioners and LMCs were concerned about contractual arrangements and the details of administrative arrangements than in the other countries.

47 On the other hand, suggestions from Scotland seemed to reflect the differences in policy and practices between England and Scotland. Respondents from Scotland asked about the size of centres, whether they should be sited near a hospital, which services and in particular what diagnostic equipment, should be supplied, and whether out-patient clinics should be held in a centre. On all these points policy in Scotland seems to differ from the English guidelines in that more of the new centres opened in Scotland are larger, provide more hospital type services, and are more elaborately equipped than in England, and many are sited near a hospital.

48 Respondents from Wales were generally agreed about areas needing further study. Sixteen wanted studies into what services health centres should provide, and perhaps as a corollary four said that the relationship with other parts of the health service needed investigation. Also connected to this subject, four cited planning as needing more investigation, three queried apportionment of costs and two more wondered how services should be planned to relate to the needs of the local population. Others mentioned the need for studies of reception and clerical work.

49 The suggestions from Northern Ireland, although few in number, covered a wide field. Over a quarter were concerned with the management and administration of health centres, perhaps reflecting the change from rural practices to the more systematised setting of a health centre. There was also concern over patients attitudes to the new centres.

50 In fact all these variations reinforce the impression gained of the 'state of play' regarding the development of health centres in the different parts of Britain. In particular replies from England more oftencited problems over contractual arrangements and planning and liaison in the design of centres, while those from Scotland wanted studies to cast light onto what services should be provided in health centres, the size of centres, and their setting. However there was also common agreement that further attention should be given to the administration of health centres including the role of manager, clerical and reception work and patient records.

General issues

51 Above all, the main finding from the response to the questionnaire was the wide concern that exists about the need to monitor the way changes in practice are taking place. Indeed very many of the replies contained details of particular situations where serious problems were arising because not enough was known about possible consequences of particular courses of action. Others stressed that they were having to take decisions with no background of tested material.

52 Thus both short-term and long-term studies of various types were said to be needed, to provide guidance on fairly clearly defined activities, and to attempt to measure and monitor progress to feedback into the planning machinery. And a more constructive indication of interest was that many of the organisations said they would be interested in participating in some further studies.

V STUDIES UNDERTAKEN: WHAT HAS BEEN DONE TO EVALUATE HEALTH CENTRES SO FAR

Projects undertaken

53 Respondents to the questionnaire were very helpful in giving details of projects they had been involved in or knew about, and many sent copies of the reports of the studies. Both the studies themselves and the reports varied greatly in objectives, scope and scale. Altogether over 100 studies or articles were received, varying from fairly simple 'audit' type reports or descriptions of the workings of a particular health centre, to studies in depth of particular aspects. Information about projects also came from other sources as mentioned earlier, during discussions with the Department of Health and Social Security, the Scottish Home and Health Department and the Ministry of Health and Social Services, Northern Ireland, and the literature search also brought to light some studies either in progress or about to commence. In addition, during visits to some existing projects details were obtained of plans to extend projects, and often of other related studies being undertaken. In all there are about 30 projects currently in progress which can be considered as fairly formal in-depth studies.

54 Because of the large number of studies it became apparent that a simple type of research register was necessary. An attempt at such a register is enclosed at Appendix D, including details of studies given in replies and some from other sources. Reports which were mainly descriptive or impressions, or 'annual report' types of analyses have not been included but the list has been restricted to more formal studies. This list of projects is in a very simple form, merely containing details of the title, the participants, the stage of the project, and in some cases a brief description of the scope of the project.

Visits to projects and centres

55 Visits were made to about a dozen of the organisations undertaking major projects to learn more about the studies in progress and to look at in particular the objectives and techniques, the stage the project had reached, how it was developing, and any problems which had been experienced. Because of limited time it was not always possible to follow-up details of all studies.

56 One impression gained from these visits was that the scope of some of the projects was so great and consequently the timescale so extended, that results could not be expected for many years, and a few studies are anticipated to be more of academic interest than practical value in planning services over the next few years. Another very general impression is of a gap between very short, small scale studies in particular health centres where expertise in the type of study is limited and findings are of only local significance and the large scale, in-depth projects referred to above. In both it is often difficult to draw conclusions of a general nature. In particular there appears to have been little done to establish norms for staffing and administration. Indeed a common complaint from respondents was that once they had moved into a health centre they had been left to 'sink or swim', with little guidance from any source.

Range of Studies

57 The list at Appendix D gives an indication of the number of studies and projects which have been undertaken, are in progress, or planned. What does not emerge fully from the list are the variations in scope and scale of these projects. Timespans range from one week to five years, and numbers of research workers involved vary, from a very small proportion of one person's time, to teams of up to ten full-time staff. The amount of expertise available also varies from the full attention of experienced research workers to only a small proportion of the time of someone with heavy day-to-day work commitments.

58 But perhaps the most important differences are in the objectives of the projects, ranging from measurement and monitoring of progress using several indices (University of Kent), to measuring use of particular new services and the effect on other suppliers (Dixon and Morris's study of the use of treatment rooms in Bristol[5]), to studies and trials of methods of looking at working relationships (Bedford College at Kentish Town, and the University of Bradford at Middlesborough). Others have concentrated on design aspects (Cammock[6]), patient attitudes (University of Exeter at Sidmouth, Ministry of Health and Social Services, Northern Ireland, at Armagh Health Centre, and Buckinghamshire CC at Wendover), or a series of studies into management of particular programmes of care (the elderly, paediatrics etc) and monitoring use of services and equipment (University of Glasgow at Woodside Health Centre[7]). In addition some studies based in health centres are geared to testing new techniques for use in community care, but at the same time they are producing useful information on the working of health centres - for example the use of computers for record maintenance at Exeter, Oxford and Woodside, Glasgow.

Projects in England and Scotland

59 In the previous chapter differences in suggestions coming from England and Scotland were discussed. It is also interesting to note that there seem to be significant variations between many of the studies sponsored or directly undertaken by the SHHD and the DHHS. Two generalisations can be made about the types of studies supported:

1 The SHHD use the very professional service of their own Research and Intelligence Unit for many studies, in addition to supporting some proposals put to them for studies, mainly by university medical schools. On the other hand DHSS are supporting programmes of research by sponsoring several university research units, with more involvement of the social sciences. In some cases they have commissioned particular studies, but have supported very few 'one-off' projects.

2 Secondly, the scope of projects in England and Scotland differs. More of the English studies supported by DHSS are concerned with detailed observation and analysis of working relationship in health centres, of staff and patients, often involving before and after studies. However most of the projects in Scotland have been primarily action-orientated, to measure the use of particular services, the advantages and disadvantages of providing certain services in health centres, and aspects of record systems within more limited timespans. It is also relevant to note that the Scottish Home and Health Department have established an internal working party, chaired by a senior medical officer and including nurses, architects, planners and research officers, to examine the needs for research in health centres.

