

○ Designing GP buildings

STAFF AND PATIENT PRIORITIES FOR THE
DESIGN OF COMMUNITY HEALTHCARE
FACILITIES IN LAMBETH

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- Measurement - researching and evaluating patients' experience
- Improvement - leading initiatives that make improvements happen
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CONTENTS

Acknowledgements.....	5
Executive summary.....	6
1 Introduction	9
1.1 Context and background.....	9
1.2 Methods.....	9
PART A:	
focus groups with staff and patients	10
2 Summary of focus groups.....	11
2.1 Introduction	11
2.2 Patient views of the design of primary care buildings	11
2.3 Staff views of the design of primary care buildings	12
2.4 Comparison of staff and patient priorities	13
3 Introduction to the focus groups	14
3.1 Aims and objectives	14
3.2 Methods.....	14
3.3 Structure of Report.....	15
4 Patient focus groups: analysis of qualitative findings.....	16
4.1 Participants	16
4.2 General views about the influence of design	16
4.3 Patient perceptions of important features in surgery design.....	16
4.4 Patient priorities for design.....	19
5 Staff focus groups	21
5.1 Participants	21
5.2 General views about the influence of design	21
5.3 Staff perceptions of important features in surgery design	22
5.4 Staff priorities for design	26
6 A comparison of staff and patient priorities for design.....	27
6.1 General views about the influence of design	27
6.2 Shared perceptions	27
6.3 Differences in emphasis	28
6.4 Possible tensions in staff and patient priorities	30

PART B:	
a questionnaire survey of staff and patient priorities for the built environment	32
7 Summary of the findings of the questionnaire survey	33
7.1 Introduction	33
7.2 Patient views of the design of primary care buildings	33
7.3 Staff views of the design of primary care buildings	34
7.4 Comparison of staff and patient priorities	35
8 Introduction to the questionnaire survey	37
8.1 Questionnaire development	37
8.2 Practice recruitment and participation	37
8.3 Data analysis	37
8.4 Structure of report	37
9 Patient survey	38
9.1 Patient views of the outside of the building	38
9.2 Patient views of the design of reception and waiting areas	41
9.3 Patient views of the design of consulting and treatment rooms	45
9.4 Patient views of the overall design of the inside of the building	47
9.5 Patient views of the impact of surgery design on patient care	49
9.6 Overview of patient views of surgery design	52
9.7 Patient comments about surgery design	55
10 Staff survey	57
10.1 Staff views of the outside of the building	57
10.2 Staff views of the design of the reception area	59
10.3 Staff views of the design of waiting rooms	61
10.4 Staff views of the design of consulting and treatment rooms	62
10.5 Staff views of the design of the inside of the building	64
10.6 Staff views of additional design features	65
10.7 Influence of design on job satisfaction and patient care	66
10.8 Summary of staff views of all design features	69
10.9 Staff comments on the design of GP surgeries	71
11 Comparison of staff and patient priorities	73
11.1 General views about the influence of design	73
11.2 Shared perceptions	74

11.3	Differences in staff and patient perceptions of surgery design	79
12	Survey participants	83
12.1	Participants in the patient survey	83
12.2	Participants in the staff survey	86
Appendix One:	interview schedule	90
Appendix Two:	Patient questionnaire.....	94
Appendix Three:	Staff questionnaire.....	98

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EXECUTIVE SUMMARY

Objective

To explore patients' and staff attitudes towards and priorities for the built environment in community health care facilities.

Design

Mixed methodology study (questionnaire surveys and focus groups) conducted in General Practices in Lambeth.

Participants

Eight focus groups were held – five with staff and three with patients. A total of 68 staff (healthcare professional, administrative and managerial) and 31 patients took part in the groups that were held at a local GP surgery. Questionnaires were returned from 19 practices, encompassing a diverse profile of patient and professional groups. More than 2000 questionnaires were completed by staff and patients.

Methods

All practices in Lambeth were invited to participate. Focus groups were conducted at practices throughout Lambeth with representation from low, medium and highly deprived population groups.¹

Discussion was facilitated around specific themes eg: reception area, waiting room, seating, artwork, consulting and treatment rooms. Written responses to visual prompts were simultaneously collected on post-it notes. The written responses were gathered and analysis of these conducted during the group formed the basis of an initial content analysis of the proceedings.

Audio recordings were also made of discussion during the groups and verbatim transcripts of these prepared. The transcripts were thematically analysed using an approach based on 'Framework Analysis'.² The qualitative data was subsequently used to inform the questionnaire design.

Initial drafts of the questionnaire underwent cognitive testing, were modified accordingly, and then widely distributed. Completed questionnaires were analysed with the assistance of SPSS software. Free text comments were summarised and thematically analysed.

Results

The majority of both staff and patients in this study regarded good surgery design as important to the patient experience and quality of care.

For patients it seems the overall **functioning and efficiency** of the building is most important to them, with **delivery of a broad range of services** and **easy movement**

¹ Source: Lambeth PCT Deprivation Indices

² Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research. In Bryman A, Burgess G (Eds) *Analysing Qualitative Data*. London, Routledge.

within the building. **Easy access to public transport, a safe and inviting entrance, and proximity to other facilities** such as a pharmacy are also valued.

Within the building, qualitative and quantitative findings both highlighted provision of a **welcoming reception, comfortable temperature, good lighting, a quiet waiting space and attention to privacy and confidentiality** throughout. Consulting room layout that facilitated **good doctor-patient communication** was also prioritised.

Just over half of all surveyed patients felt that design impacted both on their relationship with their doctor and the quality of the care received – a finding supported by the qualitative data.

For staff the importance of **access, safety and local facilities** resonated with the patient views presented above. **Privacy, confidentiality and patient safety** through careful design of waiting room, reception and consulting room were high staff priorities. Design that facilitated **communication between team members** also emerged as an important area.

Workplace efficiency (77% of respondents), **recruitment** (50% of respondents) and **job satisfaction** (69% of respondents) were all reported to be importantly affected by the built environment, findings supported by the qualitative data. A minority (10%) of respondents reported that the environment would make them leave their present job.

Some patients presented theories on the interplay between the environment and job satisfaction, suggesting that it affected morale, which in turn affected performance and satisfaction. Staff intimated that the effect was mediated through perceived sense of value, with optimal design equating to being valued and therefore a greater sense of pride and commitment to the job. This study did not yield sufficient data to confirm or refute either concept, though clearly this merits further investigation.

Some unexpected findings were reported. Specifically, the survey data rated **artwork as the lowest priority** for both staff and patients. By contrast, focus group discussions revealed mixed findings, many of which were more positive, with staff valuing artwork more highly than patients.

Findings from both the survey and the qualitative analysis suggest that **staff place more value** on virtually all aspects of design than patients. Qualitative data suggest that whilst the dominant patient view acknowledges the importance of the built environment, this should not be at the expense of efficiencies in healthcare delivery such as waiting times, staff training and so on.

Conclusions

Staff and patients consider the built environment of the GP surgery as an important mediator of quality healthcare delivery.

Universal access, simple wayfinding, safety, privacy and confidentiality rank uppermost for both staff and patients. Lighting, low noise levels, comfortable temperatures and welcoming interiors are also valued by both groups.

Patients and staff recognise the effect of the environment on the doctor-patient relationship and value design which supports and enhances this. The environment is regarded as influencing recruitment, retention and job satisfaction by the majority of staff, and some patients.

There appears to be an emerging tension in terms of the prioritisation of the built environment in terms of its position in the overall scheme of healthcare provision, with staff appearing to value it more than patients. This needs to be further evaluated as does the low prioritisation given by both groups to the place of artwork in the community healthcare facility.

1 Introduction

This report presents the findings of a mixed methods study to explore patient and staff attitudes toward, and priorities for, the design of GP buildings. Findings are presented in two parts relating to the two methods used.

- Part A sets out the findings of eight focus groups
- Part B sets out the findings of just under 2,000 self-completion postal questionnaires

The research was conducted by Picker Institute Europe working with The Space Works (www.the-space-works.org), a research unit at the Department of General Practice, King's College London. The estates division of the Department of Health funded the research. The study has been designed by The Space Works on behalf of Lambeth Primary Care Trust.

1.1 Context and background

The NHS is currently undergoing a large programme of premises development – new hospitals are being built as well as new doctors' surgeries. The government has set aside £1 billion for this work and included it in their plan for the NHS. Recent research has shown that the way hospitals are built influences how quickly people recover from illness. Simply having a window with a view to the outside has positive effects on the patient's defense system, which speeds up healing.

What is not known is whether design has a similar impact in a primary care environment. And if it does, the areas that should receive most attention from the architects when they draw up their designs.

This study tells us how important the design of the surgery is to members of the healthcare team and to patients. It also tells us what areas in the building are regarded as being particularly important and what people would like to see in those areas.

1.2 Methods

The methods used in this study were reviewed and approved by the St.Thomas' Local Research Ethics Committee. Details used in each part of the study are set out at the beginning of the relevant part of the report.

PART A:

FOCUS GROUPS WITH STAFF AND PATIENTS

2 Summary of focus groups

2.1 Introduction

This part of the report presents the analysis of eight focus groups conducted with staff and patients in five general practices in the Lambeth primary care trust (PCT).

The aim of the groups was to gather information about patient and staff attitudes to the design of GP buildings to inform the development of a questionnaire to be used to survey the perceptions of a larger number of patients and staff in Lambeth.

2.2 Patient views of the design of primary care buildings

The results of the analysis of three patient focus groups are presented below.

General views

The dominant view was that design was important in GP buildings, primarily because of the impact on staff morale, which in turn affected patient care. A minority view was that good design relaxed anxious patients. A further minority view was that design was not particularly important. Supporting this view were comments to the effect that staff “make or break it” rather than the building design; that design is secondary to treatment; that you are too sick to care about the environment and that you are not there long enough to be affected by it.

Specific design features

The following features were regarded as important aspects of the design of a surgery:

- *modern purpose built facility*, with efficient use of space so as to allow delivery of a broad range of services
- *easily accessible for all* – consideration given to public transport, on site parking and access for disabled
- *welcoming exterior* – safe and well lit – and designed so as to mesh with local preferences and values
- *easily accessible interior* with careful attention to way finding
- *privacy* – provision for discrete areas suitable for confidential discussion, emotional support etc
- *quiet waiting rooms* – with specialised areas for children and effective patient call systems. Varied seating options and access to outside spaces were recommended, whilst artwork, music and plants were more controversial.
- *consulting rooms* – there was clear recognition by patients that design of such spaces might influence job satisfaction, and therefore should be carefully considered, minimising barriers such as desks.

2.3 Staff views of the design of primary care buildings

Sixty eight staff took part in five focus groups. Participants included GP's, mental health professionals, practice managers, practice nurses, healthcare assistants, receptionists, secretaries and other administrators.

General views

In common with the patient perspective, the dominant view held by staff was that design had an important impact on staff and patients, specifically in terms of its effects on workplace efficiency and performance. Effects of design on job satisfaction, recruitment and retention were also recognised. A minority view held by one of the groups was that it was the people rather than design that were more important.

Specific design features

The following features were regarded as important aspects of the design of a surgery:

- *modern and attractive*: exterior, interior décor and furnishings were highlighted. Specifically noted were comments on welcoming and light colour schemes, the “vibrant” effect of plants, and the value of artwork and other distractions, such as music and fish tanks. Artwork generated significant controversy and a clear position on its value was not established
- *natural lighting*, especially in consulting and treatment room spaces. Controllable artificial lighting was also mentioned.
- *spacious*, well ventilated open interiors leading to external views and private external spaces with seating
- *comfortable ambient temperature* emerged as a high priority area
- *noise management and control*: throughout the building but especially important in workspaces where constant interruption, phones ringing etc. affected concentration.
- *protected communal spaces*: attention was drawn to staff catering facilities and spacious relaxation areas – space “to get away from patients” regarded as important. Such spaces also viewed as helpful in terms of enhancing communication amongst staff
- *design for efficient and effective working*:
 - easy flow through the building was viewed as important with stairs being regarded as potentially problematic in that not only did they impede communication and interaction between staff but also presented barriers to people with impaired mobility. Other areas highlighted by staff included:
 - localisation of teams and offices – important so as to avoid isolation
 - spacious “open” rooms and flexible multi-user rooms – though note that hot desking was viewed as problematic to several staff members.
- *consulting Rooms*: Overall staff reported a preference for rooms that did not appear starkly sterile and clinical. There was also a perception that patients liked to see personal features and decorations in the rooms and that such features made the room more inviting.
- *confidentiality, safety and security*: Most staff recognised the importance of design in ensuring privacy for patients. The reception and waiting area were felt by the majority to be most important in this regard and the reception desk and its design drew much comment.

2.4 Comparison of staff and patient priorities

General views

Whilst the dominant view in both groups was that good design is important to GP surgeries, it did seem that design was relatively more important to staff than to patients. Attention is drawn to the minority view expressed by some staff and patients that staff were a more important contributor to the success of a facility. Good design was acknowledged by both staff and patients as being a key factor influencing recruitment, retention, job satisfaction and quality of patient care.

Shared Perceptions

Staff and patients appeared to prefer purpose built premises that presented easily navigable layouts and which delivered a broad range of services. Accessibility, confidentiality and interior décor were other areas with strong representation by both groups. Noise limitation was acknowledged by both groups and, interestingly, patients noted the importance of noise limitation for staff comfort as well as their own. Both staff and patients identified problems with large floor areas and disjointed areas: staff noting the detrimental effect on communication and patients noting the difficulties with movement through these spaces.

Differences in emphasis

Differences in emphasis were noted in the following areas:

- *staff comfort* such as catering facilities, common rooms etc
- *lighting, temperature control and ventilation*: very important to staff - not mentioned in any of the patient groups
- *access*: for staff on site parking was important whereas for patients access by public transport seemed more relevant
- *external appearance*: patients seemed to place more emphasis on the external appearance of the building as “they had to live with it” as against staff many of whom might live outside the area
- *artwork*: whilst valued by both groups, patients seemed more concerned about the resource implications of providing art in the surgery compared to staff

Tensions in staff and patient priorities

A small number of apparent tensions emerged between staff and patient priorities for surgery design. More research will be needed to confirm or refute these findings – they are presented as points of interest:

- patients appear more likely than staff to allocate resources on medical care provision than design
- staff value lighting and natural ventilation especially in treatment and consulting rooms. This would challenge the patient preference for privacy and confidentiality
- patients emphasised the need for a separate children’s’ area to minimise noise in the waiting room. By contrast staff felt that patient safety was best served by single waiting space easily visible from reception
- staff place importance on safety at reception through provision of wide reception desks – patients value privacy and confidentiality dictating closer contact with staff.

3 Introduction to the focus groups

This part of the report presents the analysis of eight focus groups conducted with staff and patients in five general practices in the Lambeth primary care trust (PCT).

3.1 Aims and objectives

The aim of the groups was to explore patient and staff priorities for the design of GP buildings and gather information to inform the development of a questionnaire to be used to survey the perceptions of a larger number of patients and staff in Lambeth.

3.2 Methods

A total of eight focus groups were held between September and November 2006 – five with staff and three with patients. A total of 68 staff and 31 patients took part in the groups that were held at the surgery. Most groups lasted for one hour - two for one and a half hours.

Participant recruitment

In June 2006, all general practices in Lambeth were sent information about the project and a letter inviting them to take part in the research. Five practices agreed to take part and the project researcher met with them to discuss the conduct of the focus groups.

Four of the staff groups were held as part of their scheduled staff meeting. Just one practice recruited staff specifically to the group. This meant that the numbers in each staff group ranged from seven to eighteen participants. It did however mean that a broad range of staff were involved in all the groups.

It was intended to recruit patients to focus groups by means of a poster displayed in the waiting room. However, this did not prove an effective method of recruitment. In one patient group the GP wrote directly to a selection of patients inviting them to take part. The other two groups were held with members of existing patient participation groups.

Format

The interview schedule used in the groups is at Appendix One. In summary:

- participants arrived and completed a consent form
- participants viewed a slide show illustrating various aspects of GP building design
- the facilitator introduced the project, explained the aims of the group and invited questions
- participants were asked to respond to a statement displayed on a board: 'The design of this surgery meets all my needs as a patient / makes this surgery an enjoyable place to work'
- following an initial 'vote' on this statement, participants wrote comments on post-it notes setting out first positive and then negative views of the surgery design

- these comments were then discussed and grouped into themes
- discussion was facilitated around specific themes such as the reception area, the waiting room, seating, artwork, the consulting and treatment rooms
- verbal and visual prompts from the interview schedule and PowerPoint show were used where appropriate to prompt discussion.

The written responses were gathered and the analysis of these conducted during the group formed the basis of an initial content analysis of the proceedings. Audio recordings were also made of discussion in the groups and verbatim transcripts of these prepared. The transcripts were thematically analysed using an approach based on 'Framework Analysis'³.

3.3 Structure of Report

Following this introduction, the findings are set out in four sections:

- analysis of the patient groups
- analysis of the staff groups
- a comparison of patient and staff priorities for surgery design
- the final section discusses the findings and draws some tentative conclusions

³ Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research. In Bryman A, Burgess G (Eds) *Analysing Qualitative Data*. London, Routledge.

4 Patient focus groups: analysis of qualitative findings

4.1 Participants

Three groups were held with a total of 31 patients. Two of the groups were small: just four and six participants; the other group had 21 members.

4.2 General views about the influence of design

- The dominant view in two of the groups was that design was important in GP buildings, primarily because of the impact on staff morale which in turn affected patient care.
- There was a minority view in one group that good design was important to relax nervous patients.
- The dominant view in the third of the groups was that design was not particularly important; this was also a minority view in one other patient group. The following notions were put forward to support this view:
 - when you visit the surgery you are too sick to care what it looks like
 - you are not in the surgery long enough to notice what it looks like
 - staff 'make or break it' regardless of design
 - design does not matter as long as you get the treatment you need
 - would rather they invested in staff than in design
 - would notice dirt, but otherwise what looks like is not important
 - good design is extra - something that is important to a very small number of patients
 - good design is a waste of money (eg nice carpets) when they will be quickly ruined.

4.3 Patient perceptions of important features in surgery design

Analysis of the focus groups suggests that the following features were regarded by patients in the three groups as important aspects of the design of a surgery.

Modern purpose built (or functional) building

These included:

- compact layout to minimize distances travelled by patients within the building
- layout that allows surgery to provide effective and efficient patient care
- sufficient space to fulfil functions
- efficient use of space
- space to deliver a broad range of services
- space in the reception and waiting areas is a priority for patients
- consulting rooms big enough for all necessary furniture and equipment

- large room to accommodate patient group meetings – useful, but acknowledge to be a ‘luxury’; could double up as a quiet waiting area.

Accessible exterior of building

These included:

- safe accessible location such as on public transport routes, parking nearby and on site for patients with disabilities; safe drop off points for patients
- welcoming exterior such as clear signage denoting function of building, easily accessible entrance area and doors
- attractive exterior design features such as paving and brick work; that while first impressions count, but may not be a concern if you are sick
- building needs to be in keeping with local neighbourhood
- designed for patient safety such as good lighting and no dark corners
- patient comfort such as protection from rain
- secure parking area for pushchairs and prams.

Accessible interior

These included:

- no stairs – on one floor or accessible by lift
- all areas accessible for wheelchairs and pushchairs
- wheelchairs available on request
- special provision for people with a visual impairment such as lighting, colour of walls and signs in Braille
- reception located at point of entry to building; reception is the first point of contact for patients and its design is important to them
- welcoming and inviting interior; but this may be more related to staff attitudes than design
- high desk at reception not liked but acknowledged that may be necessary to protect staff from attack
- organisation of reception needs to avoid long periods spent standing in queue to be seen
- patients do not like doctors to sit behind a desk.

Patient privacy and dignity

These included:

- privacy at reception desk to discuss confidential matters
- care delivered in designated, secure, enclosed spaces protected from others overlooking and overhearing
- privacy for patients to express grief, distress and other emotions
- easy access to well maintained, clean and private toilets.

Safety and security

These included:

- exterior of building with no ‘hiding’ places
- staff are vulnerable and need to be protected from attack, even if it means design features that are not attractive to patients such as entry door system and high reception desk
- security guard may be required.

Patient comfort and well being – design of public areas

These included:

- management of relationship with other users of the building
- infection control was a concern for patients; air filters and gel dispensing handwash units were suggested
- noise control or management;
 - the noise of children in waiting room emerged as a particular problem
 - separate specially equipped waiting areas for children preferred
 - other noise intrusions in the waiting area included telephones and doctors bleeps
 - noise from outside was a particular problem at one surgery
- effective system for communicating with patients in the waiting room
 - calling patients to appointments and providing information about any unexpected circumstances
 - necessary to reduce patient anxiety around missed appointments and long waiting times
 - special consideration for people with special needs such as a visual or hearing impairment and poor literacy or language skills
 - prefer personal approaches but also recognise these are resource intensive and perhaps not practical
- seating:
 - designed to meet different needs such as the elderly and those with back problems
 - comfortable seating necessary if patients are expected to have long waits but efficient appointment system that avoids long waits preferred
- relaxing music was seen as very subjective and not recommended
- external space to sit and relax welcomed
- a view to the outside from the waiting room
 - welcomed, but not at the cost of space for medical provision
 - artwork of external scenes may serve the purpose equally well.

Staff wellbeing – design and furnishing of work areas

These included:

- important to have good natural light in all work areas; minority view that good natural light important to patients, but primarily seen as an issue for staff
- consulting and treatment rooms regarded as health professionals personal space and more important to their well being than that of the patients
 - staff spend eight hours a day in their rooms, patients are just 'in and out'
 - design of the consulting room generally not thought to impact on the doctor/patient relationship except in terms of effecting job satisfaction which in turn impacts on quality of care provided to patients
 - (however, note above point that patients do not like doctors to sit behind a desk)
- should be designed and furnished to their personal taste; some patients liked to see personal photos and pictures in consulting and treatment rooms, most do not see it as their concern.

