

Patients' views on making  
best use of GP premises  
January 2019



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<sup>1</sup> [www.assurapl.com](http://www.assurapl.com)



## 1. Executive Summary

While there seems to be a considerable amount of evidence about the impact that hospital design can have on patient recovery there is little equivalent evidence around primary care. The Patients Association is keen to understand how patients experience their GP premises. What views do they have about the condition of buildings and what are their views about the possibilities for improvements and potential for alternative uses?

This report outlines patients' views, based on an online survey and four focus groups held during September 2018 in order to highlight how significant the physical environment might be in shaping the experiences people have of primary care.

The survey and focus groups looked at the internal and external aspects of buildings, including accessibility. Each produced slightly different feedback, which showed some common themes and also some that were distinct to each individual piece of engagement. The main points were that buildings differed greatly in terms of levels of maintenance and the services offered by the practices that use them. Confidentiality was a key issue especially risks of being overheard at the reception desk or when telephoning the practice. Access for disabled people was often difficult and waiting rooms were the area most in need of updating and improvement.

There was mixed feedback regarding extra services that would be helpful to have in addition to the basic GP and practice nurse, with some people feeling that additional services would place an extra burden on arrangements that were already stretched. There was a general expectation that in the future it was likely that practices would be merged to create larger one-stop type polyclinics. Some people welcomed this as they felt they would get a better and more accessible service, while others believed this would take away from the local nature of a GP practice, which they valued. Most expected that future needs for buildings would be different, with an increased dependence on technology which some welcomed and some did not.

While it was clear from this project how highly patients value the NHS, it was also clear that the buildings that house general practice in particular are often old and in need of serious investment and expansion based on the feedback from the participants of this survey. If current pressures on the GP workforce are not resolved, at least some care will have to be provided in very different ways in the future, and buildings will be an integral part of that.

There are common threads in the concerns patients have regarding their GP premises but they are also very forgiving of shortfalls in the standards of buildings as the perception is that available funds should be spent on care. This came through in some of the comments made during the focus groups and in some of the qualitative comments in the survey. Also, people do believe that an agreeable environment implies they are welcome and valued. Conversely, a poor environment can be a source of stress, anxiety and cause increased feelings of ill health as well as doubts about whether lack of cleanliness, tidiness etc. is a reflection of the standard of treatment.

## 2. Introduction

The Patients Association is an independent support organisation for all users of UK health and social care services, with a mission to harness and promote the patient voice, improve services and support people to engage fully in their own care.

Each year we facilitate and manage a number of national and local projects, reports and training events. The range of this work is considerable and varied, from surveys and focus groups to gathering patient experience and working with individual Trusts and patient groups.

Healthcare facilities encompass a wide range of building types, from small and relatively simple premises to large, complex, and costly teaching and research hospitals. Yet research on the impact of these environments on health and wellbeing does not appear readily available. Anecdotal evidence, however, tells us that the environment conveys a strong message to patients, visitors, volunteers, and staff, leading to conclusions about the quality of the care provided. Hopefully, the message to patients is one of warmth, care and compassion, as well as a commitment to patient safety and clinical excellence; and equally for staff, that the environment they work in implies a sense of value on its occupants.

At a time of pressure on NHS resources, from both limited funding growth and increasing demand, new buildings must offer good value for money when they are built: this means promoting safety and security, ensuring that the needs of the users of the building are met, adopting innovative practices to achieve this as appropriate and making efficient use of resources.

## 3. Context

While there seems to be a considerable amount of evidence about the impact that hospital design can have on patient recovery there is less evidence around primary care. A survey of existing literature found a lack of research about the quality of GP premises from a patient perspective. The Patients Association was therefore keen to understand how patients experience their GP premises. What views do they have about the condition of buildings and what are their views about the possibilities for improvements and potential for alternative uses?

A review of the literature identified that environment has a strong impact on our health, especially mental health. Various studies pointed to negative links<sup>2</sup> between the environment and depression, and others to the positive benefits<sup>3</sup> of green spaces and pleasant views.

A large-scale study<sup>4</sup> examining the effects of a UK primary care environment on patients and staff found that a benevolent environment is associated with an improved patient perception of patient-

<sup>2</sup>Schizophrenia and urbanicity: a major environmental influence--conditional on genetic risk. *Schizophrenia Bulletin* 2005 Oct; 31(4): 795-9

<sup>3</sup>Journal of Urban Design and Mental Health 2016; 1:7 Might beautiful places have a quantifiable impact on our wellbeing? Chanuki Illushka Seresinhe

<sup>4</sup>Enhancing a primary care environment: a case study of effects on patients and staff in a single general practice Rice G1, Ingram J, Mizan J *British Journal of General Practice* 2008 Jul; 58(552): 465-7 <https://www.ncbi.nlm.nih.gov/pubmed/18611307/#>

doctor communication, also resulting in a reduction in anxiety and an increase in both patient and staff satisfaction.

A wealth of information exists about the use of colour to support people with poor sight, dementia and mental health conditions. For instance the use of blue and green for calm spaces; or red, orange and yellow for increased brain activity and stimulation; as well as the use of contrast to highlight or minimise areas depending on their levels of importance or risk. In terms of GP practices this could be as simple as having a calming hue in waiting areas and for toilet doors to be highlighted in a stronger contrast.

Creating well designed spaces in terms of lighting and seating has a beneficial effect especially on those in poor health.<sup>5</sup> A growing body of research<sup>6</sup> looking at acute services suggests that a bright, comfortable and well-designed space reduces stress and aggression, promotes healing and has a positive effect on staff. Confidentiality is also an issue and there is a legal duty<sup>7</sup> for health professionals to protect and conserve patient confidentiality at all times whilst buildings are not always conducive to this.

An interesting dichotomy is raised by patient feedback (including in this survey) which indicates that many people have traditionally low expectations and are prepared to accept poor surroundings in NHS settings. This is out of the scope of this research and may require further exploration.

## 4. Aims and Objectives

This project aimed to explore patients' views of GP surgery buildings with the objective of highlighting how important the physical environment might be in shaping the experiences people have of primary care.

It also sought to gain a better understanding of patients' views on how buildings could be improved or used differently, and of their vision for how primary care buildings might look and feel in the future.

## 5. Methodology

This project used a mixture of quantitative and qualitative approaches to obtain feedback.

<sup>5</sup>Leather, P. (2000) Hospital design, health & well-being. Nottingham: Institute of Work Health & Organisations

<sup>6</sup>The architectural healthcare environment and its effects on patient health outcomes: a report at the end of the first year of study. (1999) University of Sheffield, School of Architecture in association with NHS Estates, Poole Hospital NHS Trust and South Downs Mental Health Trust. Coote, A. (Ed) (2002) Claiming the health dividend: unlocking the benefits of NHS spending. London; Regnier, V. (1998) Alzheimer's special care units. Places, Vol 12 (1), Fall 1998, pp 38-41; Ulrich, R. (1984) View through a window may influence recovery from surgery. Science, Vol 224 (27), April 1984, pp 420-421; Leather, P. (2000) Hospital design, health & well-being. Nottingham: Institute of Work Health & Organisations.

<sup>7</sup>NHSE Principles of Confidentiality June 2016 - All employees working in the NHS are bound by a legal duty of confidence to protect personal information they may come into contact with during the course of their work. This is not just a requirement of their contractual responsibilities but also a requirement within the common law duty of confidence and the Data Protection Act 1998. It is also a requirement within the NHS Care Record Guarantee, produced to assure patients regarding the use of their information.

Initially an online survey was promoted to patients via our email newsletter and social media channels. Patients and members of the public were also able to respond to the survey over the phone, via our national helpline. The survey contained 29 questions using a mixture of open and closed responses.

The survey was followed by four focus groups held in Birmingham, Blackpool, Eastleigh and London in order to generate a wider opportunity for participation.

There were 703 responses to the survey and 20 people attended the focus groups. Feedback from both sources was transcribed, and themes identified which are reported in the findings section of this report.

As this was not a research project formal ethics approval was not required, however best practice ethical principles for engagement were followed.

The General Data Protection Regulation (GDPR)<sup>8</sup> rules were just being introduced during the design phase of the project, so a risk assessment was carried out and guidelines adhered to. No personal identifiable data was collected without permission. Answers given in focus groups were noted, but not audio recorded. Permission was given by participants to use this information anonymously.

## 6. Findings

The survey and focus groups looked at the internal and external aspects of buildings, including accessibility. Each produced slightly different feedback, which showed some common themes and also some that were distinct to each individual piece of engagement.

### Survey Findings<sup>9</sup>

The large majority of respondents to the survey reported that their GP practice was located in a residential area (64%). An analysis of the explanations they gave for their answer to question three in the survey identified numerous illuminating views among patients (see Figure 1). Many buildings were reported to be 'older' premises (though not clear what that actually meant in terms of age of building) and with no additional services other than the GP(s) and a practice nurse (40.43%). Many respondents stated their surgery was functional, with a significant number reporting that the building was old or not fit for purpose (30%) and only 19% stating it was modern or well-designed. However, when asked how they felt when they visited their GP in terms of the environment, of the 681 who answered, 45% (306) positively stated they felt relaxed against 41% (276) who felt theirs was a poor environment that made them feel anxious or stressed.