60 Looking to the future it is understood that the two main priority research areas concerning the Scottish Home and Health Department are:

1 how hospital and family health services can be integrated
2 the implications of concentrating all health care services in large health centres.

Problems experienced in evaluation studies

61 The questionnaire asked whether particular problems had been experienced in undertaking the studies. Over twenty bodies mentioned such problems. Most frequently it was said that difficulty was experienced in gaining and maintaining the cooperation of participants, and particularly in devising appropriate techniques and questionnaires to measure changes. Shortage of suitable staff and resources were mentioned by many, and others stated they had come up against a problem of getting accurate data. This latter point particularly applies to any studies using data from age/sex registers based on patient records, where details are often out of date. Indeed in two cases resources have had to be diverted from the original study into attempts to keep patient records up to date. In other cases age/sex registers have not existed at all and have had to be developed.

62 During visits to the projects many other common difficulties became apparent. The time taken in conducting the various sorts of studies has already been commented on, and perhaps there is not enough awareness by sponsors that, just as the time taken in planning a health centre from drawing the first plan to completion is said to be four years, so the time taken in planning a full study through the 'before and after stages' at relevant times, and the subsequent analysis of data and preparation of a report can well be about three years.

63 As in all projects it was found that situations were liable to change during the course of the studies, when staff left for one reason or another or services were reorganised. But a particular problem in undertaking studies to monitor changes following from the move into a health centre has been the need to identify the objectives of the centre, so that subsequently indices and yardsticks for measurement of progress could be established. Thus, because the objectives of health centres have not been clearly stated and identified, apart from improved accommodation, attempts to measure success or otherwise have been made more difficult.

Abandoned and cancelled studies

64 In 15 instances studies which had been planned or commenced had not proceeded; five through lack of finance, three had not been able to gain support of a University and some others came up against the lack of time of those undertaking or participating in the study. In a few cases projects were not supported because they were not adequately planned but on the other hand data had been collected for some projects but analysis had been delayed. This was usually because of shortage of time and lack of support.

Scope of studies undertaken

65 After looking quickly at the list of studies at Appendix D, an observer's main

reaction is likely to be that the subject is being well researched already. But a closer examination reveals that this is not the case. In fact it is very easy to spot areas where little has so far been done. Moreover many of the projects so far have not been designed with the intention of producing conclusions of general application. Rather they have been undertaken to try to solve a particular problem or to observe a particular situation.

66 When the suggestions for further studies made by respondents are considered in relation to the studies where reports have been published, this gap is all the more apparent. Most respondents to the questionnaire wanted guidance. They wanted studies undertaken which would give them guidance about the practical questions raised in planning, designing and operating health centres. They wanted to know of the likely consequences of the different courses of action open to them and the way changes were viewed by patients. Thus respondents especially said they wanted applied research, or what has been called 'action-orientated' research, that is research which is an "integral and an inseparable part of management"[9].

67 Some projects of this type are currently under way in both England and Scotland, for example the series of projects at Woodside Health Centre, Glasgow, the studies undertaken by Teesside CB[10], and the programme of studies conducted by the University of Kent[11]. As more results become available from these projects some of the guidance requested should be forthcoming. However other topics have not been touched on at all as yet. What are the effects of the various sizes of health centres on the delivery of care and on costs, for example? And certainly very little information is available about costing and cost effectiveness, staff ratios, and the provision and organisation of many services within health centres - general dental, physiotherapy and social work.

68 This need for action-orientated research however is not the only need. In addition many respondents were not asking for research - but for management advice about office systems and administration. In some cases local authority or RHB management services units or research groups have undertaken small projects (Oxford RHB, Teesside CB, Hampshire CC etc) in looking at clerical workloads and systems, car parking and job analysis. And currently the NE Metropolitan RHB and the NE London Executive Council are undertaking a study looking at the costs of conversion of patient records to A4 size. But it seems that more of these sort of studies, as opposed to academic research, would be useful and welcomed, if presented in a carefully thought-out manner. Senior medical officers, general practitioners and nurses cannot be expected to have a detailed knowledge of office equipment and OR techniques. Rather they need to explain the services they require to experts, who can then design systems to suit them. Often some of the facilities and expertise the respondents wanted could be found more or less on their doorstep in management services groups or research and planning groups in other departments of the local authority, and it is hoped from their area health authority after 1974.

69 Finally as well as action-orientated research and O&M type studies, there is obviously a need for innovation, with regard to ways of providing services and the techniques used in evaluation as called for in the Harvard Davis Report.[12] The study by Professor Jefferys at Kentish Town is looking at methods and services. And in an operational situation also new methods must be tried and evaluated and there must be studies which stimulate thought. Attempts to assess the new services in Bristol have been made by Dixon[13], while in a different sense the DHSS sponsored report by Cammock which discusses reception, waiting and patient call systems can be seen to be trying to encourage people concerned with the design and administration of health centres to be more aware of the problems and possibilities in communication and privacy.

70 Thus, although there looks to be an impressive list of projects already undertaken or in progress, even when results from all are available, it will be seen that they only start to lay the foundations in what must be a continuing cycle of monitoring change, innovation and evaluation.

VI CRITERIA AND CONSTRAINTS

71 Having got an idea of the types of studies which are felt to be wanted, and of the studies in progress or completed, the way priorities can be assessed can now be considered. Thus in addition to considering the efficiency and effectiveness of health centres, there is a need to consider how to promote efficient and effective research.

72 According to the Rothschild Report[14] research can only fulfil these conditions when it has the full support of management, and research strategies in the public service should be specifically designed to yield information of value to policy-making. It is suggested that the questions that need answering arise in the dialogue that takes place between the manager and the research worker. Benjamin[15] suggests that the research itself should be "subjected to tests of priority, good management and achievement of objectives". But while it is easy to agree with these sentiments, it is necessary to probe a little further. Who is the 'manager' and the 'research worker' between whom such a dialogue takes place, and what are the tests of good management? Should studies be designed specifically to yield information of value to policy-making - if so how can the value be assessed?

73 In many ways this study has tried to take the place of the dialogue suggested above and act as a go-between in finding out what subjects of study are thought to be needed and welcomed, and what is being done. But what are the 'tests of good management' to be applied when initiating projects? Certain preconditions for successful research have been suggested. It is said that to be of value studies should :

1 have the support of management
2 be developed in response to current needs
and 3 be geared to producing recommendations which are of immediate or long-term value and interest.