Attractive physical fabric in the building interior

These included:

- modern appearance
- clean and well maintained interiors, particularly floor coverings and general décor; it was felt to be particularly important that consulting and treatment rooms were clean
- attractive features such as wooden beams

- good artificial lighting – with consideration for people with special needs such as a visual impairment or epilepsy
- hardwearing and easy to clean floor coverings – hard flooring preferred to carpets which stain easily and quickly become tatty
- attractive colour scheme
 - controversial from an aesthetics point of view
 - generally light coloured walls preferred, but also a minority view that use of bright colours is appropriate in the right context
- views on artwork:
 - liked, but also controversial from an aesthetic and resource perspective
 - generally not welcomed at the expense of medical provision
 - could be obtained at minimal expense through donations from art colleges and art projects for instance
- a fish tank may be an attractive feature in the waiting room
- plants, but only if well tended and healthy
- tidy reception desks and walls not covered in leaflets and posters.

4.4 Patient priorities for design

The data gathered in these focus groups does not lend itself particularly well to a ranking of patient priorities for design. The written comments on post it notes are the best data available to identify their priorities. Analysis of these suggests that the overall functioning of the building is most important to patients. They prefer a layout that enables effective delivery of a broad range of services and easy movement within the building. Location of the surgery at a point that is easily accessible by public and private transport is also important to them.

Analysis of the discourse in the focus groups reveals a more complex pattern of preferences. This would suggest that patients emphasise issues to do with their own well being, such as their privacy and dignity. The most time devoted to a single design issue by all the patient groups related to noise in the waiting room. For example, in one group the following view was expressed:

“Well the best that this cramped little room can offer is a tiny little space for a toddler to react to a few bits and pieces and clearly if I was 97 and feeling out of sorts (and there was) a noisy 3 or 4 year old - I would be fairly peeved if I was in this room because it is the weakest part of the surgery isn't it – tiny, tiny, cramped room”.

Facilitator: So it is important for a patient, from a patient perspective to have separate space for children to play”.

Or a bigger space.... You could put them somewhere else as long as that was properly managed I think”. (Patient Focus Group 1)

In another group, nearly all the problems identified related to the noise from children in the waiting area:

F: “It is such a large area and there is so much noise when the children are there, you cannot hear what is coming over the tannoy when you are called in”.

M: And you have got phones going.

F: But apart from that I believe the children should have a separate area anyway”.

Patients in the third group struggled to identify any problems at all with the surgery. However, a number mentioned noise in the waiting room and with probing it was clear that it was noise from children that was regarded as a particular problem:

F: “But you have also got to think that if you come in here quite ill – I am not saying get rid of the children – but you don’t want that kind of noise if you have got a splitting headache or you are in agony.

Facilitator: Can you think of... any way that you might be able to manage that... so that people who do feel very ill... are not affected by the noise?

F: It is difficult to know what to (do) – how to divide the two because the surgery is really lovely after it has been done but you cannot find a space for - young mothers with young children are going to make a noise. I don’t think the surgery has a space – and that is the only way I would say – OK have a space for the young mothers with young children.” (Patient Focus Group 3)

5 Staff focus groups

5.1 Participants

Sixty eight staff took part in five focus groups. People working in a range of roles took part in the groups. They included GPs, mental health professionals, practice managers, practice nurses, healthcare assistants, receptionists, secretaries and other administrators. There was also a considerable range in terms of length of service, from a few months to twenty years.

5.2 General views about the influence of design

- The dominant view in the staff groups was that design had an important impact on staff and patients.
- There was a minority view in one of the groups that it was the people rather than the design that was important, as illustrated below:

"[I]f you have got a nice room you are going to be happier going to work and therefore deliver a better service." (Staff Focus Group 4)

I think it is only if [the design] is really, really bad or really, really good that [patients] are going to notice." (Staff Focus Group 4)

- In one of the five groups there was a dominant view that design was not particularly important, unless it was very good or very bad; people were felt to be more important than design.
- The groups that believed good design was important emphasised its impact on workplace efficiency and performance.
- They also described the impact of good design on job satisfaction and staff recruitment and retention.
- Good natural light, good ventilation and good temperature control were aspects of design seen as particularly impacting on job satisfaction; these features were mentioned as important in all five staff groups.
- Poor design was thought to have a potentially negative impact on ill patients.
- Staff in one group emphasised the need for surgery design to adapt to changes in demand for services; these participants also emphasised the need for the views of building users to be taken into account when designing new buildings.

5.3 Staff perceptions of important features in surgery design

Experience influences perception

In the staff groups the link between experience and perception was particularly marked. For example, a group at a surgery with inadequate space emphasised the importance of sufficient space to carry out functions. In contrast, a group at a recently successfully renovated surgery emphasised the importance of functional design. They described a building that meets its purpose and discussed the efficient and effective use of space within the building. They gave examples of areas of the building allocated to different uses appropriately.

Analysis of the focus groups suggests that the following features were regarded by staff in the five groups as important aspects of the design of a surgery:

Staff wellbeing and comfort

- Good natural light - being able to work without artificial light - was mentioned as important in all five groups; good natural light was regarded as particularly important in consulting rooms, however it was said that this sometimes conflicted with patient privacy.
- Soft artificial lighting when it was necessary.
- Spacious and open interiors.
- Good ventilation - large windows or doors that could be safely and easily opened for fresh air and high ceilings; work areas without windows were regarded negatively.
- A view to the outside, especially if the exterior was pleasantly planted with trees and shrubs; bars on the windows was mentioned as a problem in one inner city practice.
- Seating areas outside.
- Good temperature control; good insulation and effective systems for heating in winter and cooling in summer; poor temperature control was mentioned as a problem in all five groups.
- Pleasant staff kitchen, dining and relaxation areas of sufficient size to accommodate staff as needed; communal social areas were seen to facilitate effective communication; space to get away from patients was also regarded as important; some practices had no such communal areas.
- Separation of patient and staff areas, especially areas for relaxation and toilets.
- Free from insects.
- Easily accessible drinking water.
- Noise control and management; many staff complaints related to noise intrusion - from internal sources (such as other staff talking, children in the reception area, phones or the entry system buzzer) and from external sources (such as rain on the roof, traffic, disturbances on the street and neighbouring schools); too much noise makes it difficult to concentrate and can have a negative impact on a consultation; some rooms at one surgery were said to be 'echo-y'.
- The availability of staff car parking was mentioned as a positive design feature in three of the groups.

Design allows building to function efficiently and effectively

- Purpose built, functional building preferred.
- Layout allows good patient flow through building; reception as the first thing patients see was mentioned positively in two groups.

- Stairs were described in a number of groups as problematic, impeding communication and interaction between staff in different areas as well as restricting physical access and presenting barriers for people with mobility impairments.
- Good layout enables staff to communicate effectively; separation of different functions can impede communication between different departments; while grouping similar functions within an area can foster good team relations.
- Disjointed work areas can lead to some staff feeling isolated; it also leads to long distances between different functions which can be inefficient; the relationship between spaces needs to promote good communication between staff and provide easy access to necessary equipment.
- Sufficient space to carry out functions; a lack of space was a particular problem at two practices; in one group staff overcrowding was perceived as the main problem and lack of storage was also problematic; in the other group difficulties with small work areas, corridors and desks were described and the waiting room was said to get too crowded.
- Spacious rooms; the term 'open' was used in a number of groups.
- Efficient use of space such as areas that can be sectioned off and used for different purposes; 'hotdesking' was discussed in one group and appropriate sharing of space was seen as necessary to ensure space was used efficiently; sharing of space required all rooms to be similarly equipped and laid out; sharing of consulting rooms was regarded as a problem in one group.
- Staff emphasised the importance of having multi-purpose spaces that could be used for meetings, gatherings, or confidential discussions.
- Reception areas need to be designed so that receptionists can see patients in waiting room at all times, while hiding all activity behind the desk from patient view.
- Clinical areas need to be designed to meet their purpose, for instance good lighting in the dermatologists room and rooms of sufficient size to contain all equipment and furniture whilst allowing doctor or nurse to interact positively with patients as the comment below illustrates:

"The biggest problem I have is my desk is facing the door and when a patient walks in you are twisting around or you stand up and I don't like that. When they are leaving and you are typing you are saying bye but it is over your shoulder."

Accessibility

- No stairs – on one level or lift.
- All rooms and areas need to be accessible by pushchairs and wheelchairs.
- Accessible for patients with disabilities.
- Reception desk should be the first thing you see as you arrive; one group felt that the large reception area in their surgery made it easier for patients to seek help; another group mentioned the importance of the surgery being welcoming to patients.
- A conflict was perceived between having a reception desk accessible to people in a wheelchair on the one hand and staff security and patient confidentiality on the other
- Easily opened doors; doors at one surgery were said to be very heavy.
- Good clean toilet facilities easily accessible for patients and staff.
- Baby changing facilities.
- Dedicated areas for children of sufficient size to accommodate them and equipped with toys; the interaction between children and older people in the waiting room was described as a particular problem in two groups and the need for a dedicated space mentioned as a solution in these and a third group.

- In one group there was discussion about whether computer screens should be visible to patients; another group discussed how patients did not like doctors to sit behind a desk and preferred to sit by their side with the computer screen in clear view; there was also a concern however that this might conflict with staff priorities for safety; GPs in other groups said they had been trained not to place the desk between them themselves and the patient because it acts as a barrier, as commented below;

“From the patient’s perspective...they would much rather be sat alongside you because otherwise it is very easy for a doctor just to sit behind a desk and stare at a computer and not address the patient at all – I think that feels quite uncomfortable for the patient.” (Staff Focus Group 4)

Staff safety and security

- Fire escape that allows a quick exit if needed.
- Management of behaviour of other users of the building.
- Staff concerned about working in isolated areas of the building, especially at night.
- Reception desk of sufficient height and width to protect staff from attack; in contrast participants in one group said their reception desk was too high and in another, staff felt that a high reception desk sent out the wrong message to patients – allowing staff to hide from patients and treat them like ‘criminals’; a conflict in terms of patient access versus staff security and confidentiality was discussed in two of the groups; a glass screen was liked by some staff in one of the groups but acknowledged not to be patient friendly.
- Staff lockers for personal possessions.
- In consulting rooms doctors should be positioned between the patient and the door for security.

Patient confidentiality

- Staff regarded it as important that the layout of the building did not detract from patient confidentiality, for instance the relationships of different areas to each other; patient areas needed to be strictly separated from staff areas.
- Confidentiality was particularly an issue at the reception desk where there is greater risk of other patients at reception and in waiting rooms overhearing conversations; physical separation of the reception and waiting area preferred by some to protect confidentiality, but there was also a contrasting view that it is important that reception staff can see patients in waiting room at all times.
- Reception desk of sufficient height to protect patient confidentiality and prevent patients seeing information about other patients on paper and/or computer screens; there was also a contrasting view that high and wide reception desks compromised patient confidentiality because they had to raise their voices to be heard, thus increasing the risk of being overheard.
- Patient privacy in the waiting area when called for appointments was a concern to some.
- Clinical areas should not be overlooked from outside the building; this priority was thought to sometimes conflict with staff priorities for good natural light in consulting and treatment rooms.

Patient wellbeing and comfort

- Light and airy patient waiting room.

- Separating different waiting areas had mixed views; the main advantage was that people could find a quiet, private spot if they needed it; the disadvantage was that this led to disjointed spaces and made communication with patients in the waiting room difficult.
- Control of noise from children in the waiting room.

Management of the appointment system

- Effective system for calling patients to appointments; a system is needed that all patients can hear and/or see.
- Electronic arrival system was preferred.
- JX electronic display call system could be useful.
- Reception area designed so a queue does not block access to other areas.

Consulting and treatment rooms

- Consulting and treatment rooms should avoid being sterile or too stark; the absence of a clinical feel was preferred.
- Cleanliness of top importance.
- Staff generally believed that patients liked to see personal features and decorations in consulting and treatment rooms which made them more inviting; staff choosing their own colour schemes was seen positively; there was also a minority view that these aspects were not important.
- Consulting rooms needed to be of sufficient size to fulfil their purpose; some consulting rooms, especially those that had been converted from other uses were felt to be too small; a GP in one group said there was no where for the 'sharps box'.
- Fixed furniture in the consulting room was described as a problem in one group.

Attractive and welcoming exterior

- Well lit entrance area.
- Entrance area easy to locate with good signposting.
- Management of behaviour at entrance to the building such as smoking and loitering.
- Brickwork for external walls is 'warmer' and 'softer' than using metal and concrete.

Clean and well maintained building

- Clean, uncluttered and well organized; problems with regard to the cleanliness of toilets was mentioned in one group; stained and unattractive carpets were regarded as a problem in most groups.
- Provides attractive perspective to external visitors and patients.
- In good repair; staff at one practice described how good maintenance of the building was helped by the surgery having control because the building was owned and managed by the senior partners, as per the below:

"It is nice to have that control – that responsibility because we had 10 years of working with the trust, and the 13 years the trust owned the building they painted it once! Repairs were a nightmare – it took weeks. At least now I take the can so if we can't get something mended then it is easy to blame." (Staff Focus Group 3)

Attractive interior decoration and furnishing

- Modern and up to date décor, furniture and furnishings.

- Welcoming and light colour scheme; one group suggested a 'calm' colour scheme but also thought too pale a colour could be 'very cold and clinical'; another group preferred the surgery to be 'brightly' painted; another group said a neutral colour scheme was preferable.
- The colour of walls was most frequently referred to; one group also mentioned the colour of the curtains in the consulting room.
- Plants were mentioned as a positive feature in two groups; one waiting room was described as 'vibrant' due to the abundance of plants and artwork.
- Space to display artwork in addition to the mandatory posters; staff involvement in selecting art was regarded as positive; hiring artwork from hospitals was seen as a good way of identifying appropriate pieces; one group regarded the selection of artwork as too problematic and preferred that money be spent on other aspects of design; one group where considerable effort had been devoted to placing artwork in the waiting room, saw artwork as more important to patients than to staff.
- Well maintained notice boards and poster displays; the latter were often described as an eyesore because of the requirement to display so many posters; the unpleasant mess left by blue tack was mentioned in one group.
- A fish tank can be an attractive feature.
- Music in the waiting area was mentioned as a positive feature in one group.
- Seating to meet the needs of patients with special needs, for instance arms for the elderly and disabled; stain-resistance, easy to clean cushions or other soft surface; minority view that seats should be bolted to the floor.
- Hard floor covers (wood or plastic) were preferred to carpets which stain easily and become an eyesore.

5.4 Staff priorities for design

The data gathered in these focus groups does not lend itself particularly well to a ranking of staff priorities for design. The written comments provide the best data available to identify their priorities. Analysis of these comments suggests that the following design features have the greatest impact on staff perceptions of their surgery:

- Good natural light, ventilation and temperature control
- Sufficient space to carry out functions efficiently and effectively, especially reception and waiting areas and in the consulting rooms
- An accessible layout that promotes good communication and interaction between staff and facilitates good patient flow through the building
- Separation of staff work and relaxation areas from patient areas; this was seen as necessary for patient confidentiality and for staff comfort
- Communal areas for staff to interact were seen as important to promote good communication and staff comfort and convenience
- Access to a garden was mentioned as a positive feature in three groups.

6 A comparison of staff and patient priorities for design

6.1 General views about the influence of design

- The dominant view in both staff and patient groups was that good design is important in GP buildings.
- There was a minority view, particularly in two of the patient groups that access to good medical care was more important than design and that money should not be spent on the latter at the cost of the former.
- There was a dominant view in one of the staff groups that staff were more important than design; this view was not expressed in any other staff group but was a minor theme in the three patient groups.
- Overall, surgery design seemed to be relatively more important to staff than to patients.
- There was a view in both staff and patient groups that a well designed surgery would ensure good quality staff were recruited and retained.
- Good design was regarded by both patients and staff as a determinant of job satisfaction and morale and consequently, (for patients particularly), as a factor affecting quality of patient care.
- In all the groups staff and patients were able to identify positive and negative features of their surgery design; interestingly, even participants who were extremely satisfied with the design could identify problems and vice versa.

6.2 Shared perceptions

Modern purpose built (or functional) building

- Participants were happiest with those surgeries which were purpose built and recently built or renovated.
- Both patients and staff liked layouts that enables effective delivery of a broad range of services.

Patient confidentiality

- The importance of design to protect patient confidentiality was raised in both staff and patient groups.
- Features discussed included the height and width of the reception desk, the relationship between the reception and waiting areas and overlooking from within and from outside the building.
- Patient confidentiality was often a problem where there was insufficient space to effectively separate different functions; a lack of segregation between staff and patient areas also created difficulties in this respect.

Interior decoration

- Generally, there was little variation between groups regarding interior decoration and furniture.
- Participants liked interiors to be clean and well maintained.
- Light but neutral colour schemes were generally preferred, though there were small numbers of both patients and staff who thought it was possible to be more experimental with colour on the walls.
- Hard floor coverings were preferred to carpets in all groups; carpets were seen as hard to keep clean and quickly became an eyesore.
- The overabundance of posters was regarded as a problem by both staff and patients.

Accessibility

- Accessibility was regarded as a key surgery design feature by staff and patients
- Stairs were regarded as problematic in all groups – having services on one level or having a lift was seen as a necessary design feature.
- The need for all areas to be accessible to pushchairs and wheelchairs was also frequently mentioned.
- In the interests of good communication, neither staff nor patients thought that doctors should sit behind their desks; they also shared perceptions about patients having access to information on the computer screen during the consultation.

6.3 Differences in emphasis

The majority of the differences between the patient and staff views were one of emphasis, rather than being clear areas of conflict. There was probably more difference within the groups than between the groups. Some areas where there did appear to be a difference in emphasis are described below. It should be noted that these are based on a limited amount of data, in particular from patients and therefore are areas for further exploration, rather than concrete conclusions.

Staff comfort and safety

- Staff tended to emphasise aspects of surgery design relating to their own comfort and safety; patients were aware of these factors as impacting on staff, but were perhaps less likely to regard these aspects as important.
- Good natural light and staff car parking were two design features staff mentioned as influencing their decision to take a job; patients placed less emphasis on light and the majority appeared not to expect car parking for patients, except for those with a disability.
- Temperature control and good ventilation was mentioned as an important design feature in all five staff groups, but was not mentioned in any of the patient groups.
- A view to the outside was mentioned by both staff and patients, but particularly emphasised by the former; staff were also more likely to mention an outside seating area as a positive feature of surgery design.
- Access to pleasant communal staff areas and kitchen and dining facilities were mentioned in most staff groups; this feature was not mentioned in patient groups
- Staff also emphasised the importance of segregating patient and staff areas; this was not mentioned by patients.

Noise – a special case in staff and patient comfort

- Noise was mentioned as a problem in both staff and patient groups:
 - Staff tended to be troubled by noise in work areas
 - Patients were more likely to complain about noise in the waiting room, particularly from children.
- It is interesting that although patients generally emphasised the comfort of staff with comments such as ‘they are in the building for eight hours a day and we are just in and out’, noise in the waiting room was an exception to their apparent lack of concern for their personal comfort.

Effective and efficient delivery of services

- Aspects of surgery design that impacted on workplace efficiency and performance tended to be more emphasised by staff than by patients; the latter did however believe that quality of care was effected by design.
- Staff described the need for sufficient space and spaces to fulfil functions effectively, especially in terms of good patient flow, patient confidentiality, staff interaction with patients and good communication within and between teams.
- Both staff and patients identified problems with buildings with a large floor area or with disjointed areas; staff emphasised the difficulties for staff communication and patients emphasised movement within the building.

Accessibility

- Patients tended to emphasise issues relating to access to and within the building more than staff.
- Location of the surgery at a point that is easily accessible by public and private transport was emphasised by patients; staff on the other hand, tended to emphasise the availability of on-site car parking.
- A pleasant, welcoming and accessible exterior; good signage, good lighting and the absence of dark areas for hiding were often mentioned as important aspects of surgery design necessary to make the building widely accessible and safe; patients perhaps placed more emphasis on these features than staff and there could be reasons why they prioritise the external design as the following exchange illustrates:

Facilitator: “Do you think it matters what the outside of the building looks like?”

M: Yes – whatever it is it matters what the outside of the building looks like.

F: It is your first impression isn’t it.

M: And because we have to live with it as residents in my community as well as happening to be patients of the particular surgery”. (Patient Focus Group 1)

- An effective system for communicating with patients waiting for appointments in reception was regarded as important by both staff and patients; the latter tended to identify more problems with their surgery’s existing system than did staff; whilst staff were more concerned about efficient patient flow, patients were perhaps more aware of their own anxieties around waiting and missing being called for an appointment.

Other issues

- Both staff and patient groups mentioned the need for seating to meet the needs of elderly and disabled patients; staff on the whole were concerned that seating be stain resistant and easy to clean; patients emphasised the need for effective appointment systems to reduce waiting times and hence the need for comfortable seating.
- Both staff and patients regarded the cleanliness of the building as important; patients also expressed a concern about infection control that was not expressed in the staff groups.
- Artwork, plants and features such as fish tanks were liked by both patients and staff; there were concerns in the patient groups that artwork was controversial from an aesthetic and resource perspective; this perspective was not expressed in the staff group.

6.4 Possible tensions in staff and patient priorities

There were just a small number of apparent tensions between staff and patient priorities for surgery design. There is insufficient evidence from the groups to present these as anything more than tentative areas warranting further investigation. These areas were:

- patients are perhaps more likely than staff to prioritise spending on extra staff or medical care than design
- staff prioritise natural light and good ventilation which would suggest the need for large, windows that open easily; patients on the other hand prioritise privacy and confidentiality which would suggest the need for sealed and contained spaces
- although both patients and staff were concerned about the impact of design on patient confidentiality, this was perhaps a greater concern to patients and they expressed concerns about aspects of their privacy that were not raised in the staff groups; there was perhaps a slight tension between staff priorities for efficient use of space and patients' priorities for confidentiality and this is an area that warrants further exploration
- staff prioritise their own safety and security which suggests the need for high and wide reception desks; patients on the other hand, prioritise their privacy which would suggest the need for closer contact with staff at reception
- noise from children in the waiting room was a common problem described by patients and a separate waiting area for children was suggested as a solution; staff on the other hand, suggested that the best layout was one where reception staff were able to see all patients in the waiting area at all times
- in discussions about the personalisation of consulting and treatment rooms, some staff thought that patients preferred health professionals to personalise these spaces; patients, on the other hand thought it was important that staff personalise their spaces to meet their own needs for comfort.