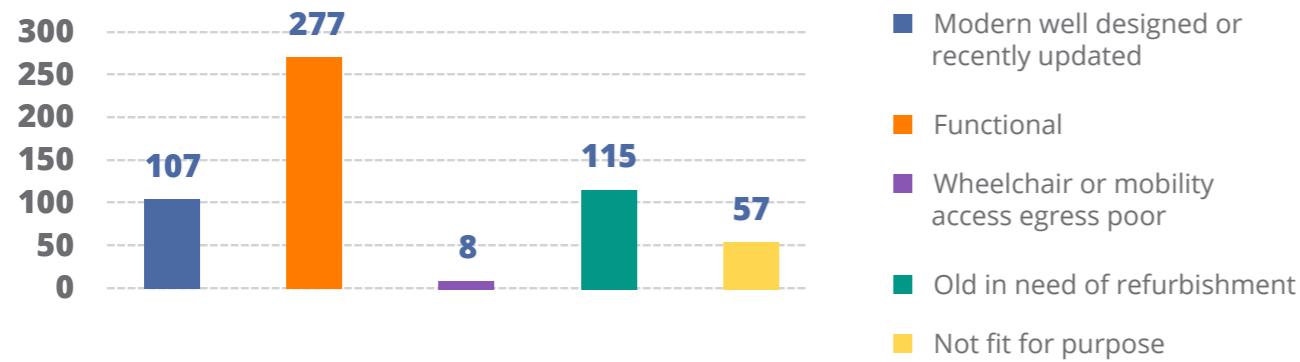
Later in the survey it was noted in the comments that people seemed to have a high tolerance for poorly designed spaces when it comes to healthcare, stating that they go to the doctors to feel better and get treatment rather than being concerned about their surroundings.

<sup>8</sup><https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

<sup>9</sup>Survey Outline can be found in Appendix 1 of this report

**Figure 1:**

**Q3 - Do you consider your GP surgery building to be attractive?**  
**Analysis of themes emerging from explanations given by respondents.**



The large majority (84%) answering questions six and seven agreed there was enough space in the waiting area and that seating was suitable for their needs (75%). However, this was rather contradictory as this was also the area noted as most requiring improvement. This suggests that although waiting areas may be large enough they are not necessarily well designed. A key area of note concerned confidentiality at reception, with 58% of respondents reporting that there was not enough space to allow reasonable privacy.

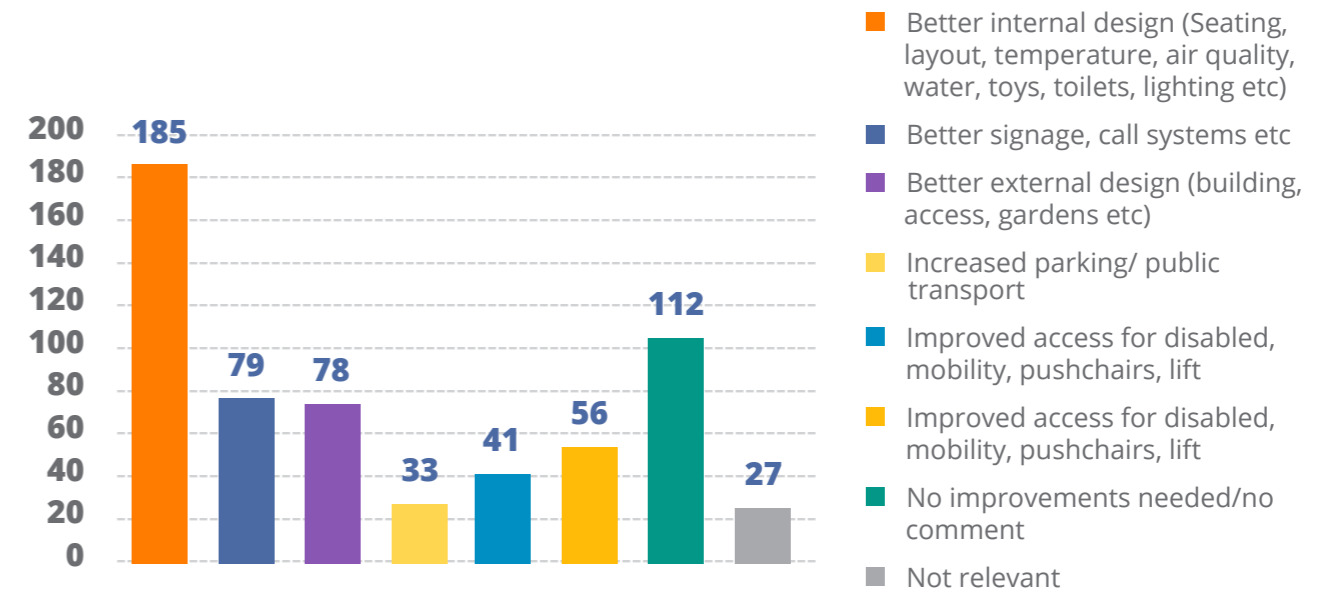
## Quotes from patients

- Confidentiality could be improved too much being discussed at reception
- More privacy when speaking with reception
- Privacy at reception isn't good
- A more private space to speak at reception
- It is impossible to speak to the receptionist without being overheard

Further areas where improvement could be made are detailed in Figure 2 on the following page.

**Figure 2:**

**Q9 What improvements could be made? Analysis of themes emerging from explanations given by respondents.**



## Layout of surgery

Question 8 asked if the layout of the surgery was good. 84% (583) of respondents answered that they found it easy to get around their building yet 79 people commented that better signage would be helpful and that this would also be useful for checking-in and making waiting times clearer.

### Comments included:

- Better signage and knowing which room to go to as it can be stressful if you don't know your way round or can't see the screen for room allocation
- Better use of technology to direct you
- Details of the length of time to wait
- Signage for the visually affected patients.

## Internal design

83% (576) of respondents to question 11 stated their GP surgery was well maintained and in good decorative order.

### Comments included:

- Always clean and tidy
- It has artwork an nice furnishings
- Recently refurbished
- New building
- Light and bright and airy

- *Colourful and maintained to a high standard*
- *Waiting area is in a good state of repair and has a variety of plants which make it look and feel homely.*

However, 29% did suggest there was a need for redecoration and there were a number of common areas suggested for improvement,<sup>10</sup> for instance that buildings were too hot in summer and cold in winter. It is possible that these results were influenced by the survey being conducted at the end of a notably hot summer. Respondents also highlighted the need for drinking water to be available, especially where patients had a long wait for treatment. There were a number of references to the availability and cleanliness of toilets, and this issue seemed to be linked to buildings that had outgrown their purpose. This would be worth investigating in more detail as evidence from the survey seems to suggest a causal link here.

## Comments included:

- *A water machine would be helpful especially if you have a long wait*
- *The place could do with air-conditioning with these hot summers*
- *Despite obvious efforts the poor structure and layout defy attempts to make it attractive and the toilets has always suffered from lingering smells*
- *They have recently refurbished but the building is just not suitable for a modern-day GP practice*
- *The areas that everyone has to use are totally inadequate for what they were originally built for*
- *Lack of space for expansion which would mean significant improvements would be enormously expensive.*

## Access

Access to the building was an issue for some people either in terms of getting there or in access to the building. Access to premises emerged as an area in need of improvement by some respondents who highlighted this in the qualitative comments. Even if this was a minority of people this was concerning in view of the existence of firm statutory requirements about a very basic issue. The Health and Safety at Work Act 1974 requires access routes to be suitable for all foreseeable users, and the Disability Discrimination Act 2005 (DDA) requires establishments to give disabled people important rights of access to everyday services.

## Comments included:

- *I'm lucky, I'm relatively healthy however I think there are access problems for those who have a disability or mobility difficulties*
- *Easier access with public transport and parking plus easier access to appointments*
- *Disabled loo. Better seating. Lift to upstairs. Better doors - two sets of closely spaced push doors make it a menace to access for people with children, or people using mobility aids*
- *A lift to the upper floor would be useful*
- *Better disabled access- front door lip, automatic door, flat access car park*
- *More modern, better facilities for the disabled and elderly*
- *Easier access for disabled patients.*

<sup>10</sup>Question 9 – What improvements could be made? – Figure 2 and Appendix 1

<sup>11</sup> Question 12: How easy is it to get to your GP surgery by public transport? 42% said it wasn't an issue and 58% said it was either difficult or not relevant.

75% of respondents said there was a ramp at the entrance to the building 12% said no and 12% were not sure.