74 These three pre-conditions can be seen as 'political' in the sense of being likely requirements for financial approval or sponsorship, easy progress in fact-finding, and implementation of results. But it is of course perfectly feasible on the other hand, that some projects may be sponsored and supported by other bodies which do not have the direct support of 'management' in the sense of NHS hierarchy, where the objective is to stimulate thought or indeed if necessary to produce findings that are not politically acceptable in the existing circumstances. Certainly whatever the intention, the degree of political support and acceptability needs careful consideration.

75 But on a more practical level a check-list of criteria can be useful in considering the viability of specific proposals or areas for study. As with any venture, the feasibility of the project has to be considered in terms of its economic, technical, operational and social viability, and the list below, it is hoped, covers most of these factors. Thus 'the tests of good management' should include the following considerations :

A check-list of criteria

1 Value of expected outcome. If it is assumed that the project is operationally viable, what value is placed on the anticipated results, either in terms of :

a the probability of recommendations being suitable for implementation
b the relationship to making of policy or the reshaping of current practices
or c the furtherance of knowledge and possible long term action?

2 Costs

What is the project likely to cost in terms of research staff salaries and expenses and the demands on the time of sponsors and participants? How are costs to be controlled?

3 Availability and quality of research staff

Are there available suitably qualified and experienced research workers/units eager to undertake the project, and can responsibility for the operation of the study be fully allocated and accepted, ie will the project itself be well managed?

4 Availability of participants/facilities

Are there known bodies willing to cooperate in the project, by making available their time and that of their staff, and their premises, and also willing to open their activities to study? Or can it reasonably be expected that such facilities will be available? Are the circumstances of the participants appropriate for the location of the study?

5 Managerial and social acceptability

Is the project and are the techniques thought to be of value and therefore acceptable to the management of the sponsoring body and the professions involved in a general sense, as well as to the actual participants? This acceptability should thus extend to management, the 'observed', other participants and interested bodies, and to other research workers.

6 Technical viability

Are there tried and tested appropriate techniques available to use in the study? Are the research staff skilled in using these techniques? If not, is there the intention of testing, in pilot schemes, techniques which it is proposed to use? Is this testing of techniques an accepted part of the project, and is sufficient time allowed for this?

7 Timescale

What is the timescale of the project and how does it relate to the objectives of the study, ie if the objective is to provide guidance on current activities, can results be expected in time to influence these activities? Alternatively if it is intended to measure change, is the length of the study and its timing appropriate? If the project is to be lengthy how does this relate to the staffing of the project? Does the design of the project allow for changes in staffing, or in circumstances, during its duration?

8 Relationship to other activities

How does the project relate to others in the same field and in other fields? Does it duplicate previous work, or add to previous studies or perhaps break new ground? How does the subject matter relate to work in other fields. For example if it is intended to look at the activities of nurses working in health centres, how does this tie up with any studies or changes in the community nursing in general?

9 Furtherance of current thinking

Finally, in addition to specific benefits mentioned in (1) above, it should be asked how far such a study is likely to add, either directly or indirectly, to the body of knowledge on the subject. Is the work likely to be of relevance in shaping opinion or policy? Can results be expected to either back up or refute current opinions? Could the study be expected to form the basis for other studies in the same field?

76 Obviously these points are not listed in any order of priority, nor may it be thought, are they equally applicable in all circumstances. How far is quality wanted, or is what is appropriate, "quick and dirty research which arrives at 90% of the truth but in time for planning"?[16] Thus, it may very well be thought that different criteria should be used in considering what has traditionally be labelled 'pure' and 'applied' research. Equally, short-term and long-term considerations also call into use different sets of factors.

How can priorities be assessed ?

77 The check-list above may prove useful in assessing the merits of various proposals, or even in helping to assess priorities in the sense of giving an indication of the anticipated return on an investment in one project as compared with another. But in the end the determination of overall priorities must be to some extent subjective, in the sense of determining policy and defining objectives, and different sponsoring bodies will have different aims.

78 In relation to health centre evaluation and monitoring performance, what has to be done is to establish general priority objectives and areas for further study, and using the check list to assess the viability of possible projects within these areas. Consequently in the final section of this paper all the ingredients of this paper are related; the different types of research identified in the second section, the suggestions made by respondents, the studies undertaken or in progress already, with note taken of problems they have come across, and the check list for testing the viability of further projects. Using all these factors suggestions are made about priorities for further studies into the workings of health centres.

79 Perhaps it can be said that too often the demand for the short-term answer is taken at the expense of the bnger term, and that there is a danger of not distinguishing between the two nor of paying enough attention to the different conditions that apply. And here it might be helpful to mention again the different sorts of needs. Do we want research, do we want more systematically collected information; do we want action-orientated studies, or do we want answers to particularly pressing operational questions? It seems that there is a place for all these types of studies, and that it should be remembered that different expertise is appropriate to each.

VII PRIORITIES FOR RESEARCH

80 The following suggestions of areas where further study would be of benefit are made in the light of several constraints. First, an attempt has been made to avoid duplicating the work of existing studies, but rather to build on them and add to them. Secondly, studies where there are likely to be strong political motivations which obviously influence consideration of the subject, as in the provision of general dental and pharmaceutical services in health centres, have been excluded. This does not mean that such studies are not needed, but rather that difficulty might be experienced in setting up such studies. In addition subjects when conclusions of general application cannot be drawn, as in some small, local studies of patients' attitudes, for example, where the 'after' situation is conditioned by patients' 'before' experiences have also been omitted. While such studies can provide interesting information on the relationship between before and after situations, because of their localized nature some seem to be 'shutting the door after the horse has bolted' unless their findings can be directly compared with others.

81 On the positive side attention has been focused on subjects most frequently requested by respondents, where most of the requirements noted on the check list in the previous section are met. Consideration has also especially been given to the anticipated ease of gaining cooperation, as indicated in the replies to the enquiry, and the availability of suitable techniques. The enquiry also indicated that health centre provision seems to have raised so many operational questions that people in the field feel that what is needed is 'action-orientated' research, ie projects which seek to find solutions to particular operational questions, in addition to some longer-term studies concerned with patterns of delivery of care and measurement of progress.

82 Altogether there are twelve major areas where studies are both needed and viable. The first two of these can be discussed separately as being of a different type from the others. The first, as described below, calls for further definition of the objectives of health centre provision in order to provide clear guidelines for those concerned in the planning and operation of centres. A major part of such a study would be an attempt to establish standard indices for use in monitoring performance within health centres themselves and for comparative purposes. The second recommendation is for the establishment of a health centre advisory service. This suggestion was put forward during discussions with many different organisations. It was said that difficulty was often experienced in getting advice and information at all stages of health centre development - planning, design, operation and evaluation. Moreover, with the transfer of responsibility from local government to area health authorities, and the stated intention of further delegation from the Department of Health and Social Security, it seems that such a focal point is all the more necessary. Indeed, one of the reasons for this study was that no central information service existed.