PART B:

**A QUESTIONNAIRE SURVEY OF STAFF AND PATIENT PRIORITIES
FOR THE BUILT ENVIRONMENT**

7 Summary of the findings of the questionnaire survey

7.1 Introduction

This report presents the analysis of just under 2,000 questionnaires completed by staff and patients at 20 general practices in the Lambeth primary care trust (PCT).

7.2 Patient views of the design of primary care buildings

The results of an analysis of 1,784 patient questionnaires are reported in five main sections relating to the main sections of the questionnaire:

1. In the design of the outside of the building - patients prioritised:
 - a safe and inviting entrance
 - proximity to a pharmacy
 - access by public transport.
2. In the design of reception and waiting areas - patients prioritised:
 - an effective patient call system
 - reception being a welcoming space
 - enough seating for everyone
 - conversations cannot be overheard at reception.
3. In the design of consulting and treatment rooms, patient privacy emerged as a clear priority for patients. They also placed high importance on a layout that facilitated good doctor/patient communication and on rooms being easy for patients to find.
4. In the overall design of the inside of the building, patients placed most priority on a comfortable temperature; low noise levels and good lighting were also seen as important.
5. The impact of surgery design on patient care - just over half of all patients felt that design impacted both on their relationship with their doctor and on the quality of care they received.

Variations by age, sex and practice location

With the exception of the protection of privacy, older people (aged over 70) placed more importance on all design features, than did those aged under 30. Older patients (aged over 70) were the most likely to think that design impacted on their relationship with their doctor and the quality of patient care; patients in the youngest age group were least likely to think this.

Women placed higher importance on design of all features of the outside of the building than did men, with the exception of there being no disturbance by noise from outside and there being good lighting throughout.

With just one exception (furnishings are easy to keep clean) patients at practices in the most deprived areas placed more importance on all features of design than did patients at practices in areas that were least deprived. They also placed more importance on all but four features, than did patients at the practice in the mid-range of the index of deprivation.

7.3 Staff views of the design of primary care buildings

The results of an analysis of 212 staff questionnaires are reported in eight main sections which relate to the different sections of the staff questionnaire:

1. Staff prioritised four aspects of the outside of the building:
 - access by public transport
 - a safe and inviting entrance
 - clear signposting
 - location close to other facilities.
2. Staff prioritised four aspects of the design of the reception area:
 - patients cannot see confidential material
 - the design of the reception desk promotes staff safety
 - conversations at reception cannot be overheard
 - the receptionist can see the entire waiting area.
3. In the design of waiting rooms, staff prioritised two aspects:
 - enough seating for everyone
 - easy access to consulting and treatment rooms.
4. In the design of consulting and treatment rooms, privacy emerged as a clear priority for staff. Three other features were priorities to a lesser degree:
 - positioning of waste bins for hazardous material
 - access to rooms for wheelchairs and buggies
 - room layout conducive to good communication between doctor and patient.
5. In the design of the inside of the building, good lighting emerged as a clear priority for staff. A comfortable temperature and low noise levels were also very important to them.
6. In terms of the design of additional design features, sufficient work space was a clear priority for staff. Other priorities amongst these features were privacy, separate toilets for staff and patients and ergonomically designed furniture.
7. In responding to questions about the influence of design on job satisfaction and patient care:
 - most staff felt that surgery design made it an enjoyable place to work and that it made communication with patients easier

- most felt that the design enabled efficient working and made communication with co-workers easier
 - a high proportion believed that design influenced their overall job satisfaction and their job performance
 - half of all staff said that design would be a consideration when they applied for their next job. On the other hand, only 36% said it was a consideration when they applied for their present job
 - a small number said that the surgery design made them want to leave their current job.
8. Most staff felt that the design and layout of the building affected their relationships with patients and the quality of care the patient receives.

Variations by sex, job role and age

Some of the widest variations in terms of perceived importance of different features were those between men and women; women placed more importance than men on the design of all features. Non clinical staff thought that most of the 49 design features included in the questionnaire were more important than did clinical staff. As most non-clinical staff were women, it is difficult to ascertain if this is a factor of their job role or their sex.

Older staff (aged over 60) tended to place more importance on design features than did younger staff. Some notable exceptions to this were that staff under 30 years placed more importance on plenty of parking and to all features in the section of questions relating to facilities for staff.

7.4 Comparison of staff and patient priorities

General views about the influence of design

Most staff and patients see good surgery design as important. These survey findings confirm the focus group findings that the majority of both staff and patients perceive good design to be important in GP buildings.

Importance of design for job satisfaction, recruitment and retention and patient care

Results from the questionnaire support the evidence from the focus groups that good design is regarded by both patients and staff as a determinant of job satisfaction and morale at the surgery and consequently, as a factor affecting quality of patient care. The findings also support the evidence from the focus groups that a well designed surgery ensures good quality staff are recruited and retained.

Some strong views – both staff and patient – that surgery design is not important

A very small number of staff and patients indicated that surgery design was not important to them and these survey findings confirm the focus group findings.

Staff and patients often prioritise the same features

Patients and staff often indicated that the features of most importance to them were similar and these findings confirm the focus group findings in some key respects. The crucial role of design in protecting patient confidentiality was raised in both staff and patient focus groups. The survey also confirms the emphasis in all the focus groups on issues of accessibility.

Surgery design is more important to staff than to patients

With the exception of one feature (an effective patient call system), staff placed more importance than patients on the design of all features of the surgery. Staff were also more likely than patients to believe that design impacted on staff relationships with patients and on quality of care. These survey findings confirm the focus group findings that overall, surgery design seemed to be relatively more important to staff than patients.

Variations between staff and patient priorities for design

The widest variation between staff and patients, in terms of the relative priority placed on different design features, occurs in respect of access to treatment and consulting rooms for wheelchairs and buggies. There is also a relatively wide variation in the importance placed on conversations at reception not being overheard.

The survey findings confirm the conclusion drawn from the focus groups that most of the differences between the patient and staff views were one of emphasis, rather than being clear areas of conflict.

Areas of tension between staff and patient priorities for surgery design

The focus group report identified a very small number of apparent tensions between staff and patient priorities for surgery design. There is limited evidence from the survey to support any conclusions on this subject.

8 Introduction to the questionnaire survey

This part of the report presents the analysis of just under 2,000 questionnaires completed by staff and patients at 20 general practices in the Lambeth primary care trust (PCT). The aim of the survey was to explore patient and staff priorities for the design of GP buildings.

8.1 Questionnaire development

During autumn 2006, eight focus groups were conducted separately with staff and patients at five Lambeth GP surgeries. The results of the groups are presented earlier in this report and formed the basis of the development of a questionnaire for staff and one for patients. The format and many of the questions asked were the same in each questionnaire to allow some comparison of staff and patient priorities. The draft questionnaires were tested extensively with staff and patients, revised and retested before distribution of the final version in May 2007.

8.2 Practice recruitment and participation

All 55 GP practices in Lambeth were invited to take part in the survey. Just under half of the practices agreed to participate by distributing an agreed number of questionnaires during a two week period during May 2007. Analysis in this report is based on useable questionnaires returned by 212 staff and 1,784 patients from twenty practices. Further details of participation and response rates are outlined in Section 12.

8.3 Data analysis

Quantitative data was analysed using SPSS and Excel. Open ended responses were thematically analysed using an approach based on 'Framework Analysis'⁴.

8.4 Structure of report

Following this introduction, the findings are set out in four sections:

- the results of the patient questionnaires
- the analysis of the staff questionnaires
- a comparison of patient and staff priorities for surgery design and a discussion of these findings in the context of the findings of the focus groups conducted during 2006
- the final section presents details of the recruitment, participation and characteristics of the staff and patients involved in the survey.

⁴ Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research. In Bryman A, Burgess G (Eds) *Analysing Qualitative Data*. London, Routledge.

9 Patient survey

This analysis is based on questionnaires returned by 1,784 patients. Details of the sample are contained in Section 12.

Results are reported here in five main sections which relate to the different sections of the patient questionnaire:

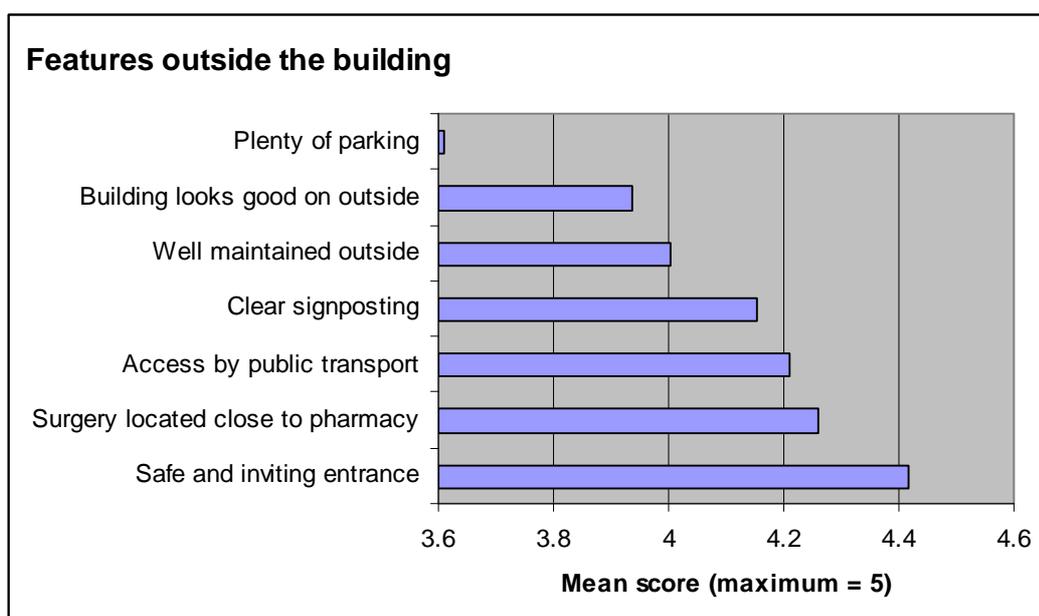
- In four sections participants were given a list of six to ten features relating to various aspects of surgery design and asked two questions about each aspect:
 - firstly, the importance of each factor, on a five point scale from 'very important' to 'not important at all'; the results of analysis of the mean scores for each factor are presented in four sections below;
 - secondly, in each section, patients were asked to indicate which of the listed features were most important to them; results for these questions are also presented for each of the four sections.
- The fifth section relates to beliefs about the impact of surgery design on patient care.

Variations by age, sex and by the practice position in the index of deprivation are also reported in each section. Open ended comments are reported in the relevant section.

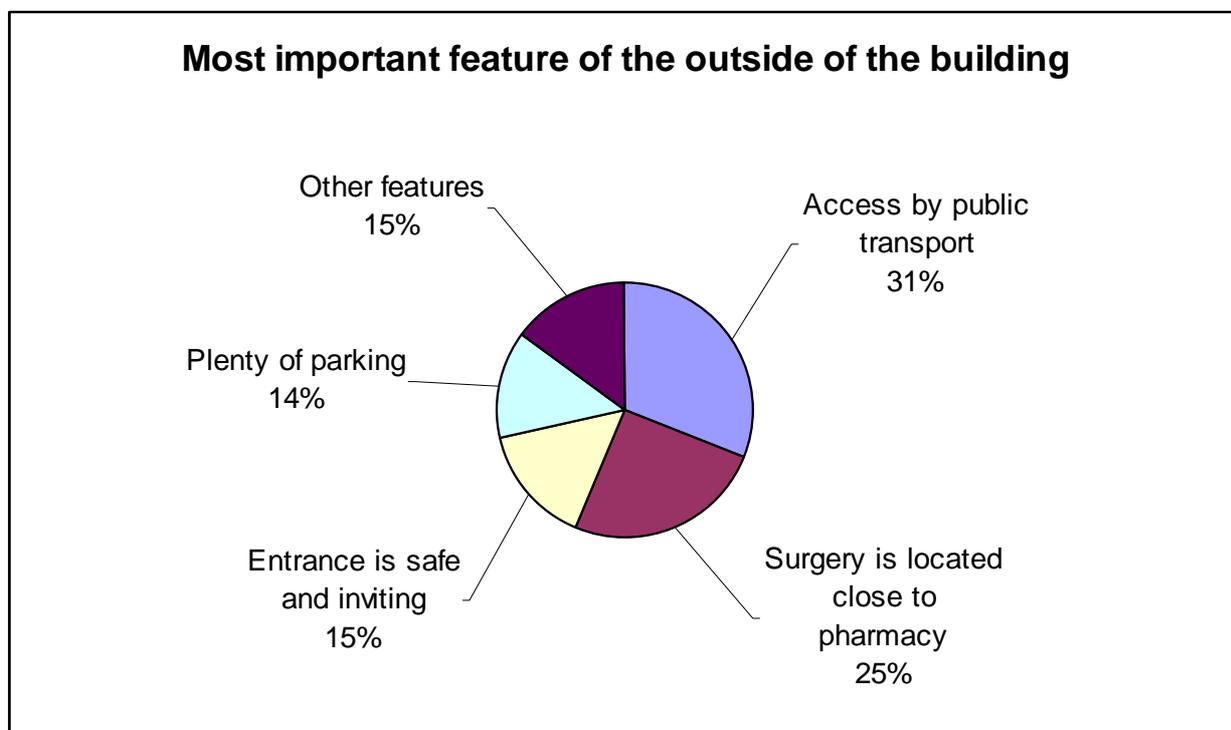
9.1 Patient views of the outside of the building

As illustrated in the chart below, patients identified three aspects of the outside of the building as priorities:

- a safe and inviting entrance
- proximity to a pharmacy
- access by public transport.



Analysis of the second question (which feature is MOST important), confirmed the importance of these three aspects to patients, as is shown in the chart below.



Overall, in responses to the first question, patients attributed the least importance to plenty of parking. However, it also shows that plenty of parking is the most important factor to 14% of patients.

Comments about the outside of the building

- Thirty two patients made written comments about the outside of the building:
 - Twelve related to the importance of parking for patients, including some who mentioned that parking at their own surgery was a problem and/or that more parking was needed
 - One person suggested buildings should be energy efficient and only provide parking for bikes and disabled badge holders
 - Seven comments related to access to the building; they mentioned difficult access due to the surgery location at a busy traffic intersection and the importance of good access by public transport.
- Eleven comments related specifically to the importance of the above, specifically for people with disabilities and/or people with buggies:
 - in addition to disabled parking and safe pedestrian access, the need for ramps and an automatic door at the entrance was mentioned
 - one person pointed out the need to ensure children were safe by providing a gate outside the building to ensure they did not run onto the road
 - 10 people mentioned the need for automatic entrance door to the building and/or described problems with the current arrangements
- Three other problems also related to the entrance:
 - the need for protection from poor weather for patients waiting outside
 - the importance of good signposting

- surgery opening times to be displayed outside the surgery.

Variations by age, sex and surgery location

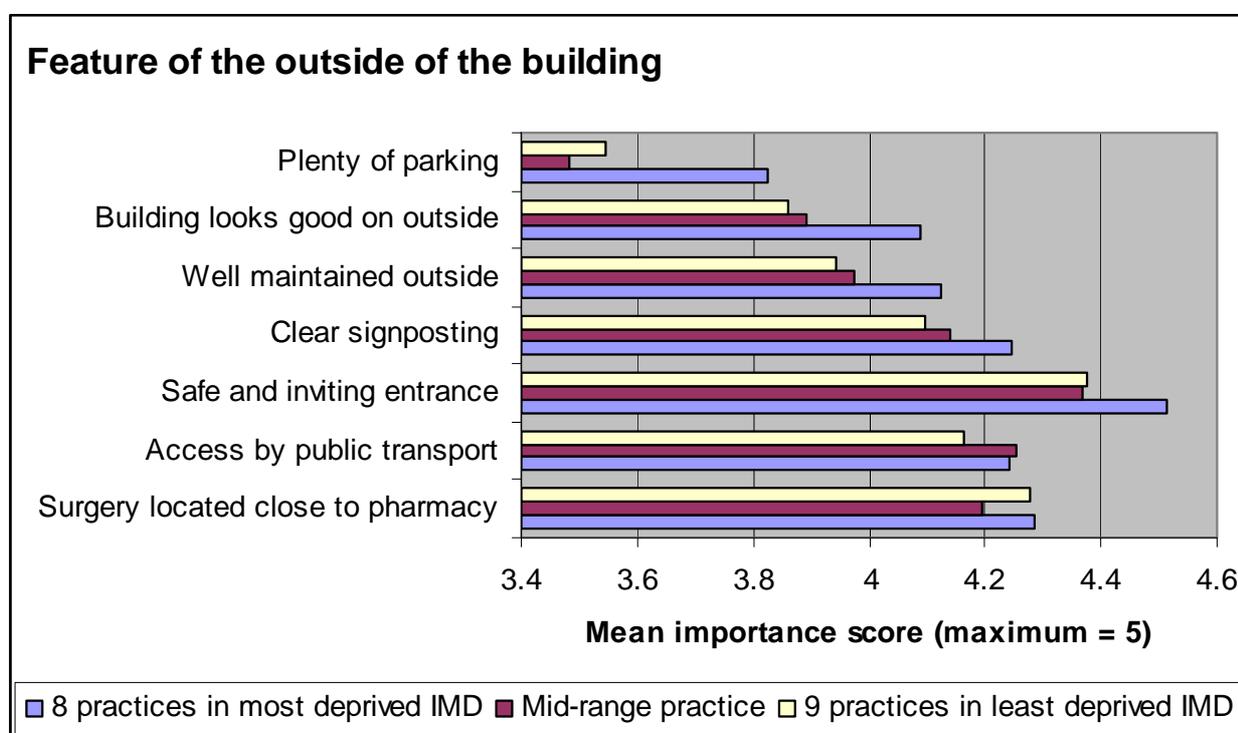
- Older people (aged over 70) placed more importance on all features of the outside of the building, than did those aged under 30; these differences were most marked in terms of plenty of parking and also significant in respect of:
 - building looks good on the outside
 - well maintained outside
 - safe and inviting entrance .

There was most agreement over the importance of access by public transport and clear signposting.

- Women placed higher importance on design of all features of the outside of the building than did men; these features were significant in respect of most features and highly significant in respect of:
 - a safe and inviting entrance
 - building looks good on the outside
 - surgery located close to pharmacy
 - well maintained outside.

The highest degree of consensus was around the importance of clear signposting and plenty of parking.

- Patients at practices in areas which were relatively more deprived placed more importance on all features of the outside of the building, as shown in the chart below.



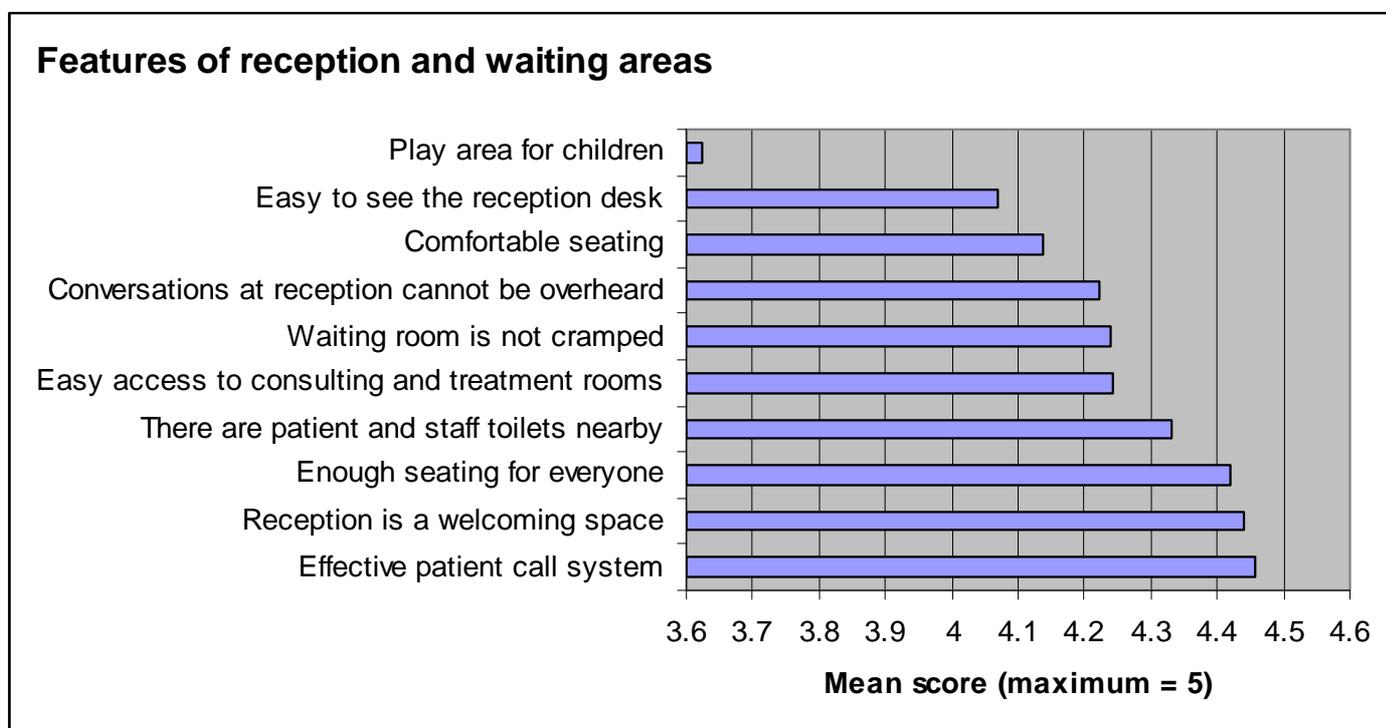
These differences were statistically significant in relation to all features except for the surgery being located close to a pharmacy and access by public transport, where there was a higher degree of consensus; variations were particularly marked in terms of:

- the building looking good on the outside
- plenty of parking
- well maintained outside
- safe and inviting entrance.