However only 46% of respondents reported that their building had a lift with 30% saying it did not and 24% saying they were not sure. There were a number of comments regarding difficulties caused by poor building design and access:

- *Difficulties in moving around the buildings in wheelchairs*
- *Being able to get into the building easily or get to the reception desk due to lack of space to turn and manoeuvre*
- *Having to gain access at the back of buildings because other entrances were not suitable was unsettling for people especially when it was dark in winter*
- *Having to carry small children in car seats upstairs with no lift*
- *Doctors having to come downstairs to see patients*
- *No lift to the first floor treatment rooms*
- *No lift and the corridors are narrow.*

“How easy is it to get to your GP surgery by public transport?” (Question 12)

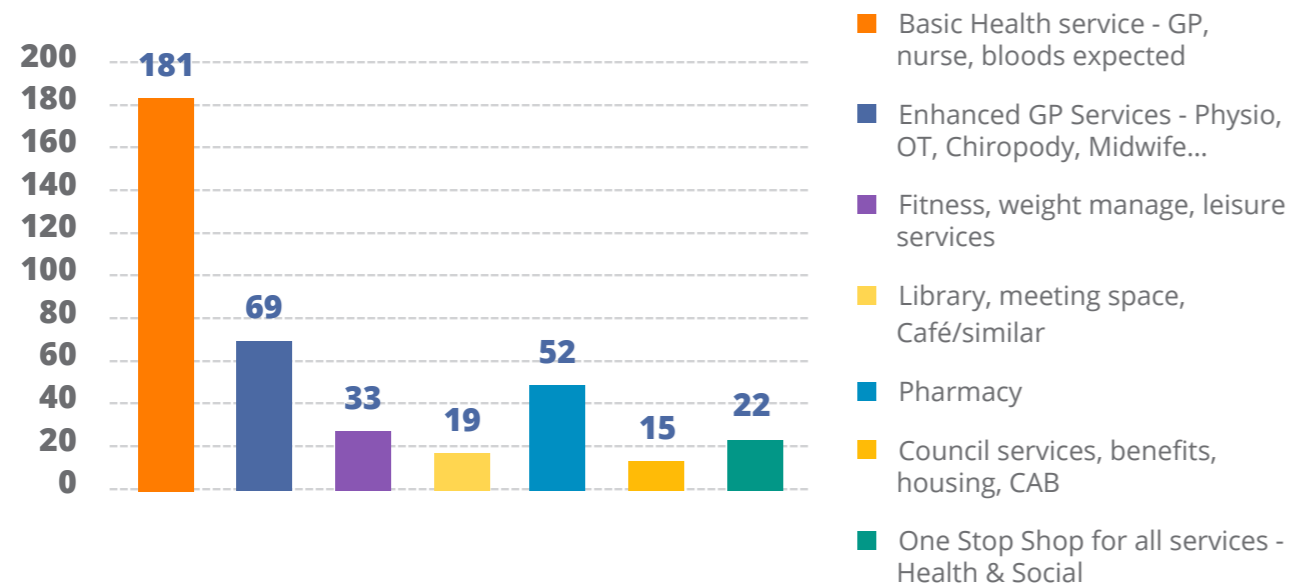
- *42% said they had good public transport links*
- *16% said it was difficult to get to the surgery*
- *41% said this was not applicable to them.*

Travelling to GP premises emerged as a concern: both public transport and travel by car were commonly cited as difficult, the key problem in the latter case being parking.<sup>11</sup> In some instances this was because the buildings were in urban areas, sometimes above shops, and in others buildings were on busy roads with no space for extra parking. This was a problem especially for people whose mobility was poor or where the surgery was a distance from their home. People commented that they attached value to a practice being close to their home.



**Figure 3:**

**Q18 - Which services would be most useful to have within a GP surgery building? Analysis of themes emerging from explanations given by respondents.**



## Services provided

Questions 16, 17 and 18 asked respondents what other services were on offer within their GP building, and whether having other services located there was of value to them. The large majority - 66% - said that they had basic services available, including blood tests.

In response to question 16, 71% of respondents said that they did not have a pharmacy at their GP premises.

Regarding question 18 over half (53%) felt it would be of benefit to have some or all of the services listed above in Figure 3. However there were a number of comments to suggest that patients were concerned that additional services could compromise care, and 62% did not feel it was important to have other than 'basic' services located at their practice.

## Comments were mixed and included:

- *Surgeries need to be able to offer a range of services including pharmacy, social care, self-help, talking therapies, minor injuries clinic & other services to aid self-care e.g. diabetes*
- *Concentrate on primary medical care - get that right first before stretching already stretched facilities further*
- *Only services concerning health. Diabetic Eye Screening would be good, as otherwise need to travel about 10mils to a centre*
- *Fitness and access to council services i.e. care facilities.*

Alongside this there were some innovative suggestions for how practice buildings could be used differently.

- *A coffee bar would be nice*
- *certainly fitness and access to council services, people would be more likely to solve problems that way*
- *Fitness would be good and that is all part of wellbeing*
- *Complimentary therapies, maybe Tai Chi (reception is big enough for a small group)*
- *Out-patient for day surgery.*

## Links with community services

Question 19 asked respondents if they thought it might be beneficial to share sites with other community services such as shopping centres. This is a growing trend in the USA with over 2,000 clinics in place<sup>12</sup>. Closer to home<sup>13,14</sup> large supermarket chains have sited surgeries within their premises. In the survey there were a few answers that indicated surgeries were already located within shopping centres, but a slim majority of responses (51%) did not think this would be helpful where it is not already done.

Question 21 asked if surgeries were important in the community and whether they were involved in community events. Of the 646 answers overwhelmingly (79%) the response was that they were not involved in their communities and most responses indicated that this was not perceived to be important. Many people felt this would distract from the business of providing health services and that this was the role of local councils or social services (see qualitative comments in Appendix 2).

## Digital technology and Wi-Fi

Questions 22-24 concerned the use of Wi-Fi and digital technology and whether this was of value to people. A high number of surgeries (82%) did not have Wi-Fi in the building for patient use of those who responded yet over half (54%) of people thought it would be helpful.

Regarding the wider use of technology respondents were heavily divided:

- 42% (278) of respondents felt that more technology would be useful in the surgery
- 58% (379) of respondents felt that more technology would not be useful.

However when more detail was requested in Question 24 – Figure 4 the following responses were given in the qualitative feedback:

- Just under half of respondents (48%) felt that further technology wasn't needed as buildings were too small, or that personally they would find it difficult or unpleasant to use if it was in place
- Just over half (52%) felt more use should be made of digital technology and it would be useful to help them navigate the building and make checking-in more efficient.

<sup>12</sup><https://www.health.harvard.edu/blog/retail-health-clinics-the-pros-and-cons-2016>. Accessed 02/11/2018

<sup>13</sup>Pulse - Sainsbury's plans a rapid expansion of in-store GP surgery programme 13 February 2013 Davies, M

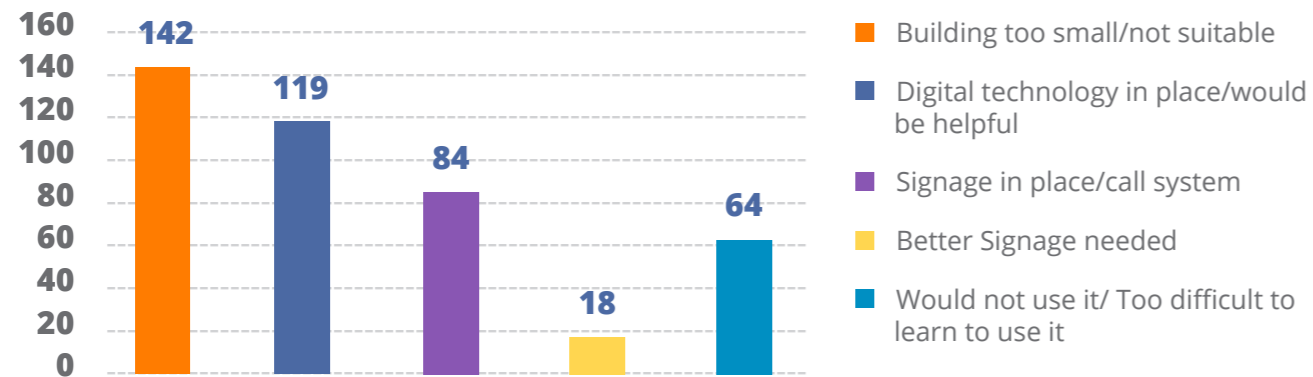
<sup>14</sup>Pulse - Morrison's supermarkets developing plans for in-store GP surgeries 22 August 2011

## Comments included:

- There is huge scope for social media communications technology to be developed and exploited to mediate the relationship between patients and health professionals. This is an increasing patient expectation ( although not specifically building related)
- I'm not sure to be honest, I'd need to more fully understand what digital technology might offer to patients
- Maybe adding a digital machine for measuring height, weight and blood pressure would be good
- They already do this which is both helpful and speeds up queuing times at the main desk
- But need to be mindful of old people who might not understand the technology.

**Figure 4:**

**Q24 - GP surgeries making more use of digital technology to help patients use the building. Analysis of themes emerging from explanations given by respondents.**



## What improvements would patients most like to see in their GPs surgery building?

Question 25 gave respondents the opportunity to suggest what improvements they would most like to see in their GPs surgery building. There were some unusual issues, which are mentioned below as well as some that were more expected- see list in Figure 5.

The issue of air quality within GP practice buildings was raised, and in particular the effect of air fresheners and vapours from cleaning products. These can aggravate people's conditions and allergies, and therefore make time spent waiting uncomfortable for patients.

## Comments included:

- A sign about not wearing heavily scented products would really help me. At the moment I move around the waiting room or stand close to the door or even outside while waiting to be called. Just to prevent getting unwell

- Perfume free waiting area
- Area for people with chemical sensitivity. No chemical air fresheners in the toilets
- No perfumes and sprays policy for all users of the surgery
- The option to control the lighting in the consult rooms or have a designated room for consult for those with allergies or MCAS/MACD<sup>15</sup> that are scent and chemical free; a safe area for people who are fragrance free.