Studies

A) Objectives of the health centre programme

A short-term study to identify the stated and understood objectives in the provision of health centres (noting those objectives which are similar to or different from group practice).

stated objectives	-	literature search
implicit objectives	-	case study of policy of selected authorities

Using these methods, the aim would be to build up sets and sub-sets of objectives

to aid understanding and also for use by health authorities in monitoring progress.

Results anticipated include: policy guidelines
indices for measurement

B) Health Centre Advisory Service

A suggestion for the establishment of a permanent or semi-permanent organisation to act as a central agency to:

maintain a central index on research projects and their progress;
provide an advisory service on the planning and organisation of health centres and their services;
undertake some seminar and training sessions for staff of all levels who are about to move into health centres.

The remaining ten areas for further study are not listed in any order of priority - apart from the first which heads the list because of its immediate, short-term interest.

C) Health centres and the links with the Service - post '74

A study of the links with hospital services and social services, with reference to the 1974 reorganisation of the National Health Service and local government.

D) Criteria for the provision of RHB services in health centres

A series of studies to examine the costs and benefits of providing the following services in the community and particularly in health centres, to make recommendations about when and in what circumstances they should be provided. Staffing, accommodation and administrative implications should be included in the study of:

out-patient clinics
X-ray
physiotherapy
ECG
pathology

E) Size of centres - What is the optimum size in relation to:

patient care, with consideration of population size and distribution, and variations in patterns of provision;
staff working relationships;
capital and revenue expenditure - costs in relation to services provided?

A study to analyse factors relating to large, medium-sized and small health centres in similar areas, to show relationships between size of centres and services provided, population served, staff communication, and costs.

F) Management of health centres

A series of studies to provide detailed guidance on the administrative needs of health centres of various sizes and with different services, to make suggestions concerning the administrative links with district and area structures, and also to

look at the way consumer views can be incorporated in the system. Such studies would involve analysis of the administration within centres in terms of:

systems
work loads
responsibility levels
management structure, including study of patient participation in planning and management
consideration of role of manager and relationship to district administrative structure.

Note: One such project is now being planned by the University of Kent HSRU.

G) The 'health care team' in a health centre

A study of the membership and working relationships of health care teams of different sizes and organisation. Who should be members of the team and how can roles be clarified? What is the relationship between different teams?

H) Integration in providing care

A study to try to identify factors accounting for greater integration of health care teams within health centres and group practices. Suggestions are expected of steps that could be taken to improve communication and integration of care.

I) Delivery of care

Further studies to try to identify changes in the delivery of care. One of the most important aspects would be to select and test indices of delivery of care:

ie appointment waiting times
patient satisfaction
staff communication and referrals
GPs methods
test indicators of quality of care - by use of agreed standards of practice

Such studies would compare before and after situations in group practices and health centres in an attempt to identify factors which can be used to measure change. Such studies could be extended to include information on costs in before and after situations.

J) Services provided in health centres by health visitors and nurses, giving details of:

activity analysis
staff ratios to population
resulting clerical workloads
accommodation needs and uses

A study of health visiting and nursing activities in health centres, to identify the differences in delegation by general practitioners and to look at the organisation, timing and scheduling of services in relation to the population served. How are the needs assessed and decisions taken of services to be provided?

K) Information systems in community health care: the role of the health centre

How should health centres contribute to the information systems in the health

services, now and in the future, and what systems should be established to maintain age/sex registers and other records for statistical, research and management control purposes?

L) Studies into the working of health centres - A distillation of studies and their findings

(see B above).

83 The list calls for studies of different lengths and depth, and for different sorts of techniques and expertise. Some can be thought of as management studies which will use the skills of experienced management services groups with medical advice. Others require expertise in analysing operational factors and in use of costing techniques, while others again call for more expertise in examining attitudes and communication, or in depth studies of organisation and structures. Thus staff with a wide range of skills and backgrounds are needed, whether working in inter-disciplinary groups or in separate units in universities, local authorities, the new area boards or independent professional and research organisations. Returning to the seven processes identified in paragraph 16 of this study (monitoring progress, systematic collection of information, operational studies, innovation, assessment of future actions, development of models and examination resources/needs), one can see that all of these activities are needed, ranging from pure research to management studies. And while different organisations will have different criteria in mind when sponsoring or undertaking further projects, it is hoped that this paper is of help in pointing to the priority areas.

APPENDICES

APPENDIX A

King Edward's Hospital Fund for London

The Hospital Centre

EVALUATION OF HEALTH CENTRES

1. Name of organisation .....

   Address .....

   .....

   Telephone no. .....

   If we need additional information, who should we contact? .....

   .....

2. Have you been involved in any studies into the workings of health centres? If so please give details:

Title of project	Name(s) of health centre(s)	Present stage of study	Duration	Date of completion

3. Have you come across particular problems in these studies?

4. Have any studies had to be abandoned and what have been the reasons?

P T O

5. Are there questions that you think need to be answered about the organisation and planning of work in health centres and group practice?

6. Please outline any further studies you think would be valuable in this field.

APPENDIX B

LIST OF SUGGESTIONS FOR FURTHER STUDY MADE BY RESPONDENTS

1 Objectives and services provided (178)

- a Need for definition of objectives and yardsticks to measure progress (11)
- b How planning of services can be related to population (8)
- c Size of centres - large or small - optimum size (22)
- d What services should be provided, their facilities and organisation (out-patient clinics, X-Ray, treatment room, emergency/minor accident services, general dental services, opticians, pharmacy, local authority clinics, psychiatric nurses, pathology service etc) (109)
- e Whether health centres should be sited near a hospital or have general practitioner beds (20)
- f Role of health centres in training medical staff (8).

2 General Design (88)

- a Design of reception areas, flows, need for playrooms, accommodation for nursing staff, and training purposes, size of consulting rooms, sound-proofing, design of large centres to avoid 'institutionalisation', car parking etc (67)
- b Study of the liaison in design and planning (16)
- c Overall review of design criteria (5)

3 Organisation of general practitioner services (29)

- a Types of agreement (6) and committee structure (3)
- b Evaluate general practitioner team structure (10) See also 2b
- c Full time or branch surgery (2)
- d Viability of single doctor (2)
- e Training of general practitioners to work in health centres (6)

4 Administration of health centres (133)

- a Need for a manager (30)
- b Optimum organisation of clerical work (12)
- c Reception area administration, appointment and patient call systems (49)
- d Patient records systems, size and availability (36)
- e Information requirements of health centres (6)

5 Staffing (38)

- a Employment structure of support staff (8)
- b Staffing needs and ratios (13)
- c Staff satisfaction - all types of staff (11)
- d Training of staff (6)

6 Costs (18)

- a Comparative study of costs (per 1000) (6)
- b Apportionment of running costs (9)
- c Payment of costs of extra general practitioner services (3)