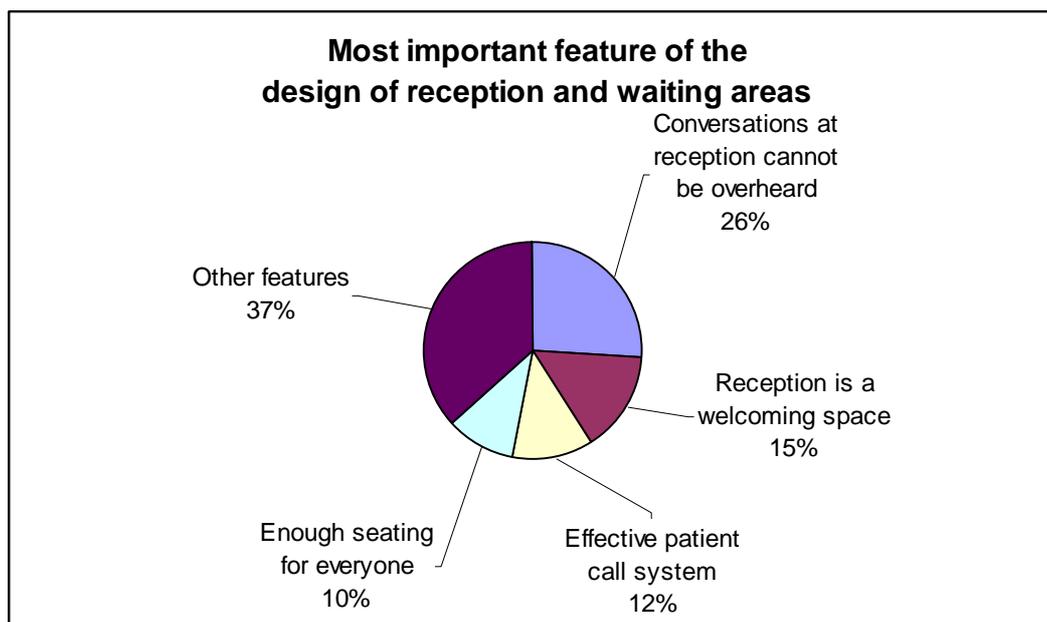
9.2 Patient views of the design of reception and waiting areas

As shown in the chart below patients identified three aspects of the design of reception and waiting areas as priorities:

- an effective patient call system
- reception being a welcoming space
- enough seating for everyone.



Overall, patients attributed the least importance to a play area for children. When asked to identify the most important feature, the most frequently mentioned aspect was that conversations could not be overheard at reception. The three factors mentioned as priorities above all featured as the next most frequently mentioned features, as shown in the chart below.



Comments about the reception and waiting areas

Of the 124 comments about the reception and waiting areas, 84 were about the waiting areas; 30 related to the design of the reception area and most of these related to privacy.

Reception

- Lack of privacy at reception (19 people expressed concerns); in particular that their conversations with the receptionist could be overheard; some suggested a separate room or booth to address this problem.
- Sufficient space and a lay out in reception area to ensure a good queuing system (two people); one person mentioned the need for seating.
- Height of the reception desk (four people mentioned this); one said it was too low, but others said it needed to be the right height for patients in a wheelchair to be on eye-level with the receptionist.
- Automated sign in systems (three patients made positive comments about this); there were also concerns that these must be accessible for people in a wheelchair and concerns that hand contact might promote spread of infection.
- Accessible point to drop off requests for repeat prescriptions (one person).
- Flowers at reception (two people).

Waiting areas

Most of the patient comments about the waiting area concerned the amount of space available:

- provision for children in the waiting area was the most frequently mentioned aspect (mentioned by 28 people); most people, both those with children and those who were disturbed by the presence of children, felt that the best solution was the provision of a separate area where children could play safely without disturbing others; a small number suggested that parents should keep their children under control.
- dedicated facilities for baby changing and feeding (four people mentioned the need for this)

- one person commented that the relationship of the waiting area to the treatment rooms should ensure that patient privacy was protected during consultation with staff; it was suggested that this was not the case in some surgeries eg in house conversions
- provision for children and babies and many of the other problems mentioned about the waiting area related to there being enough space to provide for the needs of different users in different areas of the building; ten patients mentioned the importance of space; one specifically mentioned this in respect of allowing easy movement of patients in wheelchairs and buggies and another mentioned access for prams
- good seating provision (12 people commented on this) including:
 - enough seating for all
 - comfortable
 - special seats for children
 - one person said they did not like seating in rows
 - well spaced so people did not feel on top of each other and to assuage concerns about spread of infection.
- infection control was mentioned by eight people; the main concern was the danger of catching ailments from others in the waiting area:
 - as mentioned above, some saw the solution to infection control as lying in having sufficient space to ensure the good flow of fresh air through the building, including high ceilings and large windows
 - others saw the solution as being in air purification systems
 - temperature control, mentioned by 6 patients, was seen by some as a related point
- five people mentioned the importance of good natural light, including two who mentioned the role played by large windows in this.

Ambient temperature, noise and lighting:

Temperature control and good natural light might be seen as aspects of design that promote patient comfort in the waiting room. A number of other similar aspects were mentioned including:

- six people mentioned that noise levels should be kept low, most citing intrusion from mobile phone use as the biggest problem
- One person mentioned discomfort caused by people eating hot food in the waiting room
- five people mentioned noise from a television, and five noise from a radio, as a problem; on the other hand, two made positive comments about the television and 5 about the radio
- eleven people said it would be good to have drinking water available and two suggested hot drinks and snacks
- six people suggested a good supply of magazines and newspapers.

Information and visual displays:

Good provision of information was mentioned by 15 patients and included:

- attractive, tidy visual displays of up-to-date information about conditions and treatment
- information leaflets to take away
- information in languages other than English
- information in large print and Braille for patients with a visual impairment
- electronic displays
- notice board with surgery news and information for patients

- two people said a dedicated information room or library with computer access was the ideal.

Two people mentioned the need for a clock in the waiting room and another two the need for an electronic display to keep patients informed of waiting times

Twelve people commented on the need for an effective patient call system; it was suggested that the system needed to be:

- audible to patients sitting anywhere in the waiting area
- visible, to ensure accessibility for patients with a hearing impairment
- confidential; some expressed concerns about the lack of anonymity in the current system at their surgery.

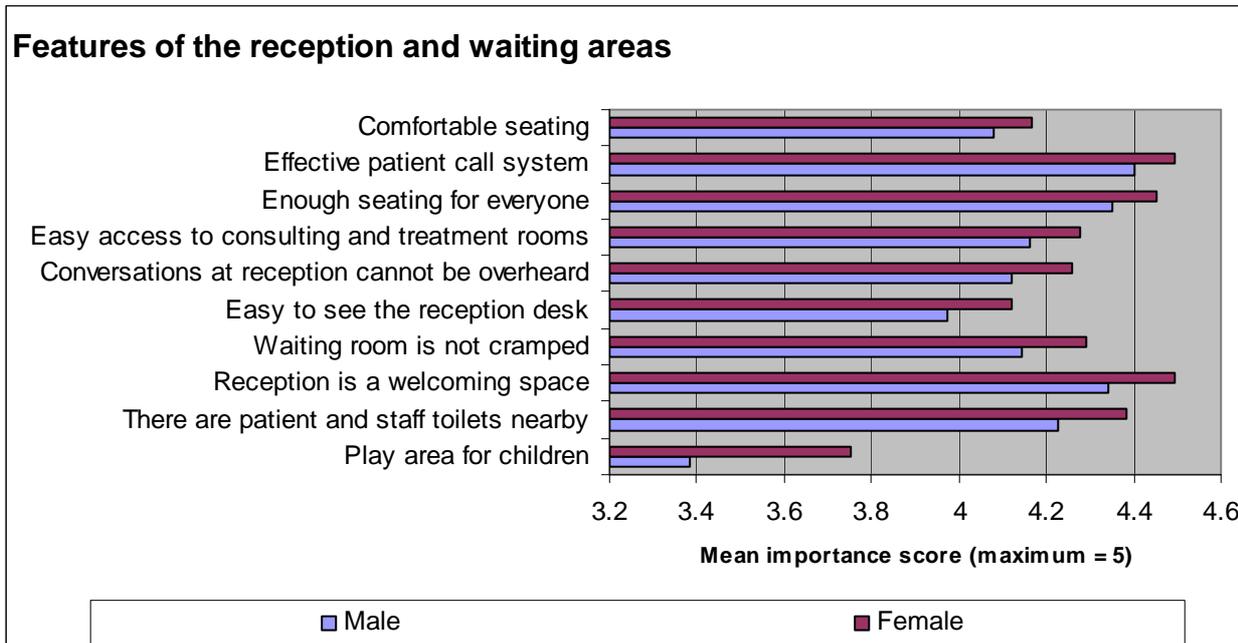
Other features

Another group of patient comments related to the maintenance of the building; 8 people stressed the importance that the building was well-maintained and some said their own surgery was in need of repair. Other comments about the internal decoration of the waiting area included two who suggested artwork and two who would like to see well kept plants.

Two people mentioned the need for patient toilets to be located away from the reception and waiting areas in order to protect patient dignity.

Variations by age, sex and practice location

- Older patients (aged over 70) placed more importance on all features of the reception and waiting areas than did those aged under 30; these differences were statistically significant for all features except for the reception not being a welcoming space and the waiting room not being cramped. The most marked differences were in respect of:
 - easy access to consulting and treatment rooms
 - it being easy to see the reception desk
 - there being patient and staff toilets nearby.
- Women placed more importance than men on all aspects of the design of the reception and waiting areas, as shown in the chart below. These differences were all statistically significant and most marked in respect of:
 - a play area for children
 - reception being a welcoming space
 - there being patient and staff toilets nearby
 - the waiting room not being cramped.

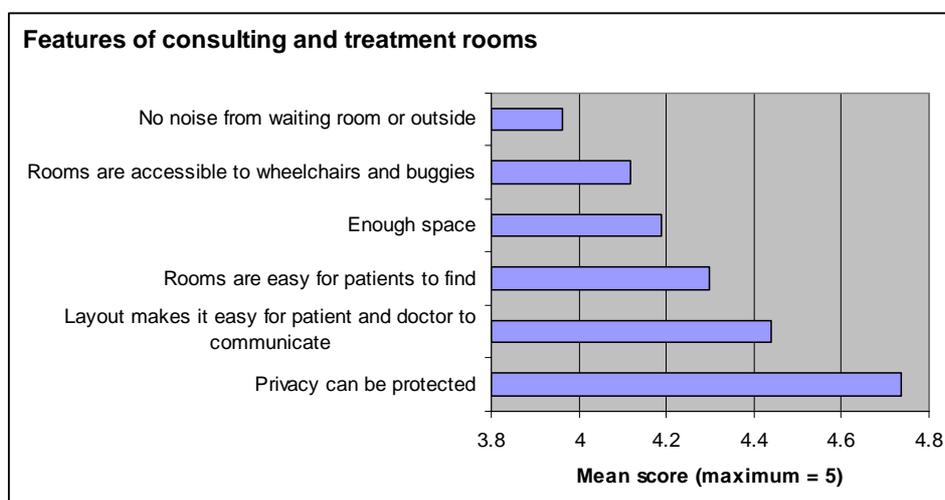


Patients at practices in areas which were relatively more deprived placed more importance on all features of the design of the reception and waiting areas. These differences were statistically significant with regard to all features except for conversations not being overheard at reception, around which there was a greater degree of consensus. Differences were particularly marked in respect of:

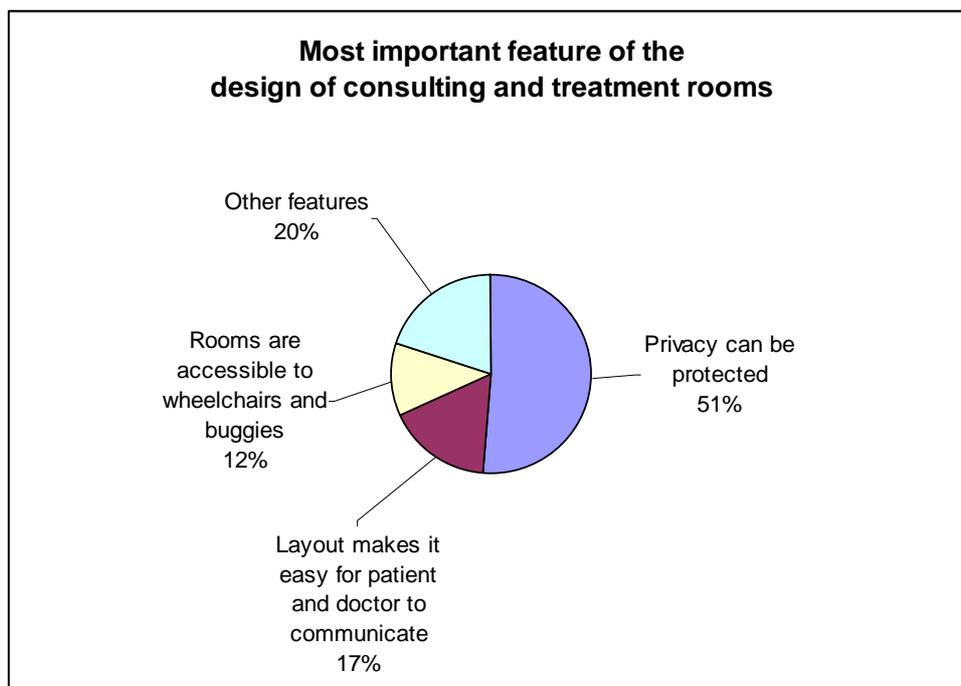
- easy to see the reception desk
- play area for children.

9.3 Patient views of the design of consulting and treatment rooms

Patient privacy emerged as a clear priority for patients in terms of the design of consulting and treatment rooms as shown in the chart below. Patients also placed high importance on a layout that facilitated good doctor/patient communication and on rooms being easy for patients to find.



Analysis of the second question on the consulting and treatment rooms confirms protection of patient privacy as a clear priority for patients – more than half of all patients mentioned this as the most important feature to them – as shown in the chart below.



Comments about the consulting and treatment rooms

Just eleven comments were made about the consulting and treatment rooms:

- As mentioned above, one patient felt that privacy was sometimes compromised during a consultation because of the proximity of the waiting room meant conversations with staff could be overheard from outside; the importance of privacy was mentioned by another patient in more general terms
- Five patients commented that the surgery should be designed in a way that enables easy access to treatment rooms, particularly for people with a disability, such as those in a wheelchair or with a visual impairment.

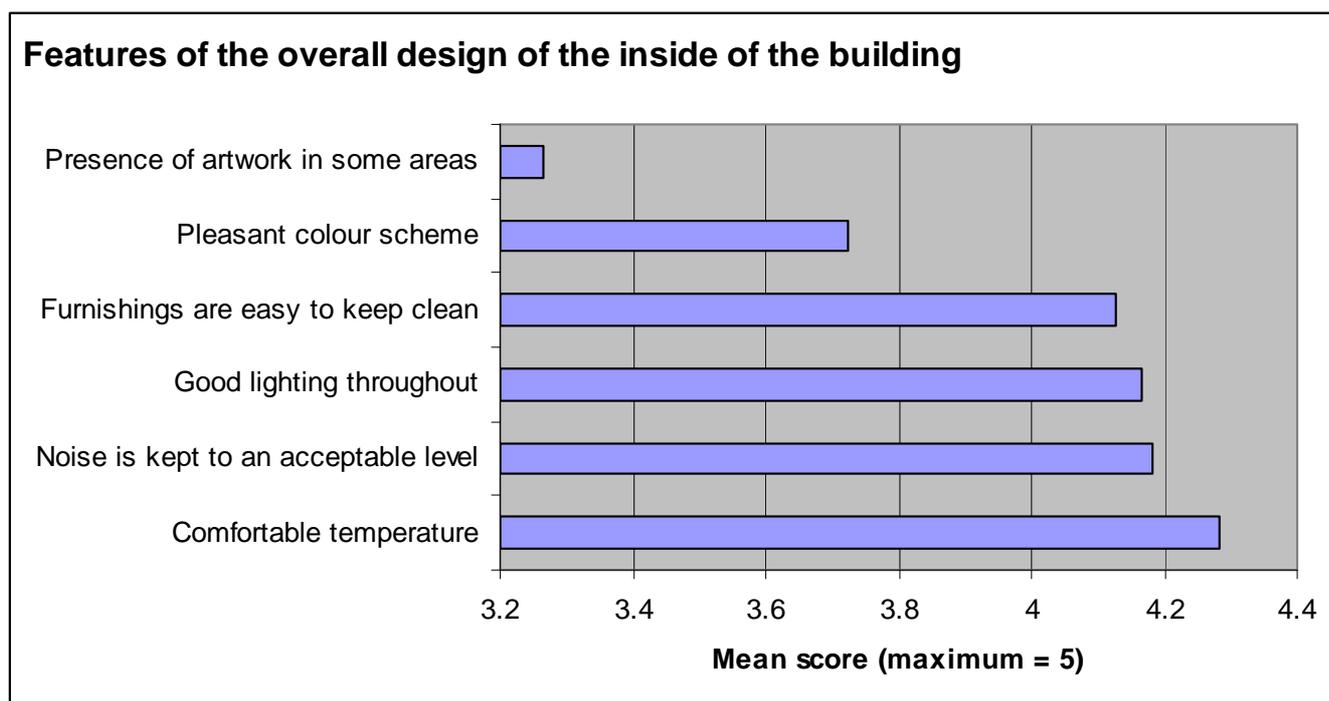
Variations by age, sex and practice location

- Older patients (aged over 70) were more likely than those aged under 30 to place more importance on all features of the consulting and treatment rooms, other than the protection of privacy. Most of the differences were statistically significant and they were most marked in respect of:
 - no noise from waiting room or outside
 - layout makes it easier for patient and doctor to communicate
 - rooms are accessible to wheelchairs and buggies.
- Women placed more importance than men on all aspects of the design of the consulting and treatment rooms, with the exception of there being no disturbance by noise from outside; most differences were statistically significant and they were most marked in respect of:
 - rooms being easy for patients to find

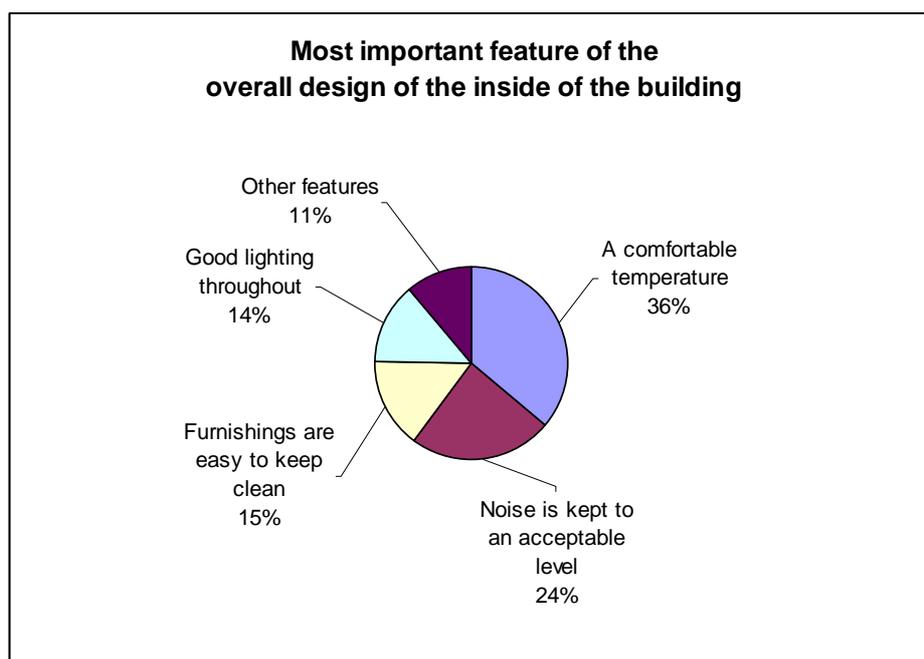
- rooms being accessible to wheelchairs and buggies
 - privacy can be protected.
- Patients at the eight practices located in relatively more deprived areas were more likely to rate all aspects of the design of consulting and treatment rooms as more important than did those at practices in the less deprived areas; these differences were significant for all features, other than privacy can be protected and layout makes it easy for patient and doctor to communicate. The differences were most marked in terms of:
 - rooms are accessible to wheelchairs and buggies
 - rooms are easy for patients to find
 - enough space.

9.4 Patient views of the overall design of the inside of the building

As shown in the chart below, in terms of overall design of the surgery, patients placed most priority on a comfortable temperature with all the other aspects being seen as important, apart from a pleasant colour scheme and artwork. The latter was seen as relatively unimportant.



Analysis of the second question about other overall design confirmed the importance to patients of a comfortable temperature, as shown in the chart below.



Comments on other aspects of internal design

Eighty comments mentioned specific aspects of interior design of the whole building as being important:

- **cleanliness** was most frequently mentioned – by 25 people – though not always regarded as a design feature; the importance of hygiene and infection control was mentioned by a further three people
- **layout on one level or lifts to ensure access**, especially for those with mobility disabilities or young children was mentioned by 22 people
- other features mentioned less often included:
 - good temperature control / ventilation (nine people)
 - comfortable / relaxing / inviting / quiet environment (nine people)
 - good, clean, accessible toilets for men and women (eight people)
 - attractive colour scheme (five people said should be colourful and one said neutral)
 - attractive artwork (five people) and well kept plants (two people)
 - spacious (six people)
 - safe (three people)
 - good natural lighting (three people)
 - patient privacy/confidentiality (two people)
 - good state of repair
 - appropriate floor surfaces
 - secure for safe keeping of equipment
 - view to outside
- **environmentally sustainable development** (mentioned by three people): the importance of any development having for example:
 - energy efficient lighting
 - low carbon emissions
 - facilities for recycling
 - parking for bikes and people with disabilities only
 - access by public transport.