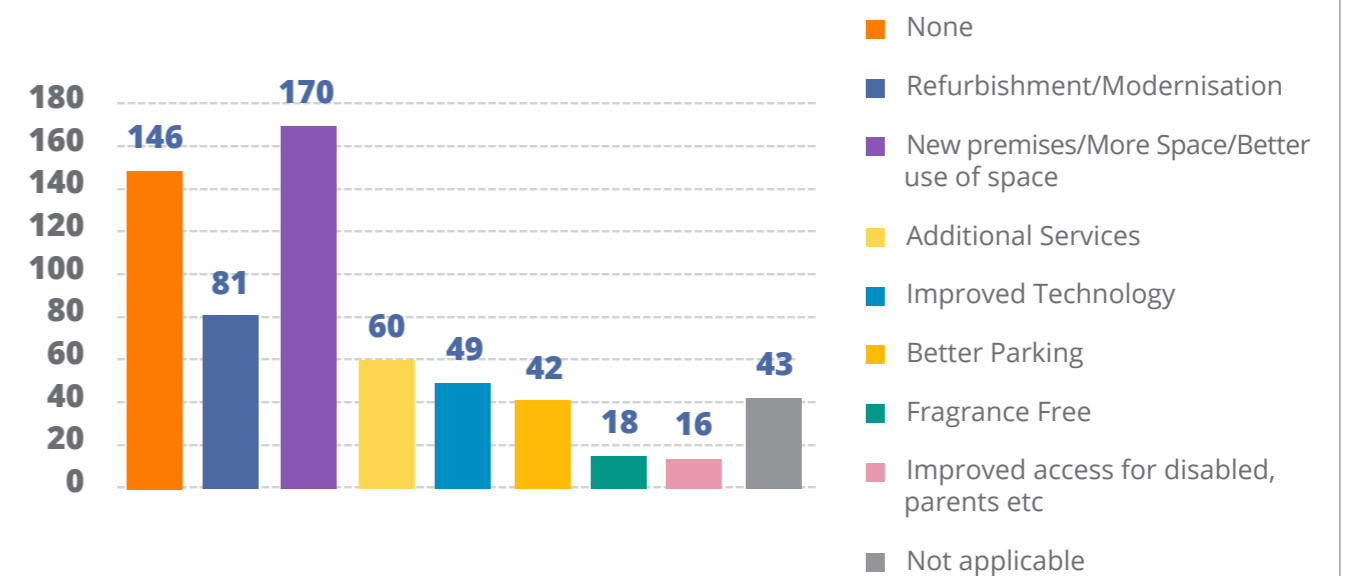
## Surgeries expanding and becoming one-stop shops

There were several comments, listed below, regarding surgeries expanding and becoming one-stop shops where patients could access more than just the basic GP services.

- More ancillary medical services available from there too. Such as pharmacy, physiotherapy, psychotherapy, phlebotomy, audiology, podiatry etc. Making it more of a one-stop-shop
- Better lighting, comfortable chairs and wider seating rows and the counselling/Improving Access to Psychological Therapies (IAPT) service located in the health centre
- Mega-surgeries for the economies of scale and a wider range of health professionals
- Addition of complementary therapies, educational events and classes (first aid, prevention, nutrition, promoting healthy habits), relaxing music in reception, prayer room.

**Figure 5:**

**Q25 - What changes or improvement would you most like to see in your GP surgery building? Analysis of themes emerging from explanations given by respondents.**



<sup>15</sup>Mast cell activation syndrome (MCAS) is one type of mast cell activation disorder (MCAD), and is an immunological condition in which mast cells inappropriately and excessively release chemical mediators, resulting in a range of chronic symptoms, sometimes including anaphylaxis or near-anaphylaxis attacks

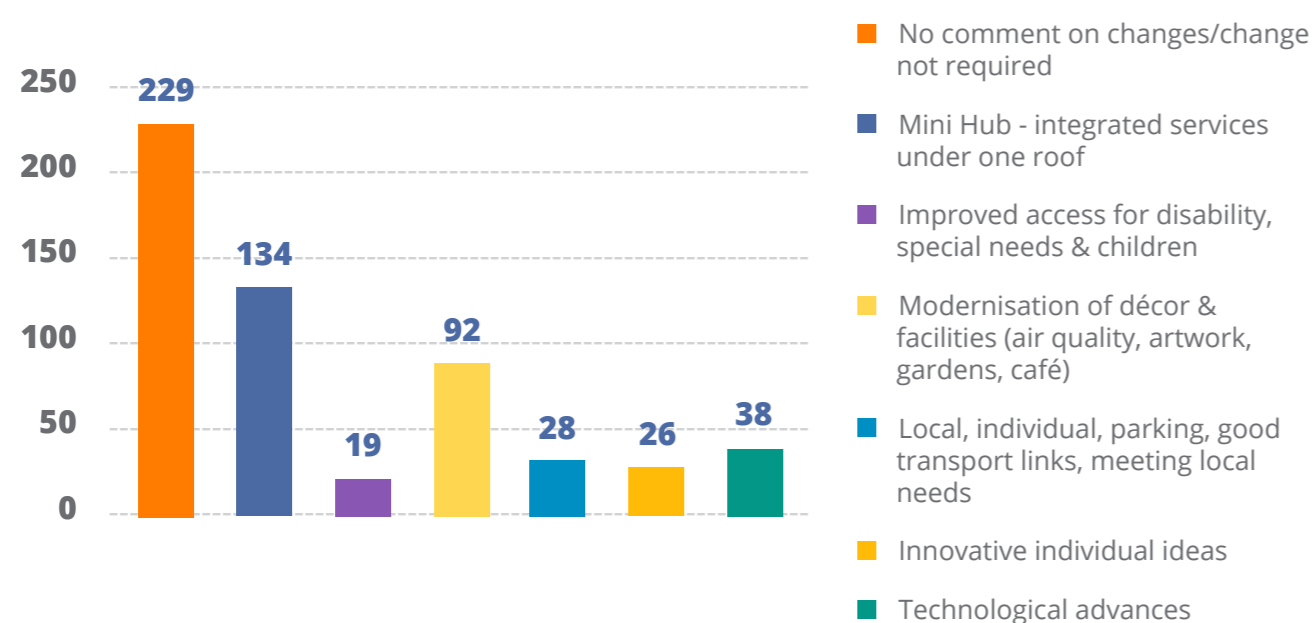


## What might be desirable for future surgery buildings?

Question 26 asked respondents what might be desirable for future surgery buildings (Table 6). Healthcare in the future is likely to look quite different<sup>16</sup> with more services accessed remotely, and when consultations are required they will be part of a multi-disciplinary centre. GP buildings will need to develop around new models of care.

**Figure 6:**

**Q25 - What changes or improvement would you most like to see in your GP surgery building? Analysis of themes emerging from explanations given by respondents.**



A poll<sup>17</sup> of the public in 2015 asking what the vision for General Practice in the future might look like prompted the following choices as well as different expectations for different age groups:

- Weekend access (58%)
- Digital reception areas (50%)
- Wi-Fi connections for patients (42%)
- Other health services onsite (31%),
- 24 hour a day appointment slots (33%)
- Ability to consult with specialists through a web or video link (29%).

These findings were supported by our survey where comments regarding future developments varied from those who felt they would like the current GP arrangements to stay as they are to those who would like more of an holistic approach to health services with inclusion of social aspects and integration of services and the remainder who wanted modernisation of layout and technology rather than complete change. A small number had rather more innovative ideas for future developments with comments listed below:

- Surgeries to be temples of health, working more on prevention of illnesses
- Mindfulness should be something that surgeries embrace, yoga for the elderly etc. We have a large room but it is only used for weighing babies
- Move to health and well-being centres that also have a gym
- More self-serve
- Triage area where you can speak to someone who points you in the right direction for HP, nurse or pharmacy services. Midwife services
- All GP surgeries to have a room available for the voluntary sector
- Carers centre with one to one consultation as and when required, free of cost
- Provision of short-term respite beds to frail patients to avoid hospital and ability to offer day hospital care to chemotherapy or dialysis patients
- Telemedicine hubs
- Bigger, no doubt and if they are situated out of town, older folks find it difficult to get there so GP services could collect patients for appointments and take them home similar to chemists taking prescriptions to patients
- Open to complementary or alternative therapies. Being under a doctor's care should be comprehensive to all care you are receiving. Health should be holistic, getting to the root issue and not just to treatment symptoms. More information about health, nutrition, and preventative care should be offered
- Healthcare Hubs - focused on being healthy, not on being sick
- More focused on prevention; Appointments based in need rather than open booking; Triage to agile pathways
- Appealing centre. Involved with community aspects. Digital technology
- Buildings should be the centre of the community, with cafe, day nursery for staff & patients children who are seeing a GP/nurse & don't want to have their children with them. Space to have community groups meetings, day centres for older people, a garden outside for sitting quietly in & for growing vegetables
- They should fit in with their local surroundings
- Make sure the design is appropriate for people who are sick and disabled
- Can envisage standard and enhanced - happened at the dentist - NHS thru one door - paying thru another - outcomes likely to be the same but environment and time constraints different
- More areas designed for self-help, self-diagnosis e.g. blood pressure, weight management, Video facilities in each consulting room so patient/GP/Specialist from another location/interpreter can have multi-way consultation
- Far more influenced by the whole patient experience
- GP should co-locate with 'heritage buildings'
- Fully integrated into local community, assuming that health and social care are integrated and NHS and local authorities cooperate fully.

<sup>16</sup> Royal College of General Practitioners The 2022 GP A Vision for General Practice in the future NHS May 2013

<sup>17</sup><http://www.researchbydesign.co.uk/showcase/blog/what-will-gp-buildings-look-like-in-future-healthcare-research/>

## Focus group findings

The **Eastleigh focus group** was attended by five participants representing four surgeries spread across the locality. There were three women and two men. Four participants were retired and all over 50 years old. Eastleigh<sup>18</sup> borough has a population of approximately 125,199 with the highest population in the New Forest and the lowest in Gosport. Eastleigh is bordered by the city of Southampton, which has the highest density of population. Eastleigh is a mixture of rural and outer city environments.