7 Pattern of health care delivery (135)

a Evaluate integration of health care team (20)
b Before and after studies of general practitioner working patterns and activities (40)
c Optimum size and organisation of the health care team (12)
d Role of the health visitor, district and practice nurse (19)
e Compare the delivery of health care from health centres and group practices (10)
f Communication with other parts of the health service (hospital and local authority services) (17)
g Role of social workers in health centres (17)

8 Patient attitudes (96)

a To premises (14)
b Access, transport and home visits (17)
c Overall health care delivery (27)
d Patients' suggestions (5)
e Relationship general pracitioner/patient (29)
f Methods of looking at patient attitudes (4)

9 Others (18)

TOTAL = 733

APPENDIX C

SUGGESTIONS MADE BY THE DIFFERENT ORGANISATIONS - % IN EACH MAIN AREA

	LA		HC		EC		LMC		RHB TH HMC		Prof Assoc		Univ RU		Misc		ALL
	no	%	no	%	no	%	no	%	no	%	no	%	no	%	no	%	
1 Objectives and Services	31	15	44	18	5	12	5	14	67	56	12	48	7	24	7	23	178
2 General Design	36	17	32	13	5	12	7	19	3	3	2	8	2	7	1	3	88
3 Organisation of GP Services	10	5	12	5	1	2	3	8	1	1	-	-	1	4	1	3	29
4 Administration of Health Centres	43	21	47	19	14	34	3	8	14	12	1	4	4	14	7	23	133
5 Staffing	11	5	9	4	8	20	3	8	6	5	-	-	-	-	1	3	38
6 Costs	6	3	6	3	1	2	1	3	3	3	-	-	1	4	-	-	18
7 Pattern of Health Care Delivery	40	19	51	21	6	15	2	5	17	14	6	24	9	31	4	13	135
8 Patient Attitudes	26	12	35	14	1	2	10	27	8	7	4	16	4	14	8	26	96
9 Others	6	3	6	3	-	-	3	8	-	-	-	-	1	4	2	6	18
TOTAL NO OF SUGGESTIONS	209		242		41		37		119		25		29		31		733

APPENDIX D

LIST OF PROJECTS UNDERTAKEN AND IN PROGRESS

The list overleaf gives details of studies undertaken or in progress in this field. Some selectivity has been exercised in compiling the list, as articles which are based mainly on description and personal observations are excluded, as are clinical studies which happen to be taking place within health centres. Surveys of health centres and the services they provide and 'annual report' types of studies containing figures of consultations and attendances have also been excluded. Rather the list is restricted to formal studies of particular situations. In addition, many of the studies of general community medicine are of direct relevance, and a few of these have been included.

The descriptions of the projects are often my own and in many cases not enough is known about the projects to be able to give details. This list is intended to complement the bibliography of published papers, produced by the Health Service Research Unit of the University of Kent. It also adds to the information on health centres contained in the British Health Centres Directory.

Projects are listed under country, and within country in alphabetical order of the bodies undertaking or most involved in the study. Mention is made at the end of studies by students, and projects which are currently under consideration. It should be emphasised that there is great variation in the depth and complexity of the studies, and in their general application. In addition to the studies mentioned, many local authorities and general practitioners have written to say that they are constantly informally evaluating the activities in health centres in which they are involved.

STUDIES IN ENGLAND

ARTHUR ANDERSEN & CO

V C Watts

OR study commissioned by DHSS of 'Resource requirements for alternative ways of delivering hospital outpatient care'. This study looked at the costs of providing out-patient care in the community, including health centres.

Report prepared for internal DHSS use, 1972.

BEDFORD COLLEGE, UNIVERSITY OF LONDON with UNIVERSITY COLLEGE HOSPITAL MEDICAL UNIT

Social Research Unit, Bedford College (Director, Professor Margot Jefferys) and Medical Unit, UCHMS (Dr Peter Mansfield).

Scope. Before and after study of move into Kentish Town Health Centre (LB Camden) of 2 group practices. Monitor move to determine extent to which objectives of health centre are set and realised. Main object now to devise methods to study provision of care from health centres.

3 main areas
1 Management of care
2 Staff Study - communications
3 Patients study

Details. 5 year project - now mid-way.
Unit supported by DHSS
3 Research Officers
6 Field Assistants

UNIVERSITY OF BRADFORD

Organizational Analysis Research Unit, the Management Centre, Bradford (Professor Hickson).

Scope. A study over time of Cleveland Health Centre, Middlesborough and 9 other recently built large health centres, examining changing patterns of working relationships and processes of decision-making within and between health care teams.

The research is intended to spotlight problems within these areas of social interaction and to have implications for the planning and operation of health centres.

Details. 4 - 5 year study, 1971 - 5
Unit supported by DHSS
3 Research Officers

UNIVERSITY OF BRISTOL/BRISTOL COUNTY BOROUGH

Department of Public Health and MOH, Professor Wofinden and Dr P Dixon. Studies of health centres in Bristol, mainly nursing orientated.

1 Evaluation of health centre community nurse team at Stockwood health centre 6 months in 1969.

2 Work of nurse in health centre treatment room, Stockwood health centre, 6 months in 1969.

3 Casual attendance at an accident department and a health centre. Southmead health centre. 6 months in 1971.

4 An evaluation of health centre practice at Southmead health centre. 18 months 1970 - 71

These studies provide accurate useful data on particular health centres.

Note: 'Bristol family folders' used in some health centres.

Age/Sex registers put on tape by Health Education Council, available for service and research use.

SOUTHMEAD HEALTH CENTRE, BRISTOL

Dr A B Otlet.

1 Participated in studies of Dr P Dixon

2 Evaluation study of use of health visitors attached to general practitioners. Measure changes in time and work. With Dr Rowlands, Principal Epidemiology Medical Officer, Bristol County Borough.

Now underway, and in other parts of Bristol.

3 Evaluation of geriatric screening sessions in a health centre. Over 65's and outpatients over 75 (Dr G Burston) 1973.

BUCKINGHAMSHIRE COUNTY COUNCIL HEALTH DEPARTMENT

1 Wendover health centre evaluation

Before and after study of the effect on the pattern of work and attitudes of general practitioners and local health authority staff, and on the attitudes of patients, of providing primary health care from a health centre.

Before study completed; after study planned for November/December 1973.

Total length of project two years.

Advice from Insititute for Social Studies in Medical Care.

Analysis by Oxford Regional Hospital Board.

Study undertaken by a small research group in the local authority Health Department.

2 Extensive studies also undertaken in planning health services for Milton Keynes.

RIBBLESDALE HOUSE MEDICAL CENTRE, BURY, LANCS.

Dr G H Hilton and Mrs J Richardson (Group Administrator)

Aims

1 To determine the need for an administrator in health centres and large group practices (with five or more general practitioners).