Variations by age, sex and practice location

Older patients (aged over 70) placed more importance than those aged under 30 on all other features of interior design; these differences were all statistically significant with the exception of the presence of artwork in some areas; the most marked differences were in respect of:

- good lighting throughout
- a pleasant colour scheme
- noise kept to an acceptable level.

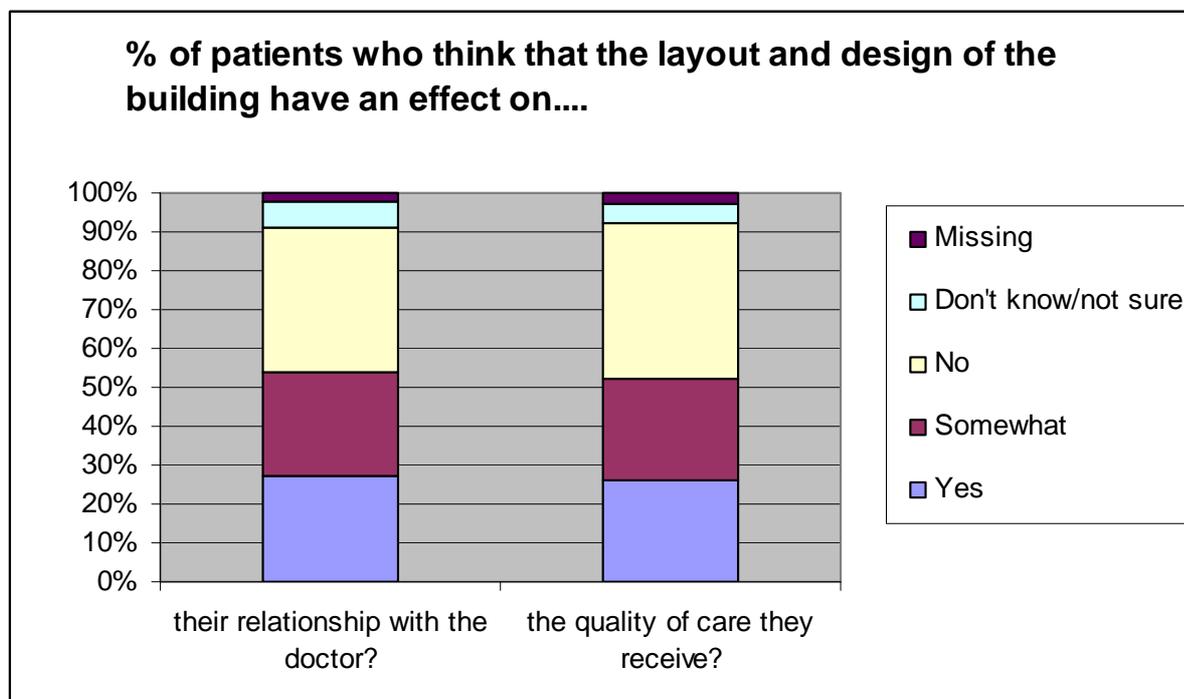
Women placed more importance on all features of interior design except for good lighting throughout, on which men placed slightly more importance, but not to a statistically significant degree; the variations were significant in respect of:

- furnishings being easy to keep clean
- a comfortable temperature
- a pleasant colour scheme and the presence of artwork in some areas .

Patients at practices in areas of higher deprivation placed more importance on the design of other features than patients at practices in less deprived areas, with the exception of furnishings being easy to keep clean; these differences were only statistically significant in respect of there being good lighting throughout and a comfortable temperature

9.5 Patient views of the impact of surgery design on patient care

Patients were asked two questions about the extent to which surgery design impacted on patient care. The chart below shows staff responses to these two questions.



The chart shows that there was little difference in the responses to the two questions. Just over half of all patients felt that design impacted both on their relationship with their

doctor and on the quality of care they received. Forty percent felt that design had no impact at all on the quality of care they received and 37% felt it had no impact on their relationship with their doctor.

Comments on the impact of design on patient care

Twenty four patients wrote specific comments at the end of the questionnaire to the effect that good surgery design was important. These comments fall into two broad categories:

- good design has a positive effect on staff and therefore on patient care
- attractive design makes a patient feel valued and/or relaxed and gives them confidence in receiving good quality care.

Thirty two patients wrote comments at the end of the questionnaire to the effect that whilst good surgery design was preferable, it was *not* the most important factor determining the quality of patient care. Twenty seven of these described aspects of the service they believed were *more* important than design in determining the quality of patient care. Their responses were broadly split into two categories:

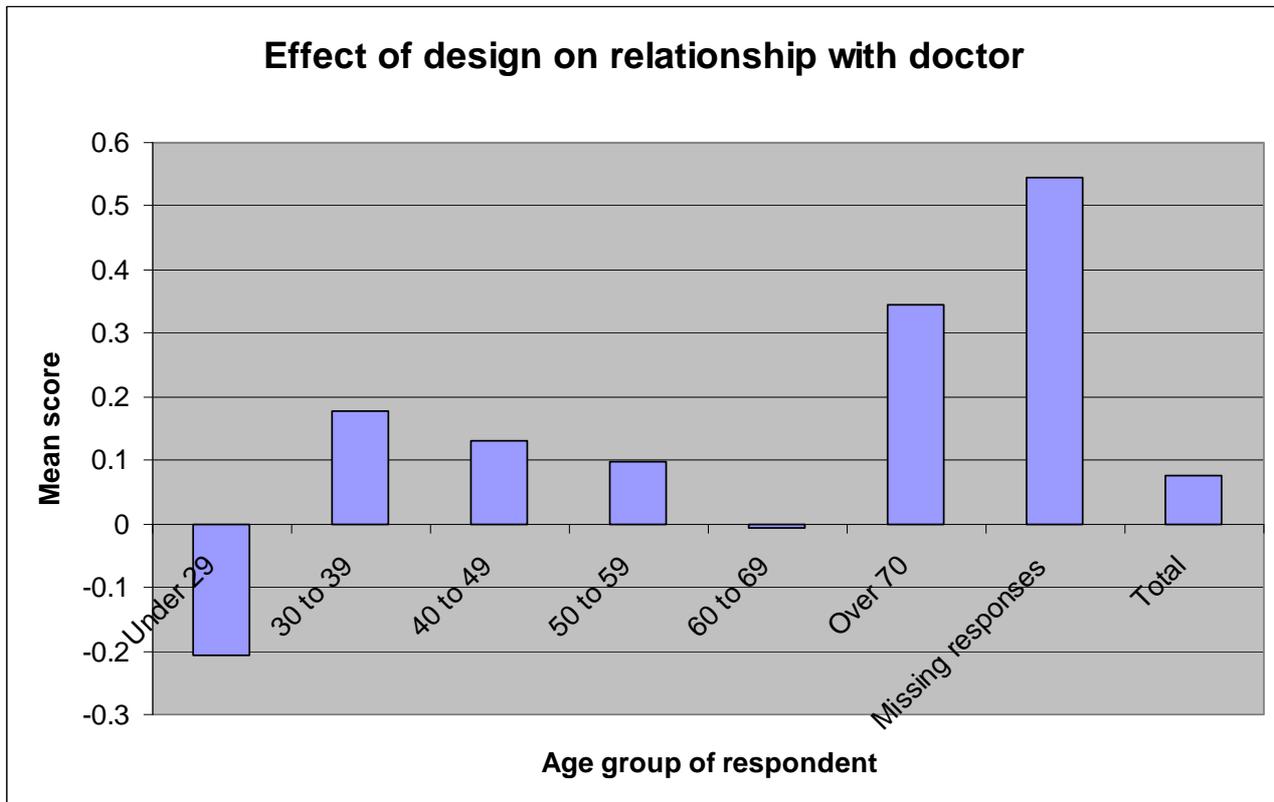
- those relating to the skills of staff, such as being able to communicate well with patients and provide good clinical treatment
- those relating to the ability to access appropriate services when needed such as,
 - patient friendly opening hours and appointment booking systems
 - a broad range of effective services and treatments.

Five patients said that good design *was not important* at all and that:

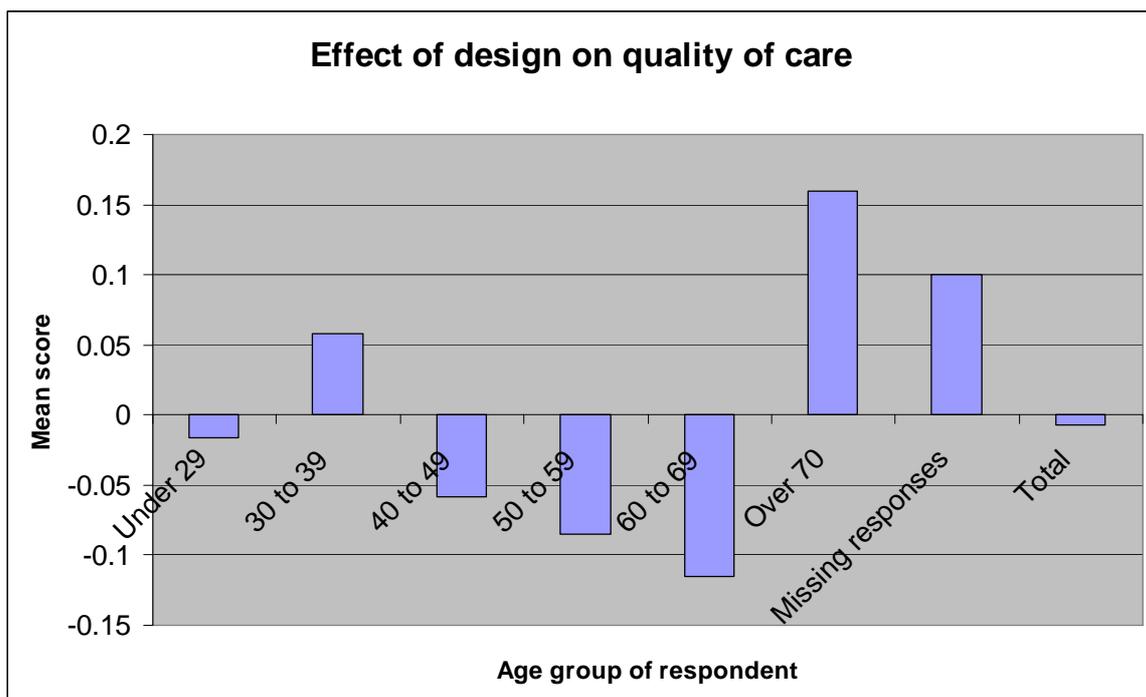
- getting an appointment when needed was what was important and that,
- money should be spent on patient care, not on design.

Variations by age, sex and practice location

In order to explore variations in patients response to the questions about the impact of design on their relationship with the doctor and the quality of care, responses were converted into a mean score (based on 'yes' = 2, 'somewhat' = 1 and 'no' = 0). The chart below shows the results of this applied to the first of the questions.



The chart shows that older patients (aged over 70) were the most likely to think that design impacted on their relationship with their doctor and patients in the youngest age group were least likely to think this. The chart below shows the responses for patients of different age groups to the second question regarding the effect of design on quality of care.



This chart shows, once more, that patients aged over 70 are more likely to think that design has an impact on quality of care, as are patients in their thirties. However, patients in all other age groups were more likely to think that design did not impact on quality of care.

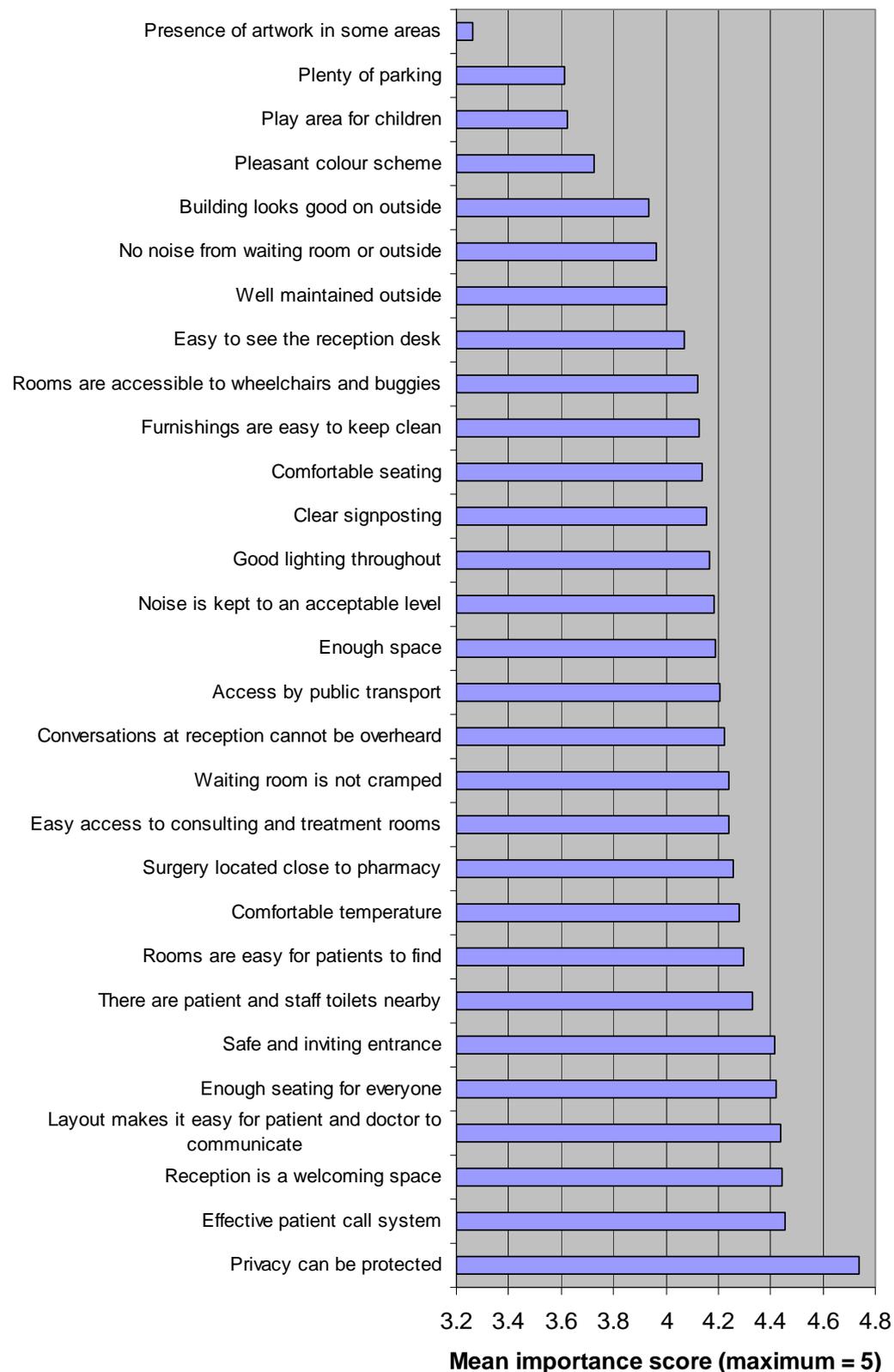
Variations by sex and practice locality

There was very little difference between the views of men and women in their responses to these questions about whether design impacted either on their relationship with the doctor or on quality of care. Patients from practices in areas of higher deprivation were slightly less likely to see design as having an impact on the relationship with the doctor and quality of care. These differences were not statistically significant.

9.6 Overview of patient views of surgery design

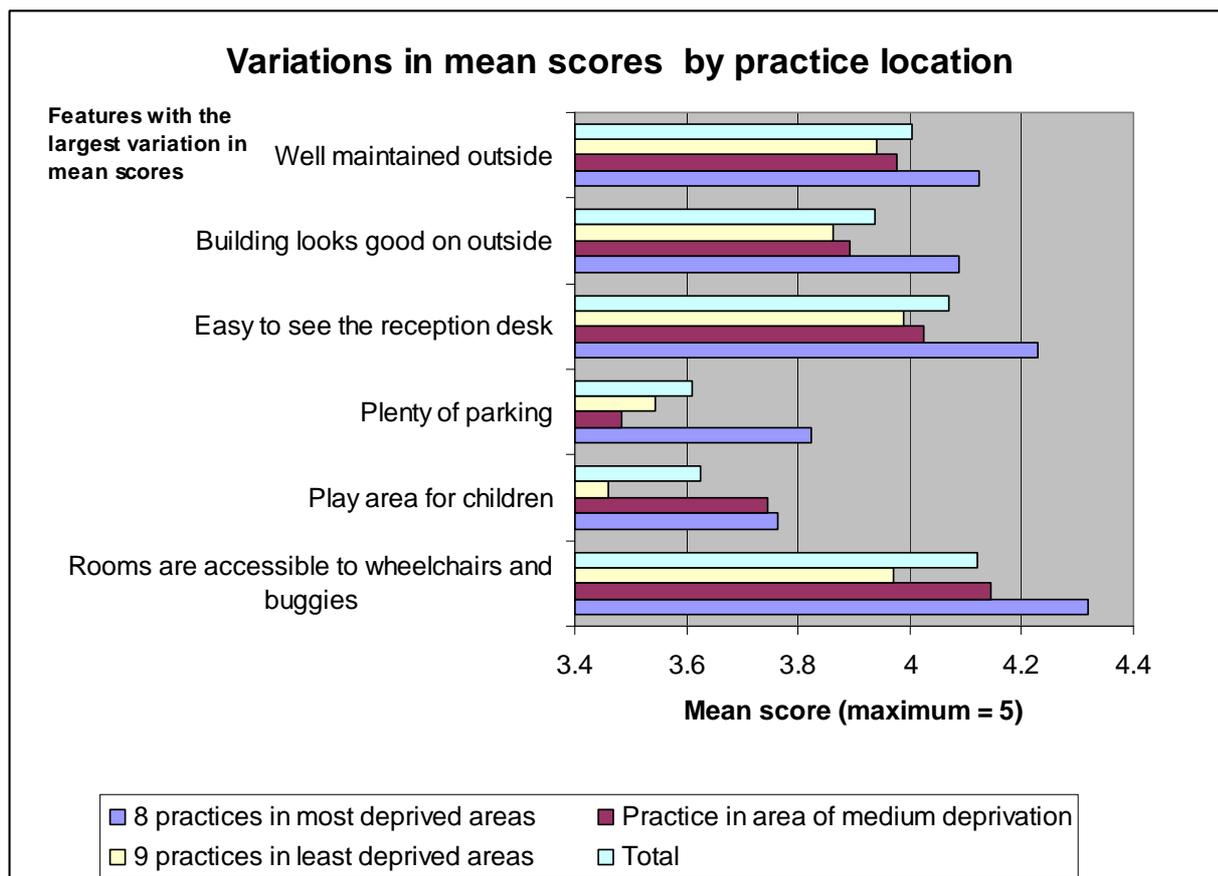
The chart on the following page shows the mean importance scores for the design features on which patient views were obtained in the questionnaire. This gives an idea of the relative importance of some different aspects of the building.

All aspects of surgery design



Variations by practice location

With just one exception (furnishings are easy to keep clean) patients at practices in the most deprived areas placed more importance on all features of design than did patients at practices in areas that were least deprived. They also placed more importance on all but four features, than did patients at the practice in the mid-range of the index of deprivation. The chart below shows the difference in mean scores for the six features where there was the highest degree of variation between patient's responses by practice location.



The patient comments reported above give further insight into the sort of things that patients liked to see in surgery design. There were an additional thirty general comments that confirmed aspects of the surgery that were important to patients:

- twenty three wrote general positive expressions of satisfaction with the design of their own surgery including:
 - it is well designed for all
 - the layout is good
 - the position is perfect
 - it is so much better than before
 - it's excellent / clean / bright / light / comfortable / well maintained.
- seven comments expressed dissatisfaction with aspects of the design of their own surgery:
 - needs repair or repainting (four comments)
 - layout could be improved
 - it's gloomy

- environment could be less clinical.

9.7 Patient comments about surgery design

Four hundred and four patients made comments in the space provided at the end of the questionnaire, including:

- 338 comments about surgery design
- 25 comments about the survey itself
- 143 comments which were not about surgery design, or with too little detail to allow analysis.

More than three hundred comments relate to aspects of surgery design and are reported in the relevant sections of the report above, including:

- 247 comments indicating the perceived importance of the design of specific aspects of the building:
 - 32 related to the outside of the building
 - 124 about the reception or waiting areas
 - 11 about the design of the consulting or treatment rooms
 - 80 related to specific aspects of interior design of the whole building.
- 30 comments indicating features of their own surgery that patients perceive as important, confirming many of the points made in relation to specific parts of the building, such as:
 - an appropriate location
 - design and layout to meet the different needs of the many users of the building, both staff and patients, older and younger people and people with a range of disabilities
 - well maintained and in a good state of repair
 - clean / bright / light / comfortable
- 24 comments that good surgery design was generally important
- 32 comments that while good surgery design was preferable, it was not the most important factor determining the quality of patient care
- 5 comments that good design *was not important* at all.

Comments about the survey

Twenty five people commented on the survey itself:

- 5 made positive comments, saying they were pleased the work was being done and they hoped to see the findings put into practice
- 1 queried the place of the survey in SHA practice on surgery development
- 19 people made negative comments about the survey:
 - 10 said the questions were all equally important / commonsense / obvious / meaningless
 - 6 said the money would be better spent on other things, such as patient care; 1 said the survey was a 'waste of money'
 - 5 said an A5 reply paid envelope should have been used, rather than the A4.