The **Birmingham Focus Group** originally had seven participants attending but only three attended after late cancellations from another four planned participants. Two women and one man attended of whom all were retired. In terms of mobility, one lady was fit and fully mobile; one lady was in a wheelchair and the gentleman used a stick. All were local to the Birmingham area, two coming from Birmingham and one from Dudley. Two were members of their local Patient Participation Group (PPG). Birmingham<sup>19</sup> has an ethnically diverse population of approximately 1,073,045 people with a higher proportion in comparison with the rest of England of younger people between the ages of 0-24, of people living with a life-limiting illness and of people where English is not their first language and would need consideration in building design.

The **Blackpool Focus Group** originally had five participants including one person in a wheelchair. Only three people attended after late cancellations despite being widely advertised and all three participants were female. It was discussed at the focus group that Blackpool has a high percentage of social issues with a high workload for social services, housing and mental health support in the town. Blackpool has a population of 300,000 but an average of 17 million visitors during the year, which would significantly add to the pressure on health provision and would need to be factored into the design of buildings where people are treated.

The **London Focus Group** had nine participants, four from the London Borough of Waltham Forest, with the remaining five from West, South and North London. Participants included five men and four women who ranged in age from late 30s to 70s. One person is disabled and transport was arranged to and from the venue. One person is a mental health service user and is active in speaking up for people with mental health needs. Another is a mother who has a severely autistic daughter with challenging needs especially when attending appointments. Two people are diabetic, one person is recovering from breast cancer and one person had recently had heart treatment. Two people were employed but the rest were retired. Five people were members of GP Patient Participation Groups. One person was very interested in the design of health premises as his surgery is shared with a range of other services, which he felt compromised the safety of patients.

London is made up of Greater London wards, the City of London and 32 London boroughs<sup>20</sup>. The demography of London is difficult to assess accurately due to the number of migrant visitors and workers leaving and entering on a daily basis but works out to approximately 13,709,000<sup>21</sup>. The 2011 census recorded that 2,998,264 people (37%) of London's population are foreign-born, with 20% of the population speaking English as a second language and 4% not English speaking. All of which might need to be taken into consideration when considering design needs.

<sup>18</sup>All data taken from Eastleigh.gov.uk based on 2011 Eastleigh Borough Council information

<sup>19</sup>All figures and data taken from 2011 Population Census Birmingham City Council

<sup>20</sup>Office for National Statistics and 2011 Census data

<sup>21</sup>British urban pattern: population data. European Spatial Planning Observation Network. March 2007

The five focus group questions were as follows and the full feedback is included in Appendix 2 with a summary of the most common themes detailed below.

1. What do you as a patient want from your GP building?
2. How does your GP building make you feel?
3. What concerns do you have about your GP building?
4. How could GP buildings be designed or used differently?
5. What does the future look like for GP buildings?

## Common Themes

The most common themes regarding what people wanted from the building were as follows:

### What did participants want from their GP building?

- A building preferably on one level with bright modern décor and good lighting
- To be in a safe and secure local location with adequate parking or good transport links
- A welcoming space that was easy to navigate or well signposted, with a lift and easy access for disabled people or for parents with pushchairs
- To have a comfortable, clean area to wait in, with reading material, Wi-Fi and toys for children, all well maintained and in good order
- For toilets and common areas to be clean and adequate
- To have access to additional services such as a pharmacy or café.

### How does the building make you feel?

In terms of how the building made them feel some interesting themes emerged. There were mentions that buildings were noisy, overwhelming, a 'blizzard of posters'.

All agreed that a welcoming, well-designed space made them feel calmer. There was a correlation in patients' minds that poor maintenance and drab interiors led to a poor perception of cleanliness and implied a negative value regarding the people who used the building. One person even commented that they thought enhancing the interior would have a positive effect on staff mood. Additionally, there were comments that the environment caused stress and anxiety, which caused them to feel more unwell. Participants also mentioned that decoration and colours should be thoughtfully chosen to help people with dementia, autism or mental health issues.

Some people believed that older smaller buildings were more friendly, and others that newer, larger ones meant more amenities. There were a number of concerns about buildings not being designed for their purpose, such as buildings in residential buildings that had outgrown their usefulness; concerns were also raised about buildings that were just tired, dilapidated or poorly maintained.

## Confidentiality and design

There were numerous concerns about levels of confidentiality at the reception desk, being overheard on the telephone, and consultation rooms not being soundproofed. One participant mentioned that a surgery had relocated their administration to the first floor so that calls would

not be overheard, and suggested that where buildings consisted of more than one floor keeping treatment and administration separate in this way could help.

Parking and lack of public transport was an issue especially where surgeries had been moved or amalgamated with others and as a result were no longer 'local'. Issues were raised regarding signs being inadequate or people not able to see noticeboards, hearing loops not being used properly by the surgery and access being poor. Cleanliness was again an issue especially toilets and waiting areas were inadequate in terms of space and design.

## How could buildings be designed better or used differently?

### Outside space

Some participants mentioned using outside space to create gardens to grow produce, or create an environment where people could sit and relax or recover from bad news. Also, having local artwork on the walls to enhance the space, as well as creating a link to the local community, would be a good idea. Another suggestion was to have artists in residence, as a practice has in Bromley by Bow<sup>22</sup> to help with social isolation, vulnerability or loneliness.

### Waiting areas

Waiting areas were a common area for discussion, especially in terms of comfort and décor and ensuring that they were welcoming and well-kept spaces. There were a number of comments regarding the types and positioning of chairs in waiting areas, with suggestions that chairs should be suitable for different people with different needs, and also that waiting areas could have a range of uses, and this could be addressed by having arrangements that could easily be adjusted for different purposes. Participants suggested that rooms could be used outside of a practice's opening hours for meetings or activities, perhaps also for specialist talks or displays and to provide spaces for local charities or health related groups. However, this would require keeping buildings open at weekends and evenings and the governance of this in terms of building and data security would need to be carefully managed.

Participants believed that GP premises should be a focal point for people to access local health related information. That buildings should be an integral part of the community with the involvement of other organisations such as housing, benefits agencies, social care and libraries. Having designated days for different services to attend the GP site might be the most useful way to arrange this, to allow for patients and the practice to plan accordingly.

There were discussions regarding the provision of different services within the building such as pharmacies, therapies, opticians and alternative treatments. Participants suggested that it was helpful to have a one-stop shop arrangement so that other appointments could be arranged around GP visits. This would be especially helpful where getting to surgery locations was difficult or where patients were vulnerable or had a collection of needs.

<sup>22</sup><https://www.bbbc.org.uk/services/creative-arts/>

## So what does the future look like for GP premises?

Many of the suggestions made for buildings were about the ambiance, the sense that people using the building were welcome, valued and held in mind. That buildings were a fundamental part of the community with services that were social as well as health related and addressed issues such as loneliness, isolation and depression. More tangible suggestions were that attractive, historical or important disused or abandoned buildings should be used for creating new GP practices rather than building new ones. This would have the advantage of saving local landmarks as well as anchoring the building firmly within the local community. Additionally, creating bigger purpose built practices with enhanced facilities, better access and egress in more convenient locations with longer opening hours was of immense value.

Buildings should be future proofed with adequate parking and good transport links. New buildings should provide confidential spaces for people to discuss their details with a dedicated space for confidential self-registration, blood pressure checking or weight measurement and so forth, with the ability to automatically transmit results to a patient's record if needed.

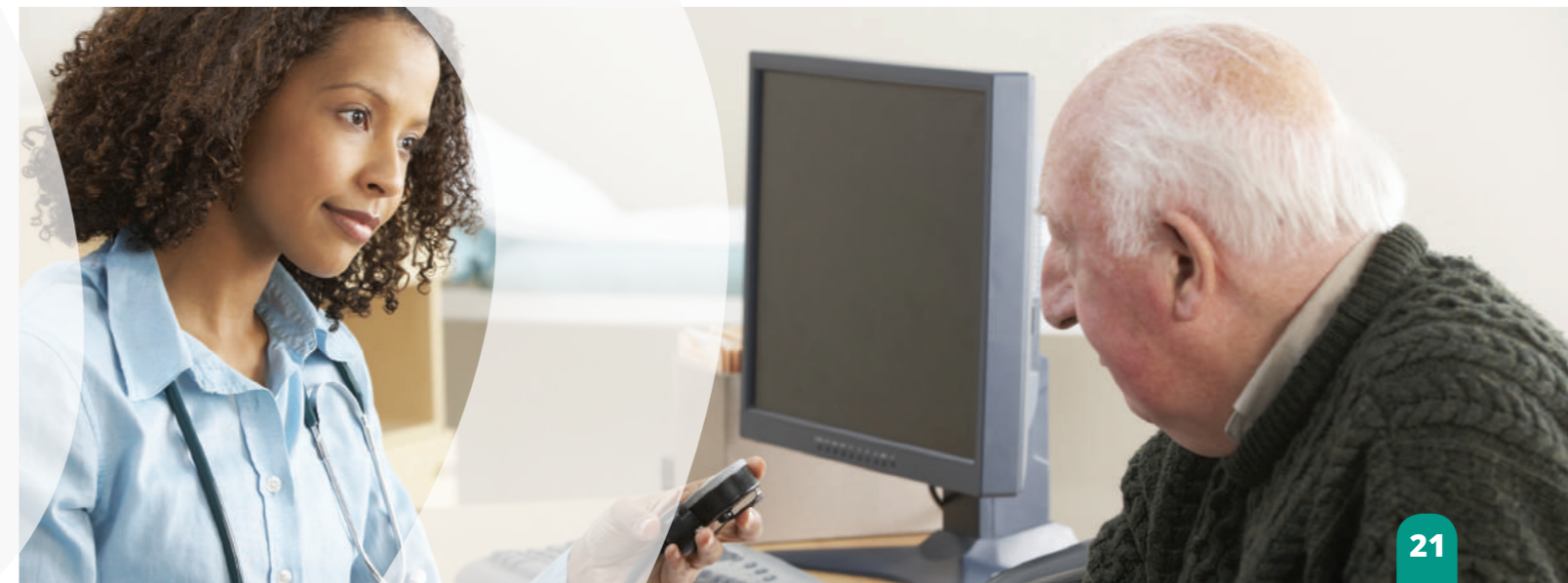
In order to house a comprehensive number of additional services and keep buildings local for patients, the use of satellite surgeries for specialist conditions was mooted. This would allow for a big central building with smaller local services where needed, such as ante-natal and post-natal maternity services.