2 To establish the origin, experience and qualification of such persons.

3 To determine a job analysis.

October 1972 - 74. Update award to Mrs Richardson.

CENTRAL MIDDLESEX HOSPITAL, Occupational Health Unit and CENTRAL MIDDLESEX INDUSTRIAL HEALTH SERVICE LTD

Introduction of an industry financed occupational health service into a health

centre (Chalkhill, Brent). Started December 1972.
Initial financial support from King's Fund.

LACHE HEALTH CENTRE, CHESTER

One of the general practitioners is collecting data before and after move into health centre on use of medical facilities by problem families to study changes in accessibility.
Before completed.
After underway.
Not financed or supported.

CONSUMERS ASSOCIATION

NHS Study - Part 2.
Patient's contact with his general practitioner.
Interview 1200 from electoral registers .
Postal questionnaire to over 2000 CA members .
Some reference to health centres in questionnaire - distance, patients attitudes, consultations, not known whether they will compare attitudes of those registered with general practitioners in health centres and others when analysing data.
Taking place Spring/Summer 1973.

COVENTRY HOSPITAL MANAGEMENT COMMITTEE

Short review of consultant outpatient sessions at Tile Hill Health Centre. 1971

DURHAM UNIVERSITY BUSINESS SCHOOL

E G Nelson and C R West.
A study of management control systems in a group practice - a medical group, Co Durham. 1972.

EASTBOURNE COUNTY BOROUGH HEALTH DEPARTMENT

Consumer survey of users' attitudes to the Winifred Lee health centre covering reasons for attendance, preference for health centre as opposed to general practitioner's private surgery, distance and mode of travel, views on health centre facilities.
7 months 1972.

ESSEX COUNTY COUNCIL HEALTH DEPARTMENT

Medical Centres. A user - requirements study.
A description of activity patterns and users' requirements in medical centres for use as an information primer in the design of medical centres.
6 months 1967.

UNIVERSITY OF ESSEX

Guy's/Essex computer project.
Project to develop an on-line integrated health record for use in health centres.
Support by DHSS now ended.

UNIVERSITY OF EXETER

Institute of Biometry and Community Medicine.
Professors J R Ashford and N G Pearson.

1 Epidemiology Division (Dr D G Morgan) undertaking studies on patient attitudes (eg Sidmouth health centre Devon). Others in progress.

2 Also NHS Computer Project with the South West Regional Hospital Board including linking of health centres and district hospitals, initially for patients records and hotel-type work. This has involved systems studies at two health centres. Eventually will evaluate use of computer, including use at a health centre.

3 Cooperation with Dr John Edwards in his 'Survey of Health Centres in the South West'. Update Publications. Health Service Reports - 2. 1972.

Unit supported by DHSS.

EXETER

Dr J Preece. General Practitioner.
Size and siting of health centres.
Examination of practice maps and patient distribution.
Update July 1973.

CITY OF GLOUCESTER HEALTH DEPARTMENT

Collection of information from 20 health centres on numbers (WTE) of administrative and clerical staff (administrators, receptionists, clerical excluding reception, typists, clerical/filing etc) and their grades, in relation to number of general practitioners and list size.

UNIVERSITY OF LONDON (See Bedford College)
GUY'S HOSPITAL MEDICAL SCHOOL

Department of Community Medicine.

1 Methods and organisation of community health teams and community hospital.
Dr G Grenholm. 1971 - 74.
Supported by DHSS

2 Note also grant from the Joseph Rowntree Social Services Trust Ltd. to Dr Peter Draper to look at staff and consumer participation including,
"general practices or health centres which are run as genuine teams, especially those which have some kind of patient involvement in their organisation".

Department of General Practice (Thamesmead health centre)
Computer system developed by Oxford Community Health Project being introduced

to provide a framework for studies of usage of services based on a known population. The system will also provide age/sex registers, diagnostic index etc.

GROVE HEALTH CENTRE, HAMMERSMITH, LONDON W12
Community Health Information Project

Medical Records study involving :

1 Design of structured record for NHS medical envelope or A4 size.
2 Record maintenance and information retrieval studies.
3 Future computer use, with hospital and LA records.

HAMPSHIRE COUNTY COUNCIL HEALTH DEPARTMENT

Several internal studies.

1967 O&M review of Hythe health centre - 12 months.
1970 OR review of appointments system Hythe health centre - 3 weeks.
1970 Prescriptions survey - Hythe health centre - 4 weeks.
1973 Design of health centres - a module approach.
1973 Cooperating with University of Kent in their management of health centres study.

INSTITUTE FOR SOCIAL STUDIES IN MEDICAL CARE

Hilary Lance. Transport services in general practice.
A comparison of doctors' workloads and patients' experience and views before and after the introduction of a transport service in five general practices, including one health centre.
1968 - 1970
Supported by DHSS and SHHD.

UNIVERSITY OF KENT at CANTERBURY

Health Service Research Unit. Professor M D Warren, Mr J Bevan et al

1 Series of studies into five health centres and one group practice including before and after patient surveys, general practitioner activity, and transport studies. Also at one centre some interviews of doctors and receptionists, and study of nurse consultations. 1968 - 73. In Oxfordshire, Kent and W Sussex.

2 Production of bibliography of published material about health centres in UK.

3 Pilot study into management of health centres starting. Cooperation with health centres in Kent, Hampshire and Surrey amongst others.

4 Study planned to examine benefits of holding some outpatient sessions in health centres or community hospitals.

Unit supported by DHSS.

UNIVERSITY OF LEEDS, THE NUFFIELD CENTRE

1970. "Project AD50" by members of Senior Management Course No. 13.
Attitude survey of a sample of users of health centres, examination of factors

influencing location and size, and attempt to assess impact and examine internal organisation.

LINCOLN COUNTY BOROUGH & EXECUTIVE COUNCIL

Patient attitudes to new health centre at Boultham Park. Described as a 'minor project'. One month 1971.

UNIVERSITY OF MANCHESTER

Darbishire House health centre

Professor P Byrne - training programme for general practitioners (not evaluation of the health centre).

Note: not a Section 21 health centre.

NEWBURY PARK HEALTH CENTRE

1 General practitioners of the health centre and London Borough of Redbridge. Geriatric screening of total population aged 65+.

2 General practitioners/North East Metropolitan Regional Hospital Board/ London Borough of Redbridge. Monitoring use of CSSD supplies by doctors and nurses in the health centre.

3 North East Metropolitan Regional Hospital Board, North East London Executive Council and London Borough of Redbridge. Study of costs of transferring 15000 patient records to A4 size at Newbury Park health centre. Now in progress.

UNIVERSITY OF NEWCASTLE-UPON-TYNE

Medical School. Medical Care Research Unit. Professor D J Newell and Dr J H Walker.