Comments about staffing and service delivery issues

Patients also wrote other comments, not explicitly about surgery design, which have not been reported above, including:

- 98 comments that were about aspects of the service at the patients' own surgery that was not specifically to do with the design of the building

- 22 positive comments about the patient's own surgery without giving any detail
- 17 people wrote they had no comments and the meaning of three comments was unclear
- 3 just wrote 'thank you'.

The 98 comments not specifically to do with the design of the building, included:

- 5 saying they were happy with their own practice because of the quality of care provided, without giving any detail
- 58 about the importance of skilled staff
- 37 related to improvements in other aspects of service delivery.

The 58 comments about staff

All referred to the importance of good communication skills:

- 35 comments were specifically about receptionists
 - there were many complaints about receptionists
 - all stressed the importance of them being polite, friendly and sensitive to patient needs
 - one patient suggested more male receptionists were needed
- 21 comments were about doctors, again stressing the importance of their ability to communicate effectively with patients
- There were 20 positive comments about the communication skills of staff in general and four about nurses; there was just one negative comment about a member of staff involved in baby care.

The 37 patients who commented about aspects of service organisation

Most made suggestions for improved access to appointments, which included:

- 16 patients said it should be easier to arrange an appointment when they needed to:
 - surgeries should have longer opening hours and open on Saturdays
 - fairer appointment systems were needed
- 2 patients said it should be easier to arrange an appointment with their doctor of choice and 1 said that doctors at the surgery changed frequently with no information
- 3 patients suggested ways in which access could be improved
 - charging patients who did not keep their appointment
 - increasing the number of doctors to ensure a fairer workload
- 7 people complained about difficulties contacting the surgery by phone, either to make an appointment or to obtain advice
- 2 patients suggested more receptionists would improve access by phone and in person
- 2 patients complained of long waits when appointments were running late and another two said that in this context, the rule whereby late arrivals had their appointment cancelled was unfair.

Other comments included:

- 3 suggestions for improvements to existing services such as:
 - faster diagnosis and better referral
 - better communication between hospital and GP
- 6 suggestions for new services such as:
 - repeat prescriptions by phone or fax
 - Extra baby day
 - dental facilities
 - weight loss clinic / Yoga classes
 - a box outside the clinic for communication in emergencies.

10 Staff survey

This section of the report sets out the findings of analysis based on questionnaires returned by 212 staff. Details of the sample are contained in Section 12.

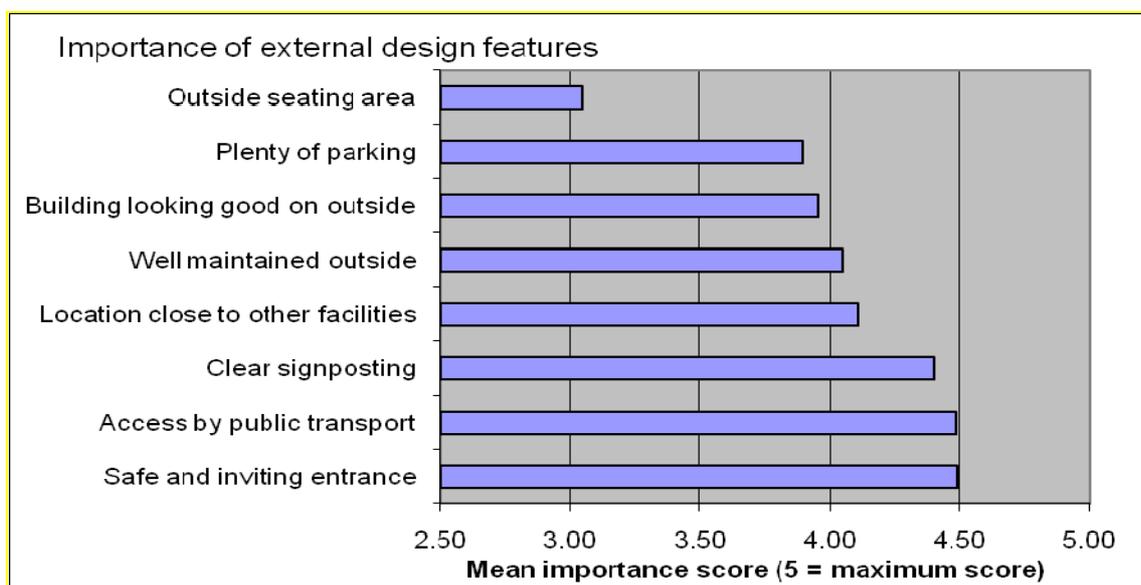
Results are reported here in eight main sections which relate to the different sections of the staff questionnaire:

- in five sections participants were given a list of seven to ten features relating to various aspects of surgery design and asked two questions about each aspect:
 - the importance of each factor, on a five point scale from 'very important' to 'not important at all'. The results of analysis of the mean scores for each factor are presented in five sections below.
 - to indicate, in each section, which of the features listed were most important to them.
- the sixth section covers the impact of design on staff working practices and job satisfaction.
- the seventh section relates to beliefs about the impact of surgery design on patient care.
- the eighth section reports open ended comments.

Response variations by age, sex and job role are reported in each section.

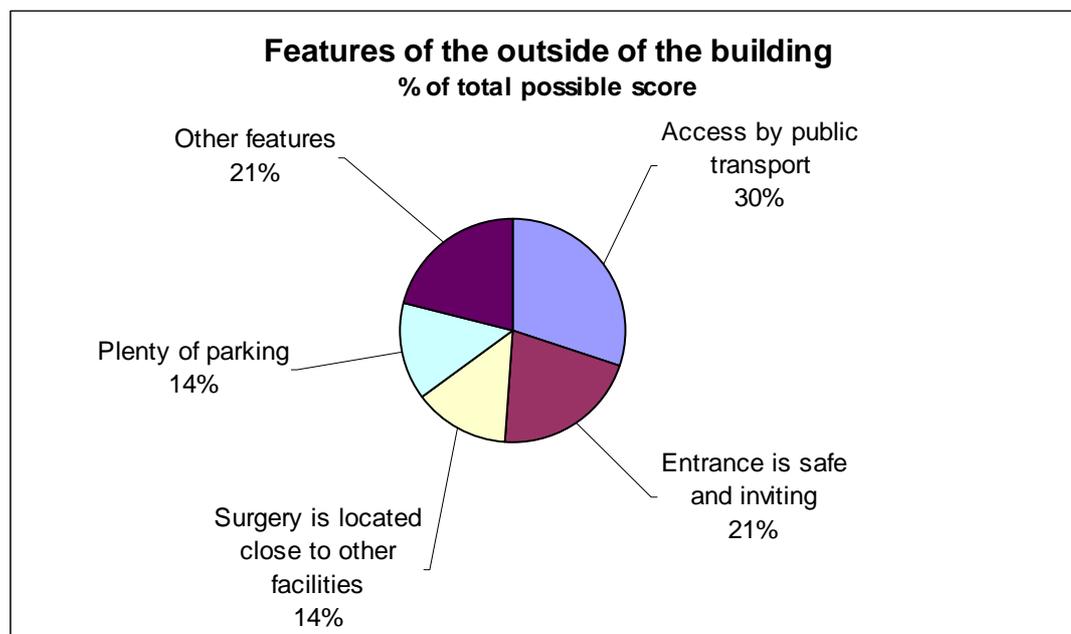
10.1 Staff views of the outside of the building

The chart below shows that staff prioritised three aspects of the outside of the building: access by public transport, a safe and inviting entrance and clear signposting. Overall, staff attributed the least importance to an outside seating area.



The second question on the outside of the building asked staff to indicate which of the eight features was most important to them and then second and third most important. The chart below shows the results of responses to this question and indicates:

- access by public transport emerged as a clear priority for staff
- a safe and inviting entrance to the surgery emerged as a clear second priority for staff
- location close to other facilities was the third priority.



Other areas of concern

- **Parking:** a small proportion of staff regarded plenty of parking as the most important feature of the outside of the building.
- **Clear signposting** was generally thought to be 'very important' or 'important', but did not feature highly in staff's choices of features that were most important.
- **Seating:** there was a good deal of consensus that an outside seating area was the lowest priority of the eight features mentioned.
- **The maintenance and appearance of the exterior of the building** were also seen as relatively low priorities by all staff.

Variations by age, sex and job role

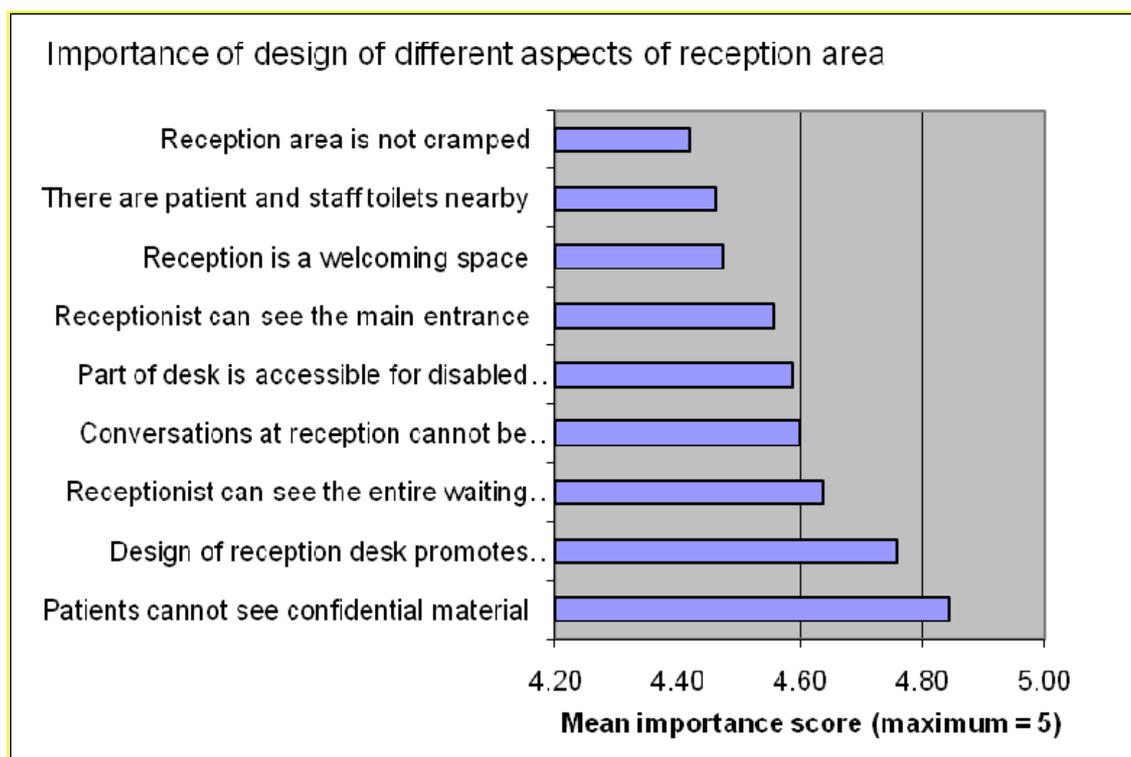
- There were some small differences in the relative priorities of clinical and non-clinical staff, however these were not statistically significant.
- There were some significant differences between staff in different age groups:
 - staff under 30 years gave less importance to access by public transport and more to plenty of parking and were also more likely to see a safe and inviting entrance as less important than older age groups
 - staff aged over 60 years gave more importance to the maintenance and appearance of the outside of the building, than those in younger age groups.
- Some of the widest variations in terms of perceived importance of different features were those between men and women. Women regarded the following features as significantly more important:

- the location of the surgery close to other facilities
- the importance of a safe and inviting entrance .

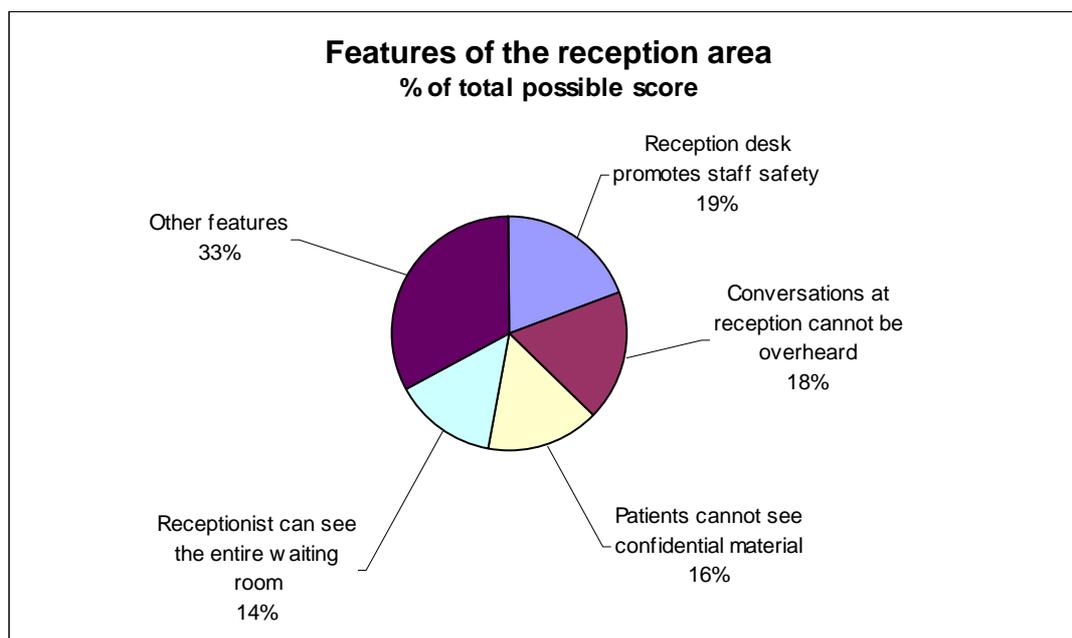
10.2 Staff views of the design of the reception area

The chart below shows staff prioritised four aspects of the design of the reception area:

- patients cannot see confidential material
- the design of the reception desk promotes staff safety
- conversations at reception cannot be overheard
- the receptionist can see the entire waiting area.



Analysis of the second question in this section (first, second and third most important features of the design of the reception area), confirmed the importance to staff of the same four features as indicated by the first part of the question (importance score), as shown in the chart below.



Variations by age, sex and job role

- There were some marked variations in the relative importance placed on different aspects of the design of the reception area between different age groups:
 - people over the age of 60 placed higher overall importance on most features of the reception design than those in younger age groups
 - the reception area not being cramped was the only feature on which people under the age of 40 placed more importance than those in the older age groups
 - staff across all age groups placed a similar high level of importance on the design of the reception desk promoting staff safety.

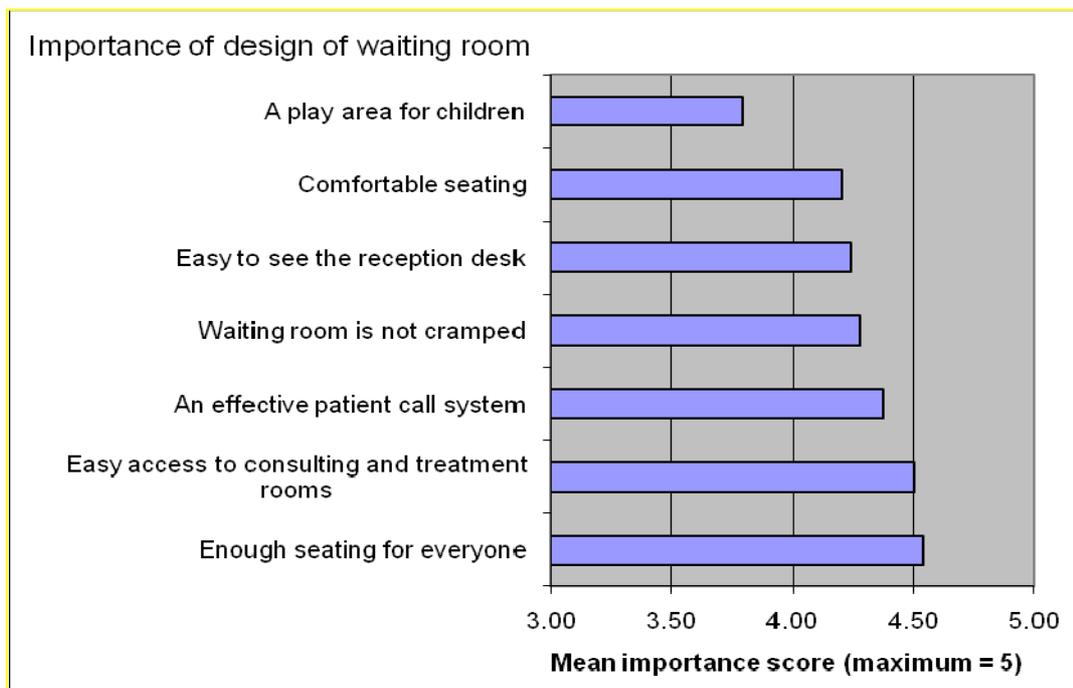
- There were some marked differences in the relative importance placed on aspects of the design of the reception area by men and women:
 - women placed more importance on all features
 - women were significantly more likely than men to regard it important that:
 - there are patient and staff toilets nearby
 - conversations at reception could not be overheard
 - reception is a welcoming place
 - the reception area is not cramped .

- Non-clinical staff awarded higher importance to all features of reception design than did clinical staff:
 - there were statistically significant differences in three of the features where variations have already been identified between male and female staff
 - there was however some degree of consensus that reception should be a welcoming place
 - the greatest areas of consensus were around part of desk being accessible to disabled patients, patients not being able to see confidential material and the receptionist being able to see the main entrance.

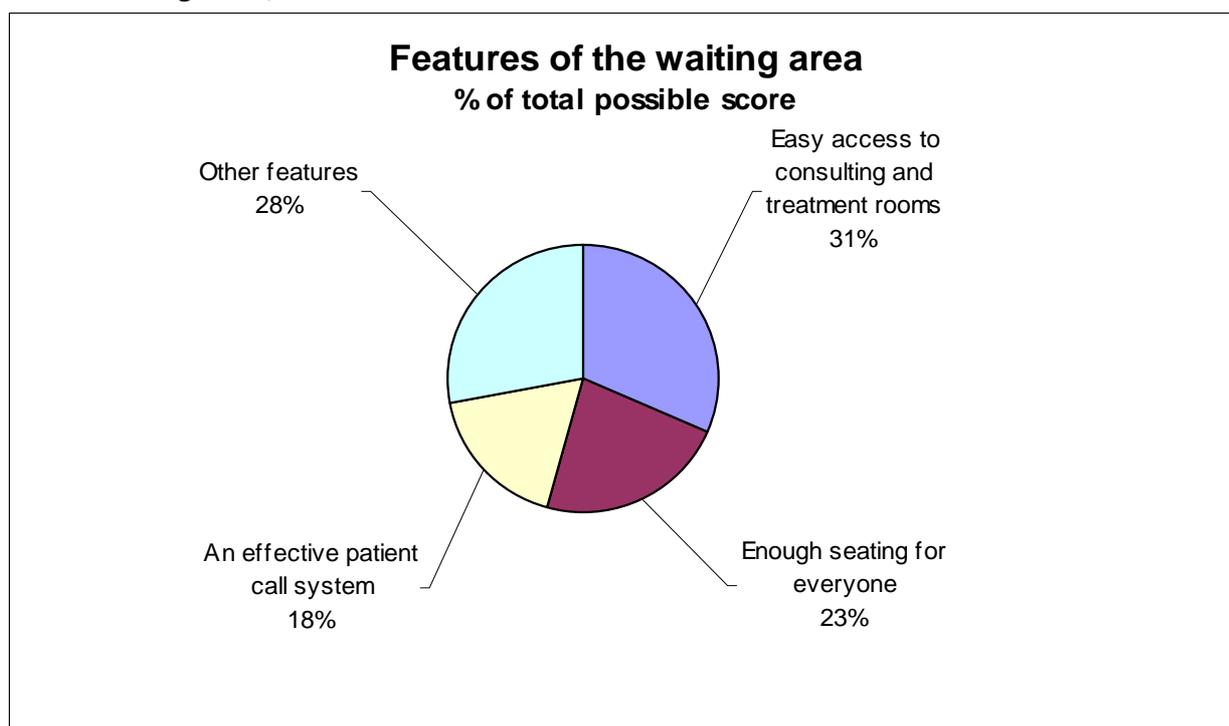
10.3 Staff views of the design of waiting rooms

The chart below shows that staff prioritised two aspects of the design of the waiting area:

- enough seating for everyone
- easy access to consulting and treatment rooms.



Analysis of the second part of the question confirms staff priorities in terms of the design of the waiting area, as shown in the chart below.



Variations by age, sex and job role

Women placed more importance than men on the design of all features of the waiting area. These differences were statistically significant in respect of:

- a play area for children
- the waiting area not being cramped
- enough seating for everyone
- an effective patient call system
- there was most consensus over it being easy to see the reception desk.