Enhanced technology would be required to cope with future requirements for more online consultations and telephone triage.

Buildings of the future will need to be more energy efficient, making use of energy saving technology such as solar roof panels, increased insulation and eco-roof gardens<sup>23</sup>. Systems of transport will change so provision for charging vehicles and storing bicycles will need consideration. Locations of GP practice buildings will change as consumerism online changes the need for retail across the country affects high streets. Use of materials such as plastics will need to be minimised and waste reduced, with increased methods for recycling, and paperless technology.

This concludes the feedback summary from the focus groups and it is noticeable that both the results from the survey and from the focus groups are similar in their praise, concerns and suggestions.

<sup>23</sup><https://thefuturescentre.org/futuresustainability2018/living-in-nonlinear-times>



## 7. Conclusion

The survey and focus groups looked at the internal and external aspects of buildings, including accessibility. Each produced slightly different feedback, which showed some common themes and also some that were distinct to each individual piece of engagement. The main points were that buildings differed greatly in terms of levels of maintenance and the services offered by the practices that use them. Confidentiality was a key issue especially risks of being overheard at the reception desk or when telephoning the practice. Access for disabled people was often difficult and waiting rooms were the area most in need of updating and improvement. There was mixed feedback regarding extra services that would be helpful to have in addition to the GP and practice nurse, with some people feeling that additional services would place an extra burden on arrangements that were already stretched.

While it was clear from this project how highly patients value the NHS, it was also clear that the buildings that house general practice in particular are often old and in need of serious investment and expansion based on the feedback from the participants of this survey. If current pressures on the GP workforce are not resolved, at least some care will have to be provided in very different ways in the future, and buildings will be an integral part of that.

There are common threads in the concerns patients have regarding their GP premises but patients are also very forgiving of shortfalls in the standards of buildings as the perception is that available funds should be spent on care. Conversely, a poor environment can be a source of stress, anxiety and create increased feelings of ill health as well as doubts about whether lack of cleanliness, tidiness etc is a reflection of the standard of treatment.

## 8. Recommendations

Based on the findings from the survey and discussion with focus group participants a number of recommendations have been made below. It is anticipated that these will be taken into consideration by Assura, the project sponsor as well as by Clinical Commissioning Groups, GP practices and other relevant professional bodies and decision makers when designing GP premises so that future buildings meet patients' needs and support health and wellbeing.

**Recommendation 1:** Access is taken into account with all existing and new buildings to ensure that people with disabilities are able to easily access the building and internal rooms and that health and safety and disability legislation is always applied.

**Recommendation 2:** In order to house a comprehensive number of additional services and keep buildings local for patients, the use of satellite surgeries for specialist conditions should be considered.

**Recommendation 3:** Consideration is given to making use of existing attractive, historical or important disused or abandoned buildings to create new GP practices rather than building new ones.

**Recommendation 4:** Buildings should have adequate parking and good transport links.

**Recommendation 5:** Buildings should provide confidential spaces for people to discuss their details with a dedicated space for confidential self-registration, blood pressure checking and weight measurement with the ability to automatically transmit results to a patient's record if needed.

**Recommendation 6:** Outside space should be optimised to create gardens to grow produce, or create an environment where people could sit and relax or recover from bad news.

**Recommendation 7:** Waiting areas should be adaptable for different purposes and chairs should be suitable for different people with different needs. Having local artwork on the walls to enhance the space, as well as creating a link to the local community has received positive feedback from many patients and should be encouraged.

**Recommendation 8:** Buildings should be an integral part of the community with the involvement of other organisations such as housing, benefits agencies, social care and libraries wherever possible.

**Recommendation 9:** Interior decoration such as colours should be thoughtfully chosen to help people with dementia, autism or mental health issues and create a general ambiance of calmness and wellbeing.

**Recommendation 10:** Air quality within buildings should be taken in consideration. In particular the effect of air fresheners and vapours from cleaning products as these can aggravate people's conditions and allergies, and therefore make time spent waiting uncomfortable for patients.

**Recommendation 11:** Buildings should be inclusive to the development of new technology and all should have Wi-Fi access for patients. They should also be conducive to the take up of ongoing new developments such as computer terminals for researching health information and carrying out basic tests.

**Recommendation 12:** Signage should be improved including information about checking-in and making waiting times clearer.



## 9. Appendices

### Appendix 1: Questionnaire

The Patients Association is looking for members of the public who are willing to take part in a survey looking at the buildings where patients see their doctor or other health care professional in order to gather views on the current arrangements in place and ideas for future potential.

The location and buildings where patients see their family doctor (GP) or other health professional vary widely across the country. This survey hopes to gain a better understanding of how patients view their local surgery or health centre, to understand what patients think a good surgery looks like and to explore where improvements could be made and if so how that might be achieved.

Please submit your responses by Friday 31st August 2018. The information you provide in this survey will only be used in accordance with the permissions you give us below. You can view our privacy policy on our website: <https://www.patients-association.org.uk/privacy-policy>.

Thank you for taking part in this survey. When answering the following questions please give your answers thinking just about the building in which your GP surgery is based.

This project is funded by a non-restricted educational grant from Assura.

#### 1. How would you describe the location of your GP surgery?

Town/City centre  Residential area  Rural area

#### 2. What type of building is your GP surgery?

- New purpose built centre with additional services like a pharmacy
- Older type building with additional services
- Older type building with no services other than a practice nurse and doctors

#### 3. Do you consider your GP surgery building to be attractive?

Yes  No - Please explain your answer

#### 4. When you visit your GP surgery how does it make you feel?

#### 5. Is there enough space to offer reasonable privacy at the reception desk?

Yes  No

#### 6. Is the waiting room big enough for everyone to get a seat?

Yes  No

#### 7. Is the seating suitable for your needs? (For instance if you have a disability)

Yes  No

#### 8. Is it easy to find your way around your GP surgery building?

Yes  No

#### 9. What improvements could be made?

**10. Is the room where the doctor sees you big enough for the doctor to talk to you and examine you comfortably if needed?**

Yes  No

**11. Is your GP surgery well maintained and in good decorative order?**

Yes  No - Please explain your answer here

**12. How easy is it to get to your GP surgery by public transport?**

- My surgery has good public transport links
- Getting to my GP surgery is difficult
- Not applicable to me

**13. Does your GP surgery building have adequate parking?**

Yes  No  Not applicable to me as I don't drive to appointments

**14. Inside your GP surgery, if it is more than one storey, is there a lift or ramp or other access for patients with a disability or parents with pushchairs?**

Yes  No  Not sure

**15. At the entrance to your GP surgery building is there a ramp or other aid to help people with a disability or reduced mobility enter the building?**

Yes  No  Not sure

**16. Does your GP surgery have a pharmacy within its building?**

Yes  No

**17. Are there other health-related services also on offer within your GP building such as physiotherapy, staff who take blood or chiropody?**

Yes  No - Please explain your answer.

**18. How important do you think it is for a GP surgery building to have space to offer other services under the same roof? For instance library services, leisure and fitness facilities, access to council services.**

Important  Not important  No comment

Please explain which services you would find most useful to have within a GP surgery building

**19. How beneficial do you think it is for patients if GP surgery buildings share sites with other busy places in our communities – such as supermarkets, shopping centres or public transport hubs?**

Helpful  Not helpful  No comment

**20. Does your GP surgery have a play area or toys for young children?**

Yes  No  Not sure

**21. How important is your GP surgery building in your community? For instance, does it host or get involved in local events or provide other support to the community?**

**22. Does your GP surgery offer Wi-Fi?**

Yes  No

**23. If your answer to the question above was NO would the addition of Wi-Fi be helpful?**

Yes  No

**24. Would you like to see GP surgery buildings making more use of digital technology to help you use the building – eg helping you find your way to a consulting room?**

Yes, this would be helpful  No this would not be helpful - Please explain your answer.

**25. What changes or improvement would you most like to see in your GP surgery building?**

**26. Thinking of how GP surgeries might change in the future, do you have any ideas about how these buildings may or should look like in ten or twenty years from now?**

We will be delivering a series of four focus groups in Birmingham, Blackpool, London and Eastleigh to gather more views on this subject in the coming months. If you might be interested in being involved please leave your details below, or contact the helpline on **020 8423 8999** who will register your interest.