1 Examination of 'The Valuation of Time in Health Care'. Studies by lecturer in medical economics (N J Glass) involving study of location of outpatient clinics in East Cumberland HMC. Two main objectives:

a to provide information, relevant to a decision on location of out patient clinics at cottage hospitals/health centres.

b to monitor the effects of any such changes.

2 Cooperation with Teeside CB in study to examine changes in travelling times etc resulting from a new health centre.

3 The practice manager - collection of information and review of literature underway. May lead to further study. Mr. E Nelson and Dr B Reedy.

LONDON BOROUGH OF NEWHAM HEALTH DEPARTMENT / MARU POLYTECHNIC OF NORTH LONDON

Health Centres Handbook by Ruth Cammock

NORTHAMPTONSHIRE COUNTY COUNCIL HEALTH DEPARTMENT

General study of organisational aspects of work in Daventry health centre. Following on from a nursing study by O & M/Productivity Services Unit of Oxford Regional Hospital Board.

1973 - in progress.

NORTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD, NORTH EAST LONDON EXECUTIVE COUNCIL and LONDON BOROUGH OF REDBRIDGE

See Newbury Park Health Centre.

POLYTECHNIC OF NORTH LONDON

Medical Architecture Research Unit.

1 Techniques of evaluation (health centres and group practice) 1970. Cancelled by DHSS. Ruth Cammock.

2 A study of reception, waiting and patient call systems in eleven large health centres. An examination of the problems, identifying operational and design factors; recommendations made relating to future health centres and future studies. Sponsored by DHSS 1971-2. Ruth Cammock. Published February 1973 by HMSO.

3 The casual patient case load problem in accident services planning (hospital accident and emergency departments and health centres). A. Beattie. Underway.

NOTTINGHAMSHIRE COUNTY COUNCIL HEALTH DEPARTMENT

1 Communications in a large health centre. 1 month 1970.

2 Briefing, design guide, 1971.

3 Use of waiting areas. Started 1972.

OLDHAM COUNTY BOROUGH HEALTH DEPARTMENT

1972. Survey of patients' attitudes to Marjory Lees health centre, covering distance travelled, mode of travel, car parking, appointment system, waiting and reception arrangements, knowledge of facilities, views on choice of doctors and numbers changing doctors.

UNIVERSITY OF OXFORD

Department of the Regius Professor Medicine Sir Richard Doll and Dr A E Bennett. Health Services Evaluation Group.

1 The Community Hospital Research Programme includes:
A longitudinal study of the effects of transfer to a purpose-built medical centre on the organisation of primary health team members and their job satisfaction. This medical centre is an integral part of a community hospital development. For details see "Community Hospitals", Oxford Regional Hospital Board, 1973.

(Note: Not purpose built Section 21 health centre)

2 Oxford Record Linkage Study.
Record linkage - some applications in health centres.

OXFORD REGIONAL HOSPITAL BOARD

1 Community Hospital Programme (see University of Oxford)
2 O&M study - Staff Activity Analysis - at Witney health centre - completed 1972.
3 Study of A4 records in integrated health centre/community hospital situation.
4 Studies by the University of Kent at Witney and Carterton health centre (see Kent).

OXFORDSHIRE COUNTY COUNCIL HEALTH DEPARTMENT

Cooperation with Oxford University, RHB and Kent University..
Also transport study starting at Deddington.

SONNING COMMON HEALTH CENTRE, OXFORDSHIRE

1 Nurses' first visits - evaluating.
2 Cooperation with Oxford Community Health Project on patients' records on computer file for further research.

READING AREA STUDY

Dr M G F Crowe
1969 Attitudes of general practitioners to health centres. 100% sample.
Supported by Oxford Regional Hospital Board.

ST BARTHOLOMEW'S HOSPITAL, LONDON

Professor J Landon and Mr A Walker (Chief Technician)
Study of pathology laboratory facilities for general practitioners.
Taking place in St Leonard's Hospital. Operating since March 1972.

HEALTH CENTRE, STREET, SOMERSET

Dr M J Forth
Evaluation of outpatient referrals to local hospital, resulting in orthopaedic and surgical out-patient clinics being held at the health centre, and ENT planned to start Autumn 1973.
4 months 1972.

HEALTH CENTRE, SYSTON, LEICESTERSHIRE

Dr M G F Crowe
Study of nature of out-of-hours calls 1973 - 74.
Maintaining detailed record of all their out-of-hours calls for one year.
Will analyse and would like to compare with health centre using emergency deputising service.

TEESSIDE COUNTY BOROUGH HEALTH DEPARTMENT

1 Study of Cleveland health centre, Middlesborough (see University of Bradford).
2 Before and after records kept by some Middlesborough general practitioners of their work, Practice Activity. Before underway. 2 year length. DHSS initiated.
3 On-line computer link planned for immunisation and vaccination records in Middlesborough health centre.
4 Age/sex register developed - with University of Newcastle.
5 Redcar health centre. Teesside study, with support of University of Newcastle MCRU, at design stage. Practice activity and patient attitudes, before and after. 1973 - 75.
6 Thornaby health centre. OR type study of use of services and relationship to car parking completed 1972.
7 Also looking at provision of pathology services. Possible computer or telex link.

WEST RIDING COUNTY COUNCIL HEALTH DEPARTMENT

Design Guide.

STUDIES IN SCOTLAND

ABERDEEN COUNTY COUNCIL HEALTH DEPARTMENT and NORTH-EAST SCOTLAND RHB Operational Research Group, Research and Intelligence Unit

Guide lines on nurse staffing and effectiveness. Development of a model to enable predictions to be made of the numbers of nursing personnel needed in a health centre.

Peterculter health centre. 1973.

CUMBERNAULD HEALTH CENTRE

Dr J S Bryden, carried out under auspices of fellowship in administrative medicine with the Scottish Health Service Medical Administration Training Committee.

1 Ought outpatient consultations to take place in a hospital complex? Cumbernauld health centre. 4 months in depth. 1971.
MSc thesis for Strathclyde University.

2 Use of 80 column punch cards for age/sex registers. Cumbernauld 1970.
Part of MSc above.

UNIVERSITY OF DUNDEE, DEPARTMENT OF GENERAL PRACTICE

The Royal College of General Practitioners, Scottish General Practitioners' Research Support Unit, East Scotland Faculty. Dr A Jacob and Professor J D E Knox.

Study of doctor activity in general practice before and after move into health centre.

1972-77

Supported by SHHD.

UNIVERSITY OF EDINBURGH

Department of Nursing Studies. Dr M Gilmour.
Work of the Nursing Team in general practice. 1970-73.
Fact findingat three health centres. Report expected autumn 1973.
Supported by SHHD and DHSS.