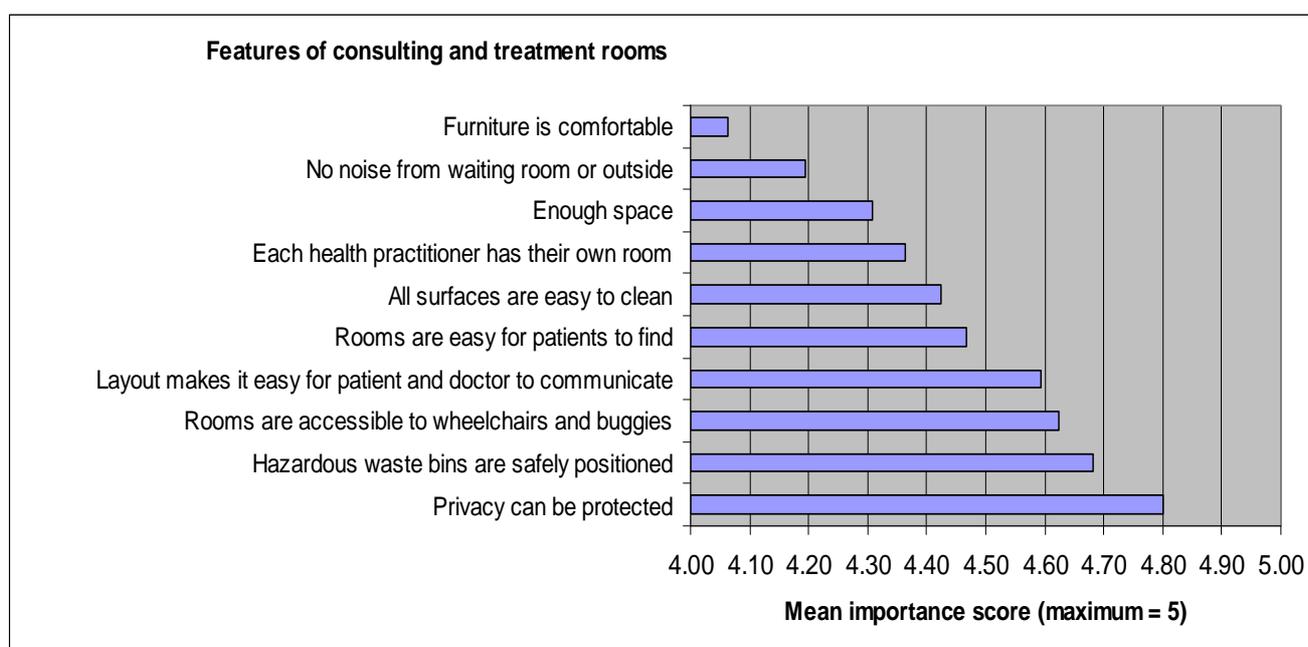
Non-clinical staff placed more importance than clinical staff on the design of all features of the waiting area, with the exception of a play area for children on which there was a consensus. These differences were statistically significant for all features other than enough seating for everyone and most marked ($p=.001$) in terms of:

- the waiting room not being cramped
- it being easy to see the reception desk
- an effective patient call system.

10.4 Staff views of the design of consulting and treatment rooms

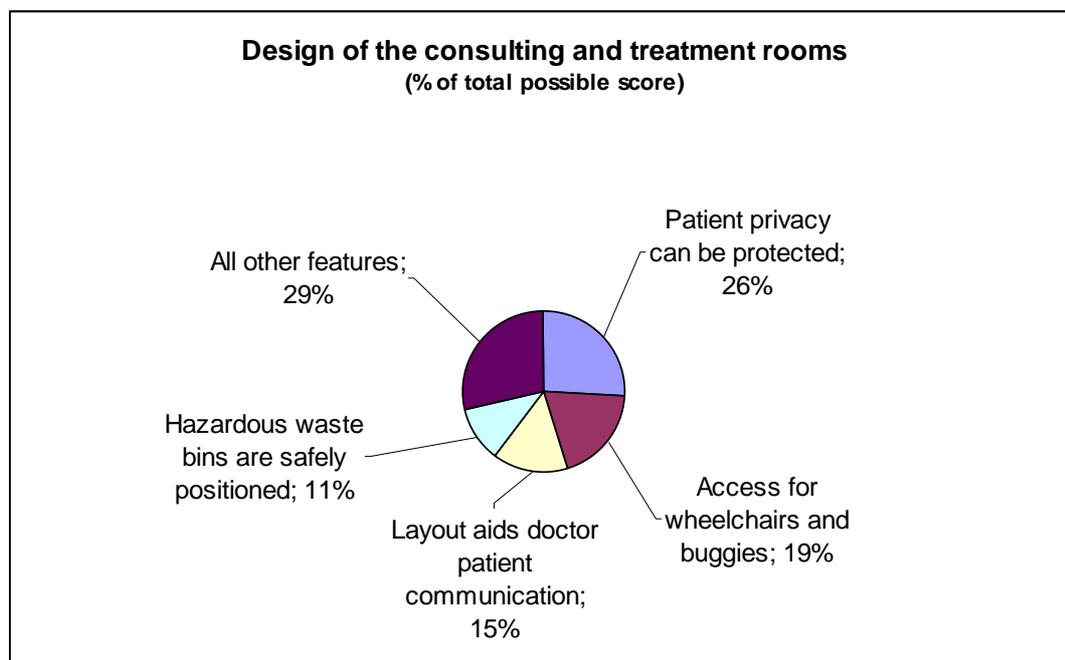
The chart below shows protection of privacy emerged as a clear priority for staff in the design of consulting and treatment rooms. Three other features were priorities to a lesser degree:

- positioning of waste bins for hazardous material
- access to rooms for wheelchairs and buggies
- room layout conducive to good communication between doctor and patient.



Analysis of the second question in this section (first, second and third most important features of the design of the reception area), confirmed the importance to staff of the

same four features as indicated by the first part of the question (importance score), as shown in the diagram below.



Variations by age, sex and job role

Women placed more importance on all features of the consulting and treatment rooms than did men. These differences were statistically significant in respect of:

- each health practitioner has their own room
- rooms are easy for patients to find
- hazardous waste bins are safely positioned.

There was most consensus over rooms being accessible to wheelchairs and buggies.

Non-clinical staff placed more importance on all features than clinical staff, apart from protection of privacy and enough space. They were significantly more likely to see the following as important:

- each health practitioner has their own room
- all surfaces are easy to clean
- rooms are easy for patients to find .

There was most consensus between staff with different job roles over the consultation not being disturbed by noise from outside.

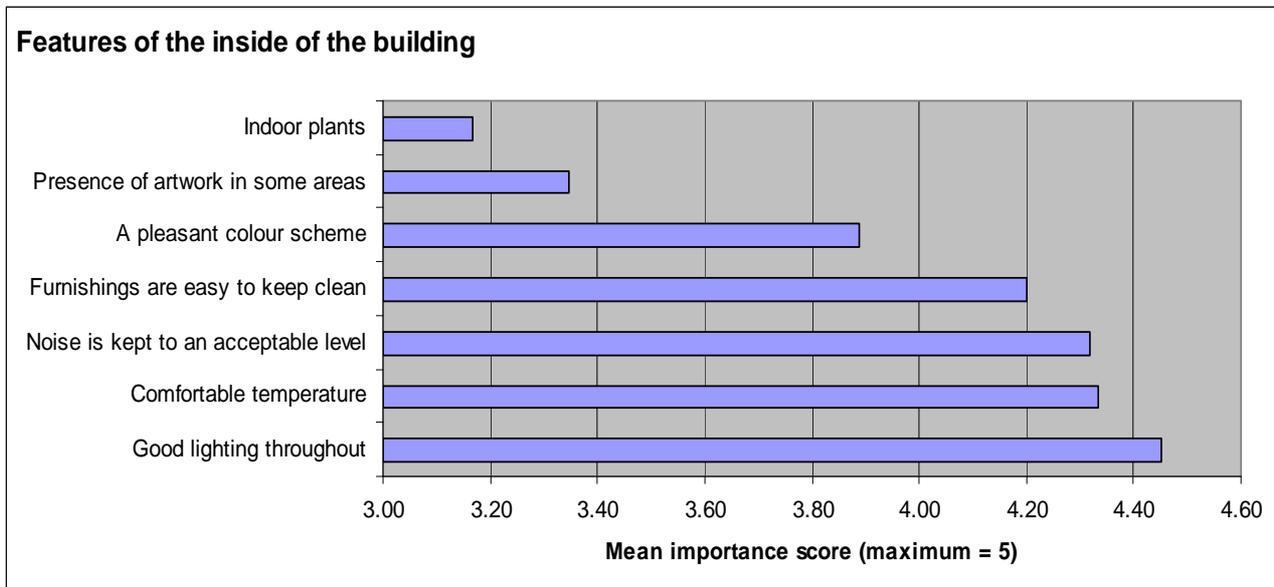
Older staff (aged over 60) placed more importance on all features of the consulting and treatment rooms, apart from the safe positioning of hazardous waste bins and all surfaces being easy to clean, which younger people saw as marginally more important than those in the oldest age group. Only two of the variations were statistically significant:

- rooms are easy for patients to find
- each practitioner has their own room .

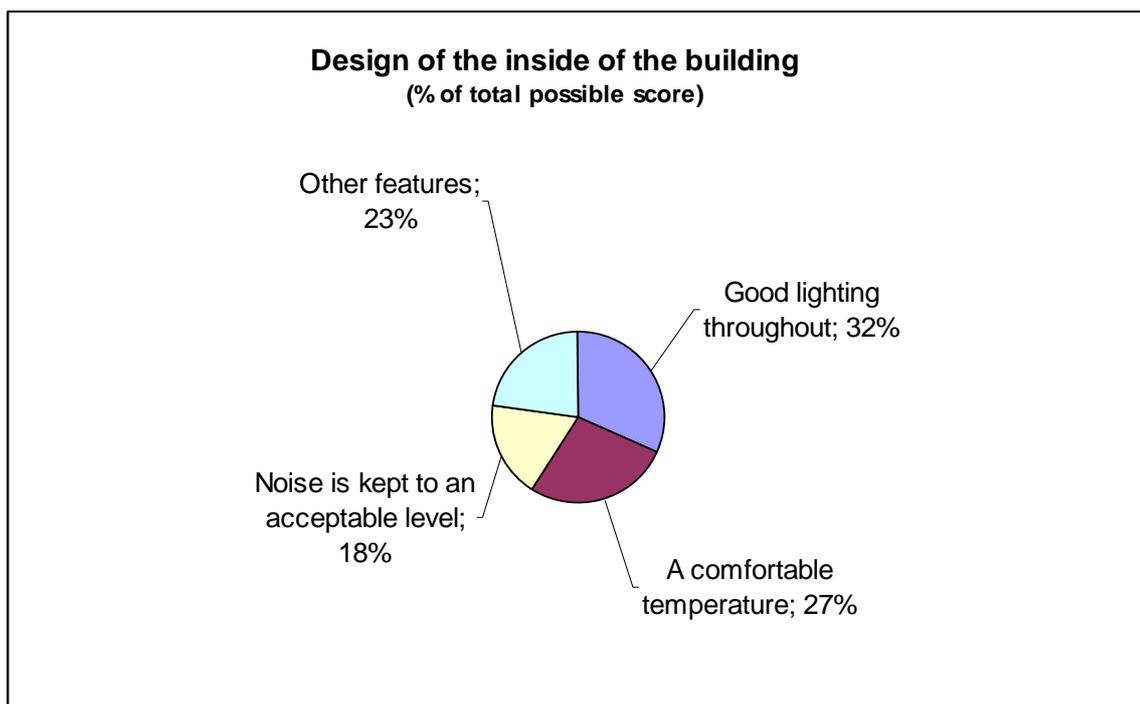
There was most consensus around there being enough space.

10.5 Staff views of the design of the inside of the building

The chart below shows that good lighting emerged as a clear priority for staff in the design of the inside of the building. A comfortable temperature and low noise levels were also high priorities.

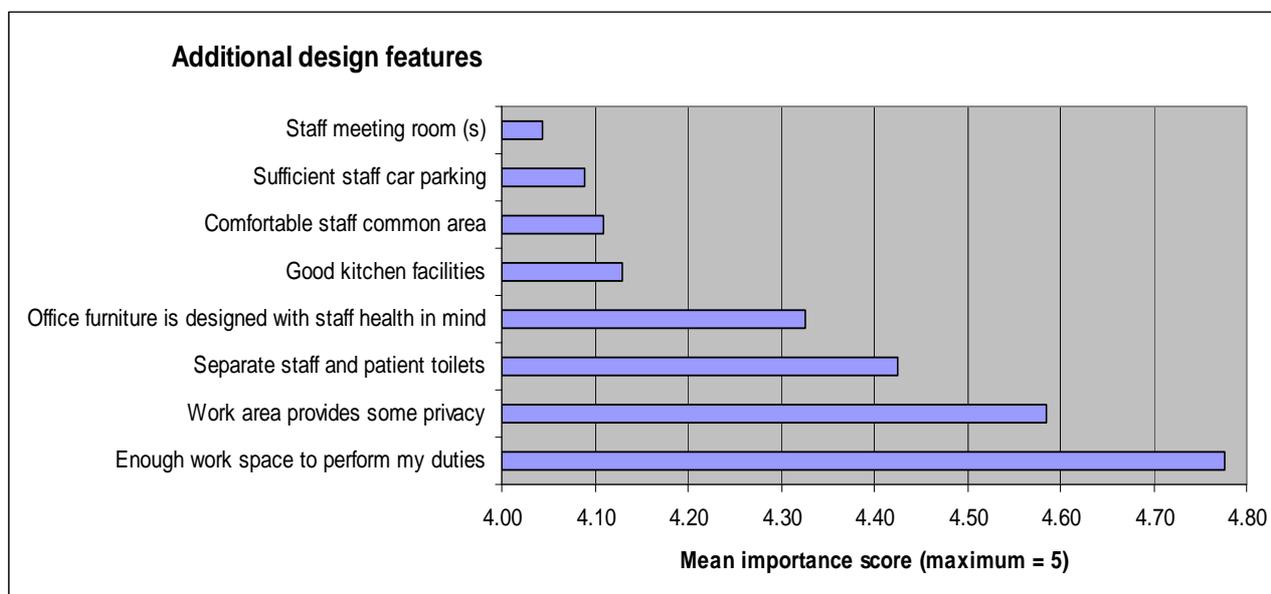


Analysis of the second question in this section (first, second and third most important features of the design of the inside of the building), confirmed the importance to staff of the same four features as indicated by the first part of the question (importance score), as shown in the diagram below.

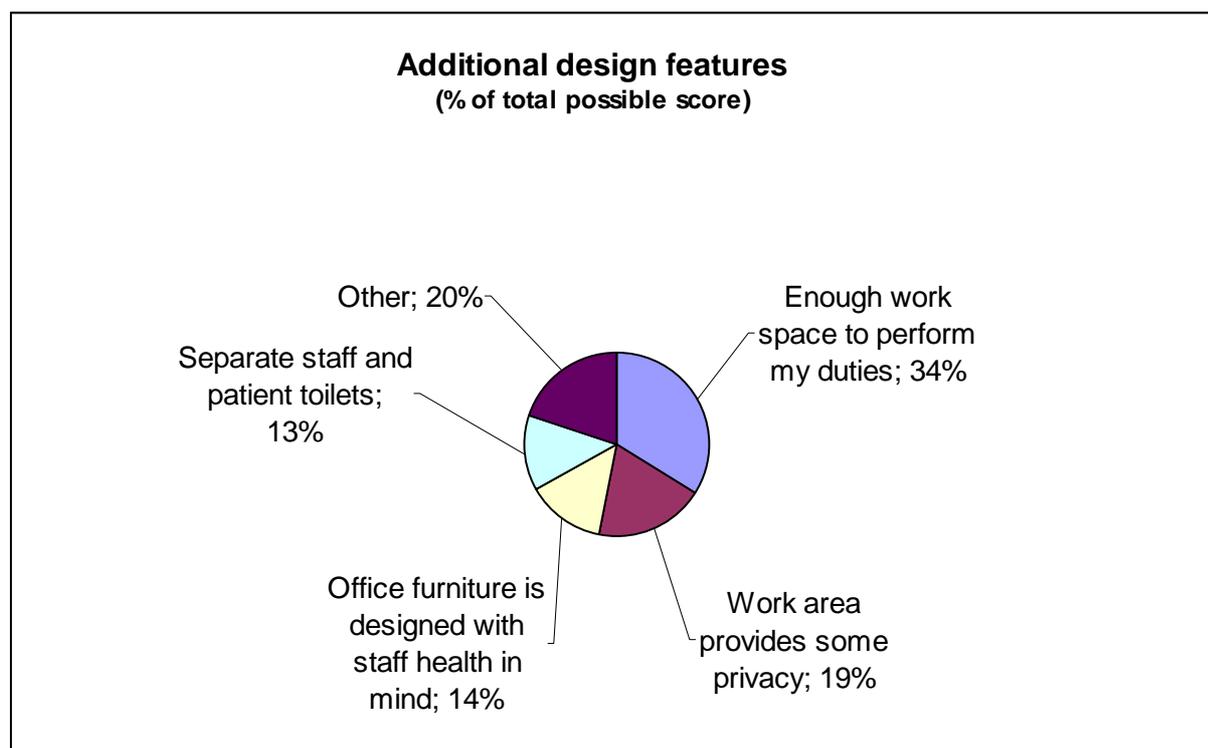


10.6 Staff views of additional design features

The chart below shows that sufficient work space was a clear priority for staff. Other priorities amongst these features were privacy, separate toilets for staff and patients and ergonomically designed furniture.



Analysis of the second question in this section (first, second and third most important additional design features), confirmed the importance to staff of these same four features, as shown in the diagram below.



Variations by age, sex and job role

- Staff in non-clinical roles saw most aspects of design in this section as more important than did those in clinical roles, though to a statistically significant degree only in respect of there being separate staff and patient toilets .
- Clinical staff only placed more importance on having a staff meeting room and on the work area providing some privacy; the latter difference was statistically significant .

Female staff saw all features in this section as more important than did male staff; the differences were significant in respect of:

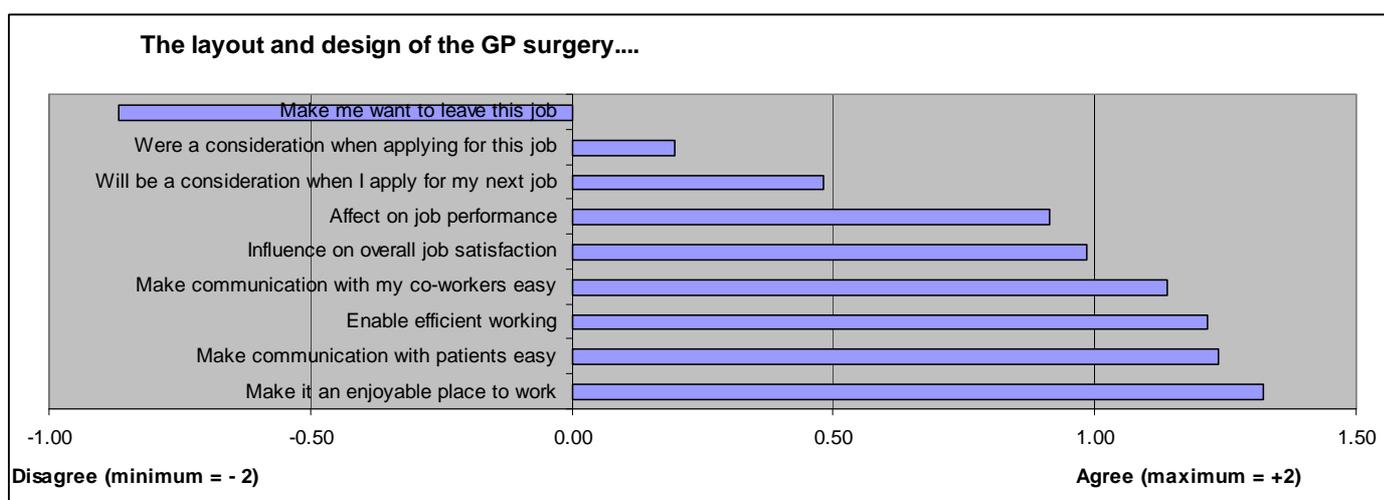
- good kitchen facilities
- enough work space to perform my duties
- separate staff and patient toilets
- comfortable staff common area.

Younger staff (aged under 30) saw most features in this section as more important than those aged over 60. None of these differences were statistically significant. Older staff saw three aspects as more important:

- enough work space to perform my duties
- work area provides some privacy
- staff meeting room.

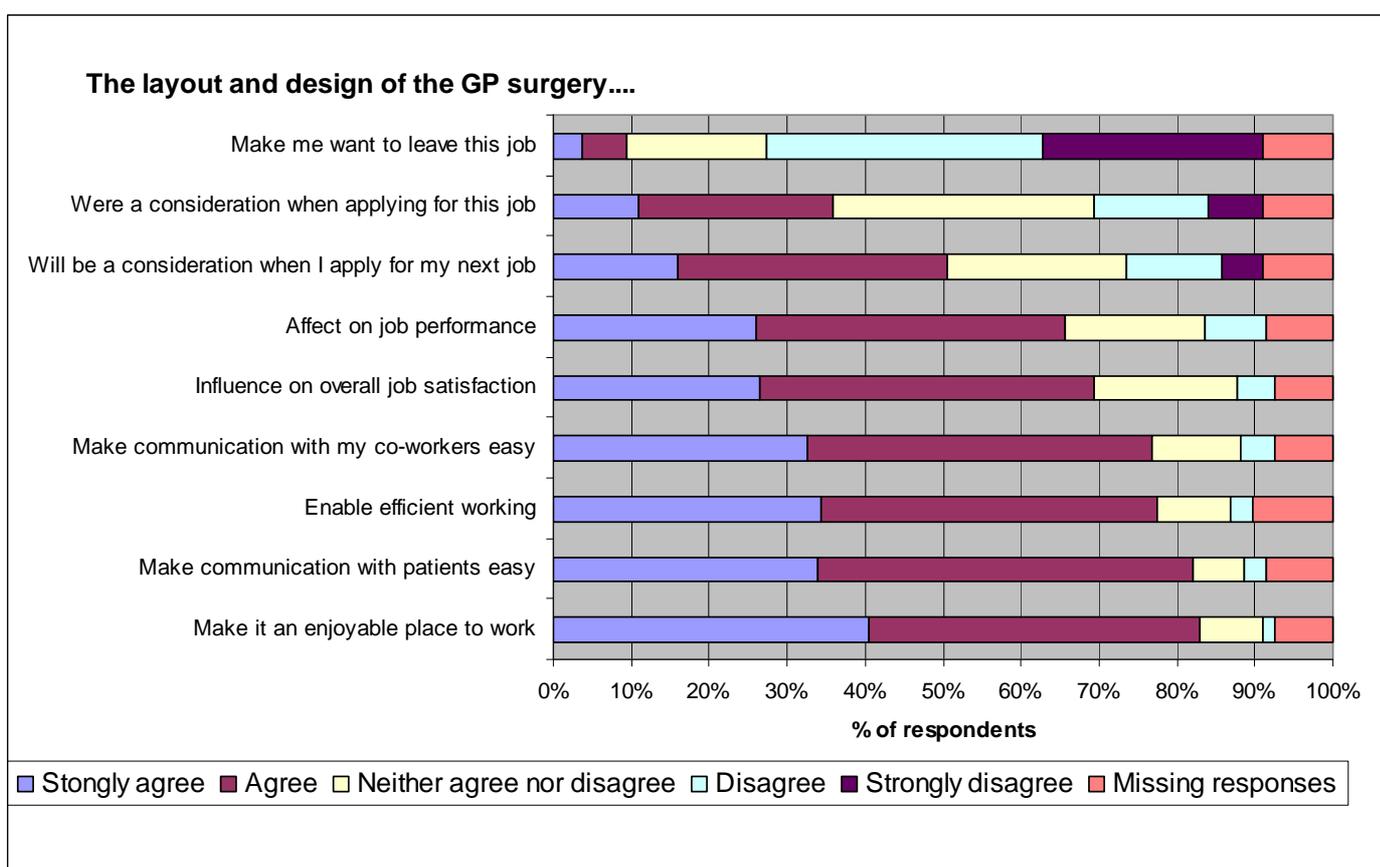
10.7 Influence of design on job satisfaction and patient care

Staff were asked to indicate on a five point scale, the extent to which they agreed with nine statements about the impact of the layout and design of the surgery on aspects of their job satisfaction or ability to do their job. Their responses to this question are illustrated in the chart below, which shows the mean level of agreement/disagreement to each statement. It can be seen that staff agreed with all statements, except that surgery design made them want to leave their current job.