**27. Name**

**28. Email/Contact number**

**29. Please select which focus group you'd like to attend.**

- Eastleigh:** Monday 10 September 9:30am to 12:30pm (Holiday Inn, Leigh Rd, Eastleigh, SO50 9PG)
- Blackpool:** Monday 10 September 10am to 1pm (The Solaris Centre, New South Promenade, Blackpool, FY4 1RW)
- Birmingham:** Wednesday 12 September 1.30pm to 4.30pm (The Studio, 7 Cannon Street, Birmingham, B2 5EP)

## Appendix 2 Focus Group Questions and Feedback<sup>24</sup>

### 1. What do patients want for their GP building?

- For Patients to be the FIRST consideration
- To be made to feel welcome and have a comfortable area to wait in
- Ability to travel to surgery on foot, by car or public transport with adequate parking
- To be local to where they live and fit for purpose
- Easy access to building from outside and once inside building especially for a wheelchair with a lift or the ability of physician to see them on the ground floor
- Access for those with a disability - Doorways and corridors not wide enough to accommodate wheelchairs. Also means unable to use main entrance access by back door, which is isolated and feels unsafe in winter, as it is dark. Take a long time to open the door often then late for appointments
- Would prefer bright colours, more modern décor which is uplifting (like studio venue). Also updated equipment
- Beneficial that their building was located next to a café and pharmacy with plenty of parking
- All services available such as Pharmacy, phlebotomy, chiropody etc.
- Building to be in a secure and safe area with good external lighting especially in winter time
- Out of hours services at GP premises so they are local to where people live
- Like to see a receptionist rather than self-check-in
- Useful to have toys available but issues re cleanliness and state of toys
- Waiting area at another locality had used books for sale and free produce from plants grown in surgery gardens – felt to be a good idea
- Mixed opinion of electronic screens or banners for calling patients and local messages – some thought it a good idea some preferred to be called in. No-one felt it was a confidentiality issue
- All felt Wi-Fi would be useful
- Would be lovely to have access to nice garden or outside space
- Being a positive force in the Community. Healthy living Centres. Annual meeting to include fire, police, LA, faith centres, schools, groups such as diabetes uk, NRAS etc. to look at local issues especially those affecting physical or mental health
- Areas available for meetings such as for local PPG
- Individual 'identity' and the feeling of 'belonging' as opposed to an anonymous building attached to other facilities, or one of many surgeries within same building
- GP building that is light and airy with lots of natural light or good lighting
- Welcoming, open reception area, no screens, as they create a barrier, although receptionists need to feel secure. Reception desk needs to be suitable height for wheelchair users with private reception area
- All patient areas should be fully accessible with ramps as alternative to stairs or steps, handrails and (wide) automatic doors - not just for those with mobility issues, but also parents with prams and buggies
- Accessible toilet facilities for patients (adequate and working), nappy changing facilities for mums and dads, privacy for breastfeeding mums

- Comfortable chairs, some suitable for people with mobility issues
- To be personally called for appointments rather than called over a speaker or displayed on a screen and escorted to the consultation room
- Sufficient (and spacious) treatment / consultation rooms
- Space for additional services such as counselling, phlebotomy, physio, well woman/man, diabetic screening, antenatal clinics, dementia coffee mornings, pharmacy, etc. Sharing rooms if not attending at the same time
- Not 'mini hospitals' however surgeries in rural areas would have different needs. Planners need to allow for distances people might need to travel
- Useful to have current information on TV-type screens in waiting area
- Avoid 'strip / banner' type displays as these are difficult to read
- Small garden areas / flowers can enhance the environment. One surgery had an 'eco-garden' on a sloping roof
- Where car parking is difficult provide a 'drop off' space close to the main door. Consider impact on neighbours if patients park in nearby roads
- A display of pictures around the surgery by local artists/schoolchildren
- Surgeries needs to be well maintained - and easy to maintain and clean
- The building should be spacious particularly in the waiting room
- Practices to expand as they take on more patients and for consultation rooms to be of a size that patients can be seen comfortably
- Paint should be in soothing and pleasant colours



<sup>24</sup> Points recorded as feedback were notes made from participant comments during the focus groups recorded under each question asked. Where comments made were highly similar they have been recorded as one comment to prevent repetition



- Good parking and transport links
- Privacy at reception desk. Staff should not have conversations between themselves. One liked the log on screen two didn't
- One practice was a training practice and open 8am to 8pm every weekday and occasional Saturday mornings. This worked very well all agreed longer hours would be good and patients liked going there
- Good access to the building with available parking and good public transport links
- Access for disabled and reception area to be welcoming with privacy at the desk and a height suitable for people in wheelchairs
- Triage system so that patients can be assessed quickly and signposted appropriately
- Selected reading material sensitive to patients, up to date and in good condition
- Some toys for children, but not noisy, age appropriate and easily cleaned
- Garden or a quiet space – somewhere to go after getting bad news and then the ability to go back afterward to the GP or health professional
- Drinking water available
- Quiet areas particularly for mental health patients or those with special needs
- Flooring that does not create noise and amplify conversation at the reception desk
- Lighting to be adequate but not too bright
- Culturally suited to the diversity of the community the premises serves
- Good signage so can find where to go easily.

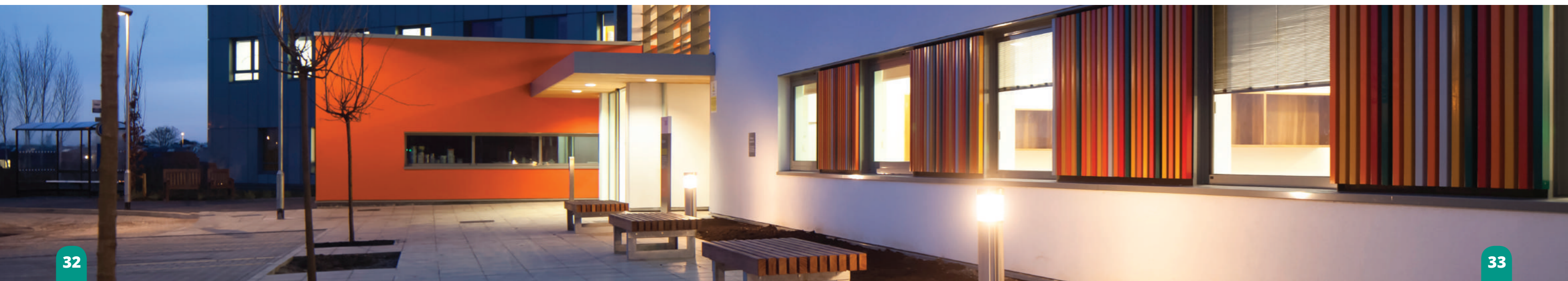
## 2. How does your GP building make you feel?

- Different expectations from those with long term conditions who had to see their GP often and felt their building was unwelcoming with less impact if attending for acute condition
- Shabby and in need of updating which is depressing. Also leaves a negative impression of cleanliness
- New magazines and reading materials reduce boredom and impose a sense of value
- Patients may/may not be affected by décor as they are unwell and just want to be seen quickly and efficiently. However others felt that a nice environment has a beneficial effect on both patients and staff. Uplifted mood of staff could benefit patients
- All said if you had mental health issues bright welcoming spaces would be good
- Use of colours and reminiscence for those with dementia
- Helpful for depression, loneliness, mental health - Todmorden Model – Incredible Edibles – turning neglected areas into areas to grow fruit trees, vegetables etc. Use gardens or areas surrounding GP buildings

- Known impact of sick building syndrome – lots of premises are dilapidated and depressing
- Participants suggested that small waiting rooms feel claustrophobic when crowded
- Acknowledging that people often feel stressed when going to their GP surgery, participants wanted a relaxing and welcoming environment.... It was suggested that multiple notices telling you to do things or not to do things (for example how much DNAs cost) were actually quite stressful
- Background music can disguise conversation and therefore increase confidentiality and some felt it could be considered relaxing. However, people with impaired hearing might struggle to hear vital information
- People taking calls on mobile phones can be annoying
- Layout of waiting room often dictated by space but chairs in lines feels regimented
- Felt positively re the Doctor coming to the waiting area to call patients as it causes anxiety when patients can't hear or see the board
- Not welcoming, feels stressful. Feeling welcome has a calming effect
- Doesn't feel safe as it is a shared building with other services and groups
- Intimidated by the building not clear which area to sit in or if in the right place
- Layout of the building and signposting raises anxiety
- 'Blizzard' of posters causing confusion
- Overwhelmed and noise levels can affect those with autism
- Too many services in one building.