SPRINGWELL HOUSE HEALTH CENTRE, EDINBURGH and EDINBURGH ROYAL INFIRMARY

General practitioners, Professor Samuel and Scottish Home and Health Department.
Evaluation and use of x-ray equipment.

Vida Howie 'The evaluation of an x-ray unit in a health centre' SHSS No 30 - to be published.

Supported by SHHD.

HEALTH CENTRE, KILSYTH, GLASGOW

Dr A C Blair et al.

1 The Practice of Geriatric Medicine in the community - an evaluation of the place of health centres. 1½ years 1970-71.

University of Glasgow, Stobhill Hospital and MOH Lanarkshire (Andrews, Cowan and Anderson).

2 Work Study, 1968, 1 week. Strathclyde University.

3 Item of service work-load by general practitioners.

4 Item of treatment room work-load by health centre sisters.

LIVINGSTON PROJECT, CRAIGSHILL HEALTH CENTRE

Drs J H Barber, D J G Bain, N J Bassett and AJ Haines

1 Organisation of general practitioner services - specialisation.

2 Computer records project.

Supported by SHHD.

SCOTTISH HOME AND HEALTH DEPARTMENT

Health Services Research and Intelligence Unit.

1 V Carstairs and A Skrimshire - Provision of outpatient care at health centres. 1968

2 Sighthill health centre: a study of the demands made by general practitioners practising from the centre,1967.

3 Stranraer health centre (as above).

4 Comparison of Sighthill and Stranraer.

5 A before and after study of the utilisation of child welfare services and attitudes to some aspects of general practitioner services at Clydebank health centre.

Report on the before stage completed but not for publication.

6 See Springwell House health centre

SCOTTISH HOSPITAL CENTRE

Design-in-use study of 11 centres in Scotland, ranging from the very large, serving populations of 40 000 to 60 000 in heavily built-up areas, to small units, located in small towns, serving populations of around 10 000 in the town and surrounding rural areas. Fact-finding commenced April 1973.

Report expected end 1973.

UNIVERSITY OF GLASGOW

Department of Epidemiology and Preventive Medicine.

1 Professor G T Stewart, Health education at health centres. OR grant. 1 year, 1972 -74.

2 Dr F A Boddy. Pilot study of the logistics of consultant involvement in health centre practice at Woodside health centre, Glasgow. 3 months 1973. Now underway.

SHHD support.

3 Dr D R Hannay. Survey of symptoms and symptoms behaviour. 1971-73. Using Woodside health centre because of their computerised records. Not an evaluation of health centres but evidence has emerged as a by-product, particularly in relation to accuracy of health centre records and peoples perception of health centres as source of medical assistance.

4 Studies taking place at Woodside health centre. Drs J H Barber, F A Boddy and R T W Prentice and E T Robinson.

a Computer information bank, using OCR techniques, on patients in health centre for patient registers, and later on-going selective morbidity recording and management of programmes (pre-school development, geriatric screening).

b A study of the operation of a large record system and production of manuals of procedures. Mrs. F Duncan. 1972

c On-going studies of use and value of x-ray, ECG and physiotherapy dept.

d On-going study of values of specialist outpatient clinics in a health centre.

e Plans for study of provision of combined care for chronic disease.

f Studies of management decisions in general practice including pilot study of use of nursing staff for first consultations.

Also clinical research and evaluation of other management programmes.

Supported by SHHD and some support from Nuffield Provincial Hospitals Trust

WESTERN INFIRMARY, GLASGOW & CLYDEBANK HEALTH CENTRE

Dr W Alexander

Communication between Clydebank Health Centre and Western Infirmary, Glasgow. Now underway.

STUDIES IN WALES

MONMOUTHSHIRE COUNTY COUNCIL HEALTH DEPARTMENT

Evaluation of staff satisfaction with a health centre - Blaenavon health centre - after first year. 1972.

UNIVERSITY OF WALES - CARDIFF

H Maddock
M Pharm thesis on the effect of health centres on the practice of the pharmacy.
Study of numbers of health centres planned and implications for pharmacy.

WELSH HOSPITAL BOARD, CARDIFF

Evaluation of need for consultant ante-natal clinics at Cymmer health centre, Glamorgan.
June - September 1972.
Feasibility study - conclusions related to accommodation needs, and advantages to patients in relation to travel.

WELSH NATIONAL SCHOOL OF MEDICINE

General Practice Unit. Dr R Harvard Davis
Llanedeyrn health centre. Studies of general practice in progress, using the health centre as a base.

1 Evaluation of a computer based records system in general practice
2 Medical audit designed to improve the accuracy of data recorded
3 Analysis of pattern of demand for medical services in a new community
4 The collection of a coded problem dictionary for use in general practice
5 A number of randomised controlled trials and epidemiological studies.

Supported by Welsh Office and DHSS.

STUDIES IN NORTHERN IRELAND

ARMAGH HEALTH CENTRE / MINISTRY OF HEALTH AND SOCIAL SERVICES

Patient attitudes - interviews and postal survey.
One year 1972 - 73.

MINISTRY OF HEALTH AND SOCIAL SERVICES NORTHERN IRELAND

Design-in-use studies of 7 health centres. Time taken ranges from 4 weeks to 4 months.

MONEYMORE HEALTH CENTRE

Treatment room workload.
Starting 1973 - for one year.

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MONEYMORE HEALTH CENTRE

Treatment room workload.
Starting 1973 - for one year.

OTHER STUDIES

USA

Professor George Maddox, Duke University Medical Centre, N. Carolina

Health Centers in the British National Health Service: An appraisal of their development and operation.

A report to the Social and Economic Analysis Division, Center for Health Servi ces Research and Development, United States Public Health Service.

August 1973.

STUDIES BY STUDENTS ET AL AT:

1 Bristol - now underway

2 Nottingham University - completed.

3 Nuffield Centre, Leeds University - two projects completed and one underway (planning criteria)

4 Hull University

5 Worcester Health Centre, Patient attitudes 1971. D G Millar (1972)

6 Southend - G C Peeke. A study of patient mobility before move into health centre. Guidance on car-parking and convenience of siting to patients.

PROJECTS AT PLANNING STAGE Not yet started

1 Royal College of General Practitioners / Cardew-Stanning Foundation. Design aspects of group practice and health centres in relation to confidentiality.

2 University of Sussex. Centre for Social Research. Adrianne Mead. Investigation of potential role of social workers in group practice and health centres.

3 Carleton University, Division of Systems Engineering, Ottawa, Canada. Mr Woodside, Systems engineering approach to communications with health centre and study of nurse numbers and needs for Canadian Nurses Association.

4 Lancashire County Council Health Department. Planning to undertake a before and after study of 'effectiveness' of health centres.

5 University of Newcastle, MCRU. Nursing in relation to organisation of primary medical care.

6 Hampshire County Council. Statistical requirements of health centres - an information system.

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