## 3. What concerns do you have about your GP building?

- Mixed ideas re size - Older buildings can be smaller and friendlier. Larger can have more amenities
- Building not fit for purpose, was a private dwelling which dictates the arrangement of rooms
- All felt confidentiality at the reception desk was an issue –their details discussed or hearing details discussed re other patients
- Waiting area not comfortable especially when appointments are late
- Facilities – poor lighting; sound insulation poor so has low level music playing which is annoying
- Not local to where they live
- Have to cross busy roads to get there
- Pavements outside are uneven and not wide enough for a wheelchair
- Lack of public transport
- Equipment is old and concerns it may not be accurate
- Building is shabby and dilapidated
- Variable access to other services such as Phlebotomy, Pharmacy, Physiotherapy, chiropody, dietician, weight loss clinics



- Rooms where you wait and length of time waiting to be seen increases anxiety
- One surgery was purpose-built around the 1970s but has not expanded for the increasing population. Services are provided on two floors but there is no lift; if disabled patients need to be seen, the doctor has to come downstairs and see them in an available room. The waiting room is small; the downstairs waiting room in particular has very little space for wheelchairs; patients in wheelchairs invariably have to sit very close to the reception desk with consequent confidentiality issues. There is little car parking availability (although there are a few disabled spaces); patients are worried about missing their appointment while trying to find parking spaces.
- Another surgery was also purpose built around the 1970s. It is a one-story building, which is preferable. Very few parking spaces
- Another surgery had a purpose-built annex on two floors with a lift. Although it appears a fantastic facility, there is no confidentiality as people in the waiting room can hear what is being said in the consultation rooms.... There is no soundproofing. Also the upstairs waiting room is quite small and not at all airy - it gets very warm. General conversations and patients being triaged in the reception area are also a concern regarding confidentiality.
- Parking and lack of or poor public transport links is a problem.
- Not all surgeries have a hearing loop system - one Participant who is also a member of local HealthWatch mentioned having visited eight surgeries and none of them used their hearing loop system properly
- Some surgeries do not have available meeting rooms, for example one PPG meets in the waiting room of their surgery, another pays for hire of a space at the church next door. Although one surgery does pay for hall hire for their PPG
- A female GPs should be available if requested and if not a chaperone should be offered and available
- Signage can be a problem if the layout is complex
- Good communication systems between primary and secondary care available
- Hygiene and cleanliness is poor and toilets are dirty
- Lack of hand gel
- Lack of examination space
- Heavy doors – automatic would be easier and more hygienic
- Buzzer for next patient makes people jump
- Signage & signposting not easy to follow. Should be pictorial as well as written
- Parking is not available even for staff so how do GPs, health visitors, mental health teams etc. do home visits when needed
- Lighting has detrimental effect on staff and patients
- Need for better heating in winter and air conditioning in summer
- Building needs to be expanded as currently too small
- Lack of adequate seating
- Telephone conversations and information giving at reception can be overheard
- More convenient for patients especially those with autism or mental health needs to have pharmacy, dentist, optician in one place instead of multiple appointments
- Lack of quiet space for those with sensory processing disorders or cubicles for those who are vulnerable.

#### 4. How could GP buildings be designed or used differently?

- Located more locally near new housing; as part of shopping developments
- Bromley by Bow GP Centre – involvement of patients in centre, impact of gardens, artists in residence
- Information about action you can take regarding your health

- Taking responsibility for health – Access to weight loss groups; Information on and participation in local events was felt to be beneficial for vulnerable and isolated patients; tea parties with guest speakers on diabetes; heart disease, obesity etc.;
- Upgrading buildings in poorer or depressed areas – Castle Vale Community Regeneration Project – LA and housing association has regenerated area since 2003 – community action, day trips, opportunities, own intranet at reasonable cost. Affects all aspects of community life including positive impact on health
- Being part of the community - Renting out rooms for local community initiatives; expert patient programmes; hot desks for visiting health professionals – psychiatry/ Macmillan/ social services/ housing/ specialist consultants
- Local artwork from schools
- Local groups linked to health using centre evenings and weekends
- Involve patients to generate ideas
- All buildings should have a dementia assessment and keep abreast of requirements for people with dementia, disabilities, etc.
- Some surgeries had space for other services such as phlebotomy, pharmacy, counselling – this was seen as positive and some surgeries require more space in order to provide these services
- One health centre that has a soundproofed booth where triage can be conducted with some degree of privacy
- One surgery has relocated their telephone ‘call centre’ to the first floor so phone calls aren’t overheard in reception and the waiting room.
- Participants suggested that where GP surgeries have more than one level, administration and non-patient services should be located upstairs so that patient consultation/treatment rooms and waiting areas can be more easily accessible on the ground floor



- Participants recognised that the GP surgery space needs to be comfortable for staff too and that staff views are also important. There should be a dedicated staff room and staff toilets
- Helpful to have a room for group activities, for example health
- Education and PPG meetings with separate access from the surgery itself, where possible. Some purpose-built surgeries that do have rooms available hire these to outside bodies at a charge
- One participant mentioned a surgery where there is a large reception area which, from time to time, hosts information stands and displays from local charities and external agencies
- Some participants suggested that all parts of the waiting room should be visible to reception, or at least to some member of staff, in case people waiting become very ill
- Social prescribing was briefly discussed - some participants were more aware of initiatives such as community navigation, which is a service that signposts people to sources of local support.
- One participant mentioned 'Connect to support Hampshire' – an online information and advice guide and directory of services for adult residents in Hampshire to find information, advice and services to manage their own care and wellbeing. Includes information about local groups, activities and services within the local community as well as formal care provision <https://www.connecttosupporthampshire.org.uk/home>
- Perhaps a computer terminal in reception that patients could access to look up local sources of support. Although if people feel unwell they may prefer face-to-face guidance rather than searching online. Or not have ability to do so
- Some preference for only health related meeting rooms & additional services as there may be issues about maintenance, safety, & security
- Participants generally perceived their GP surgery to be part of the local community, but mixed views about whether it should be located, e.g., near a supermarket/other commercial premises Some didn't mind but others suggested there could be personal safety concerns if GP surgeries were sited in 'rough areas' of towns
- Helpful if associated clinics were situated in the surgeries such as diabetic and lung function clinics and if you saw the same staff each time as this reduces anxiety



- Separate area for reception with a private area where you can talk without being overheard
- Removable seating so the waiting area can be used for different things
- Advertise useful local services such as Over 70s check-up, Active Blackpool and Sexual Health services
- Develop a social area with a drop in for health issues and café. Invite organisations such as library staff to deliver computer training, help with benefits, housing, healthy eating and so on
- Beneficial to have a pharmacy. People could ask about their medications and get support to self-manage their symptoms without seeing the doctor every time
- Less clinical – clean but not sterile
- Different colours used empathetically to affect mood
- Different lighting (autism friendly)
- Efficient lay out for both staff and patients
- Adaptations e.g. lowering of sinks/oven areas in staff area
- Changing Places' – company that design disabled toilets etc
- Changing areas for adults with special needs not just children
- Movable walls to adapt space
- Large PPG meeting space (not all can be held at current premises)
- Local art on display from all cultures to enhance well being
- A coffee shop – subsidised or franchised
- More services under one roof but with separate doors
- Other groups using space - Group sessions held by e.g. dieticians; Falls clinic/pain relief clinic; Smoking cessation clinics, asthma group/clinic; Pop up clinics e.g. dermatology; dental services, optical services, Charities such as Age UK having a presence
- Ability to open longer hours
- Visiting consultants space
- DDA Act 2010 guidelines on building design
- More health promotion especially youth groups as may be more willing to talk outside of school; more wellness care
- Triage by a nurse practitioner – 'delays cost lives'
- Advice and referral service
- More use of pharmacists /nurses etc. – re-education of public
- Provision of a video link for GPs to contact patients
- Tropical fish – calms those with autism
- Having more of a community focus
- Having a special HGV parking space to accommodate large screening vehicles for breast screening and MRI etc.

## 5. What does the future look like for GP buildings?

- Patient-centred
- Local
- Next to café, shopping centre, gym, art galleries etc.
- Being part of community
- Friendly helpful staff – going extra mile
- Bright and inviting external and interior décor
- Social aspect reducing loneliness
- Individual to area they are in, alliance with local businesses, heart of the community
- Near public transport
- Use of attractive/historical abandoned buildings

- Satellite surgeries for specialist conditions – big central GP with smaller local services where needed such as ante-natal and post-natal maternity services
- Surgeries will need to be more energy efficient, making use of solar roof panels, eco-roof gardens and flooding issues when planning building outdoor surfaces e.g. concrete, tarmac, etc.
- Needs of patients in rural areas are likely to be different
- Parking will always be an issue. Preferably for all patients but a must for disabled and those with babies/young children and staff
- Provision of cycle racks
- Fewer but more amalgamated surgeries
- With decreasing numbers of GPs there are likely to be concerns about the provision of services. Less face to face and more use of telephone triage, electronic consulting appointments, such as Skype. Artificial intelligence solutions may be progressed, whereby patients are diagnosed and prescribed treatment electronically
- Facilities at the GP surgery should assure confidentiality - soundproof
- Future proof new builds – room for expansion
- Provision of a café or coffee shops close to the surgery
- Dedicated space for confidential self-registration, BP checking, with IT facilities to automatically transmit results to patient's record if needed
- Increased Wi-Fi and IT facilities
- Environment adapted to needs of disabled and long-term conditions such as dementia
- All agreed that small surgeries combining into a bigger practice with longer opening hours and additional services would be an advantage
- One Stop Shop to benefit people with mental health issues
- Connect buildings to a community hall or similar to create links with local groups and space for social events and activities like gardening

- Social Prescribing was thought to be a really good idea
- Polyclinics – wide range of facilities at GP premises will reduce the need for hospital referrals
- Preference for telephone calls rather than Skype. All felt the local population would struggle with increased reliance on IT as access to computers was limited due to social deprivation
- The surgery should be near shops and not standing alone. Vouchers for local shops and a fruit and veg stall would promote healthy eating
- Integrated in house social care
- Enhanced use of technology – apps/video apps/Skype video calls
- Aspirational planning
- Greater availability of wellness and routine general check ups
- More patient involvement in design and involvement by PPGs
- More flexible access.



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Listening to patients, speaking up for change.

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