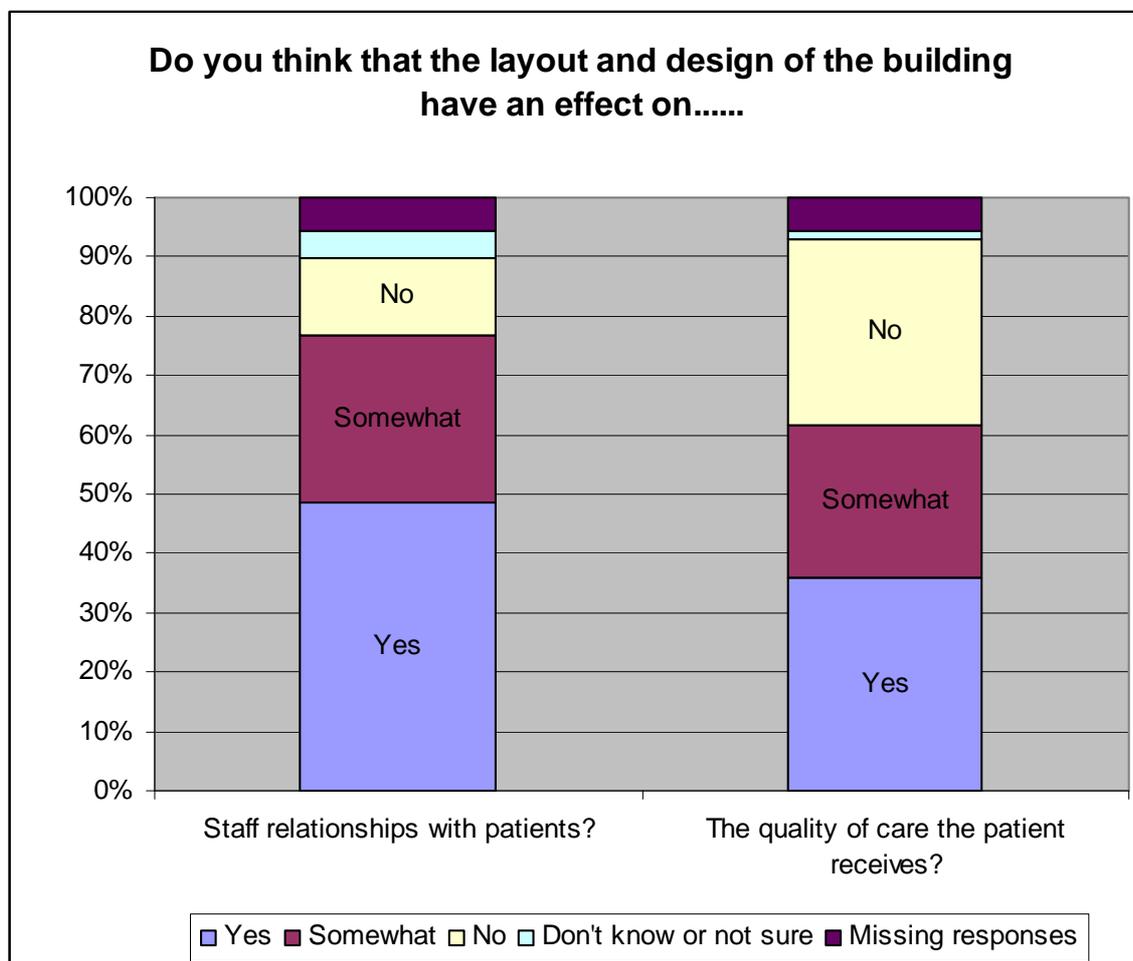
In summary:

- more than 80% of staff agreed that the surgery design made it an enjoyable place to work and that it made communication with patients easier
- more than three quarters (77%) agreed that the design enabled efficient working and made communication with co-workers easier
- a high proportion of staff also believed that design influenced their overall job satisfaction (69%) and their job performance (66%)
- half of all staff said that design would be a consideration when they applied for their next job. On the other hand, only 36% said it was a consideration when they applied for their present job
- a small number said that the surgery design made them want to leave their current job.



Overall effect of design on staff relationships with patients

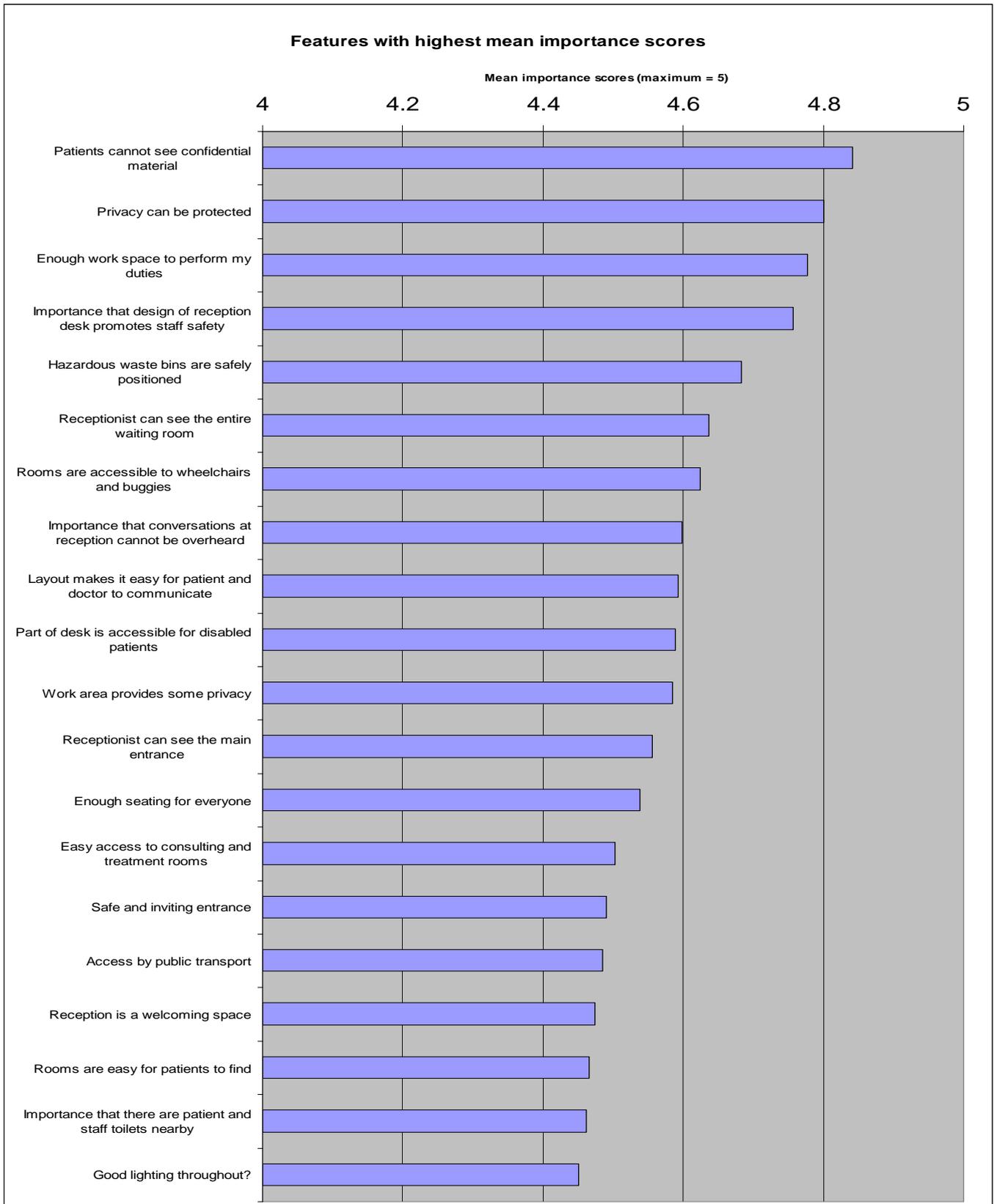
Staff were asked two questions about the extent to which surgery design impacted on patient care. The chart below shows staff responses to these two questions.



More than three quarters of all staff (77%) felt that the design and layout of the building affected their relationships with patients to some extent. Fewer staff felt that surgery design affected the quality of care the patient receives (62%) and many more stated that it definitely did not have an impact on quality of patient care (31% compared to 13% who said it did not affect staff relationships with patients).

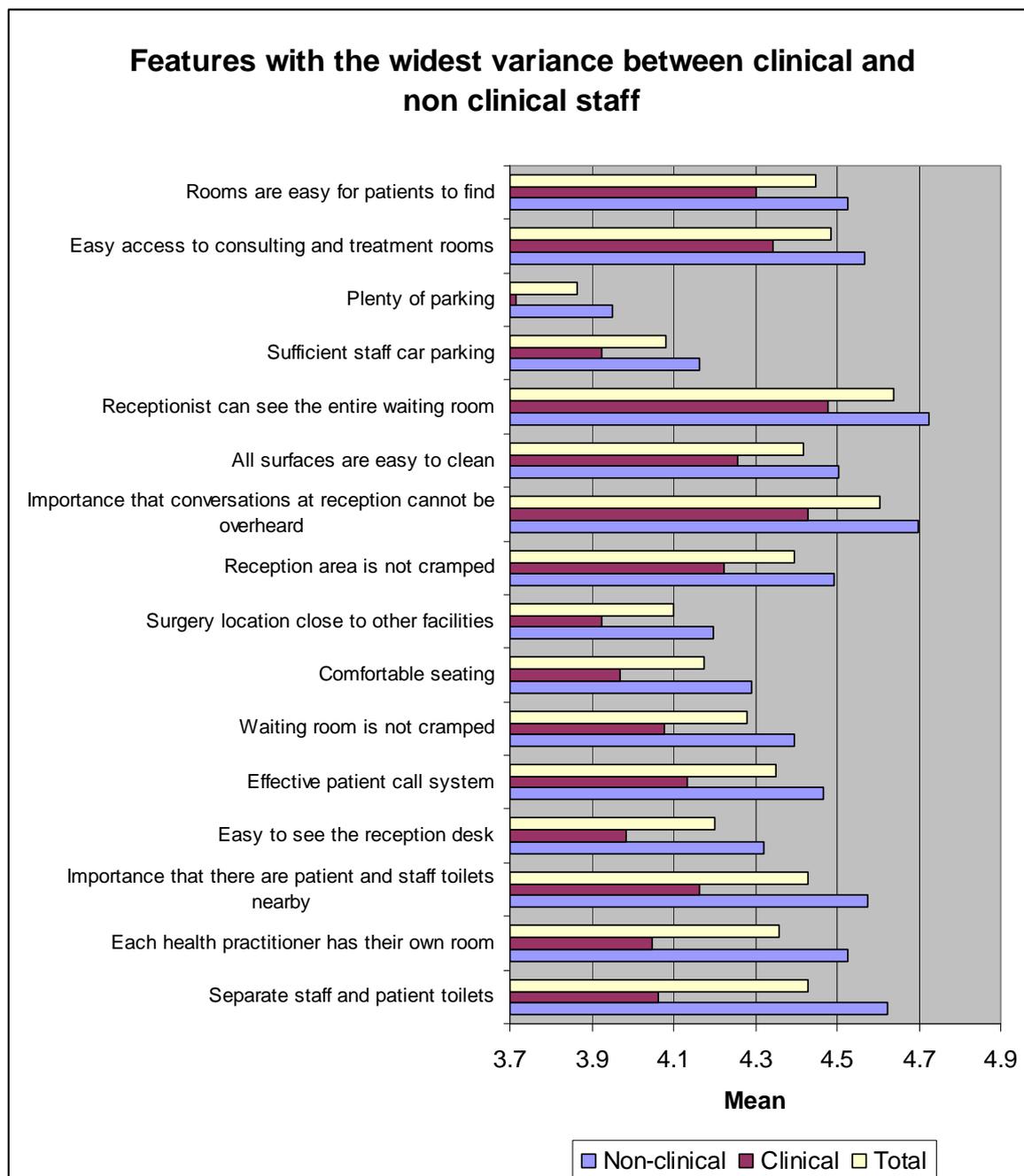
The chart below shows the result when staff responses to these two questions are converted into a mean score (ie where yes=+2; somewhat=+1; don't know=0 and no=-2). It can be seen that staff are more than twice as likely to think that design affected their relationship with patients as to think that design affected the quality of care patients receive. More clinical than non-clinical staff thought that design affected both their relationship with patients and the quality of care patients received.

10.8 Summary of staff views of all design features



Variations by job role

Non clinical staff thought that most of the 49 features listed above were more important than did clinical staff ie they were more likely to say a feature was 'very important' than 'important'. The chart below shows the difference in the mean importance scores for clinical and non-clinical staff, for those features where there was the greatest difference. The features are in order of the size of the variation, with the widest variation at the bottom of the chart.



10.9 Staff comments on the design of GP surgeries

Thirty staff made additional comments in the space provided at the end of the questionnaire which are summarised below.

Sufficient, purpose built, dedicated space

The most frequently mentioned aspect of design was the need for more rooms, both to provide existing services more effectively and/or safely, and to provide a wider range of services (eight comments):

- private space for non-clinical work
- dedicated, purpose built treatment, consulting and therapy rooms
- rooms for both individual consultations and group work with patients
- space for filing records and paperwork
- separate staff toilets
- staff common room and lunch area
- seating outside for staff
- good temperature control such as air conditioning.

In contrast, two people indicated that they preferred a surgery location in smaller, non-purpose built premises such as converted houses:

- one suggested this was more “friendly, accessible and personal”
- another that the expenditure required to develop new, purpose built premises was “ridiculous”.

Two people commented negatively on their current surgery design:

- one said it was “dirty” and “not a nice place to work”
- the other said the surgery was far too small.

One person said they would like to see paintings in the surgery and not electronic images.

Environmental sustainability

- One person commented on their own surgery’s good practice of doctors cycling to work and encouraging patients to cycle to the surgery.
- Two people mentioned the need for any redevelopment to be environmentally sustainable:
 - provision for cyclists such as bike racks and showers
 - good temperature control that does not rely on air conditioning.

Design for the needs of many different people, including those with a disability

- One person said any new development needed to meet the need of a wide range of people who might use the building including staff and patients ranging widely in age and some of whom would be very sick.
- One person specifically mentioned the need for any new development to take the views of staff into account, another mentioned the importance of considering staff safety.
- The importance of disabled access was mentioned by one person and another said they thought that disabled access in general was very good.

Parking

Three comments referred to the importance of parking:

- one for both patients and staff
- one for staff to aid recruitment and retention
- one for staff who needed to transport emergency equipment.

General views of surgery design

- Two people wrote that although design was important, other aspects were more important such as:
 - patient care is the priority
 - staffing levels and staff morale
 - sufficient finance to provide services.
- Two other comments related to the importance of good staff such as:
 - good cleaners
 - polite receptionists
 - staff that reflect the BME mix of the local community.
- One commented that expenditure on capital development was important.
- One person wrote they hoped to see results from the questionnaire but two others thought the questionnaire was a waste of money.

11 Comparison of staff and patient priorities

11.1 General views about the influence of design

Most staff and patients see good surgery design as important

Responses to the questions on the impact of design on staff relationships with patients and on quality of care (shown in the chart above), clearly indicate the importance placed by staff on surgery design. Seventy seven per cent felt that the design and layout of the building affected their relationships with patients and 62% felt it affected quality of care. The chart above illustrates that patients are less sure of this issue, but show that more than 50% of patients also thought that design impacted on these issues.

Furthermore, it should be noted that even though staff mean importance scores for almost every design feature was higher than for patients, there was not a great deal of difference between the mean scores given to any feature by staff and patients. On average, the patient mean importance score was 96.5% of the score given to each feature by staff and for the feature with the widest variation (rooms are accessible to wheelchairs and buggies), the patient score was still just over 89% of the mean staff score.

These survey findings confirm the focus group findings that the majority of both staff and patients perceive good design to be important in GP buildings.

Importance of design for job satisfaction, recruitment and retention and patient care

Staff comments at the end of the questionnaire are good indicators of their reasons for placing importance on good surgery design. Eight people mentioned the need for sufficient space to comfortably provide a broad range of effective services for patients; three staff commented on the need for any new development to meet the need of a wide range of people who might use the building including staff and patients ranging widely in age and some of whom would be very sick; three other staff mentioned the importance of environmentally sustainable design.

Twenty four patients wrote specific comments at the end of the questionnaire to the effect that good surgery design was important. These comments fall into two broad categories:

- good design has a positive effect on staff and therefore on patient care
- attractive design makes a patient feel valued and/or relaxed and gives them confidence in receiving good quality care.

These results from the questionnaire support the evidence from the focus groups that good design was regarded by both patients and staff as a determinant of job satisfaction and morale at the surgery and consequently, as a factor affecting quality of patient care. Although patient comments supported the finding from the focus groups that patients were more likely than staff to think that surgery design impacted on patient care, this theory was not strongly supported by other evidence from the survey.

Patients' open ended comments in the survey provided a small amount of evidence to confirm the hypothesis from the focus groups that patients believed that surgery design impacted on job satisfaction and morale at the surgery. Unlike patients, staff were asked directly for their views on this issue and their responses indicate considerable agreement that design affected various aspects of job satisfaction, recruitment and retention. These findings support the evidence from the focus groups that a well designed surgery would ensure good quality staff were recruited and retained.

Some strong views – both staff and patient – that surgery design is not important

A very small number of staff and patients indicated that surgery design was not important to them. For example, in the questions where there was an opportunity to reply that a specific design feature was 'unimportant' or 'not at all important':

- no staff indicated that more than 12 (of all 49) features were 'not important' and just two staff indicated that 10-12 of the features were 'not important'
- no patients ticked 'not important' boxes for more than 14 (of all 29) design features and just 12 patients ticked 10-14 'not important' boxes.

In response to other questions, greater numbers of staff and patients indicated that they did not think that surgery design affected the quality of patient care or the staff/doctor relationship with the patient: 31% and 13% of staff and 40% and 37% of patients, respectively thought design had no impact on either quality of patient care or the staff/doctor relationship with the patient.

Some of the best evidence of the perceptions of a small minority on the low importance of surgery design can be found in the open ended comments written at the end of the questionnaire. For example, seven staff and 32 patients expressed views that although design is important, patient care is the priority. Staff mainly saw this as determined by the quality of staff, staffing levels and staff morale and the availability of sufficient finance to provide services. Patients on the other hand prioritised access to skilled staff and a broad range of services. Five patients commented that good design *was not important* at all and that:

- getting an appointment when needed was what was important
- money should be spent on patient care, not on design.

These survey findings confirm the focus group findings. There was a dominant view in one of the staff groups that staff were more important than design; this view was not expressed in any other staff group but was a minor theme in the three patient groups. There was a minority view in two of the patient groups that access to good medical care was more important than design and that money should not be spent on the latter at the cost of the former.

11.2 Shared perceptions

Staff and patients often prioritise the same features

Patients and staff often indicated that the features of most importance to them were similar. For example, both prioritised access by public transport and a safe and inviting entrance in the design of the outside of the building and in terms of the reception and waiting areas both prioritised design that ensured that conversations at reception could

not be overheard. Both staff and patients clearly prioritised the protection of patient privacy. In terms of design of consulting and treatment rooms and both identified a layout that facilitates good doctor/patient communication as another highly important issue. Again, in terms of other features inside the building, again staff and patients prioritised good lighting, a comfortable temperature and low noise levels.

As was mentioned above, an effective system for calling patients to their appointments was the only feature on which patients placed more importance than staff. It is important to recognise however, that this still emerged as one of staff's main four priorities in terms of waiting room design.

Comparing staff and patient priorities as indicated by the mean importance scores for all design features overall, three of the five features with the highest scores are the same:

- privacy can be protected (both highest mean score)
- consulting/treatment room layout makes it easy for patient and doctor to communicate (forth for both)
- enough seating for everyone in the waiting area (fifth highest for both).

When the ten features with the highest mean importance scores are taken into account, four more features appear in both lists:

- reception is a welcoming space (third for patients and ninth for staff)
- easy access to consulting and treatment rooms (sixth for staff and tenth for patients)
- safe and inviting entrance (sixth for patients and seventh for staff)
- rooms are easy for patients to find (eighth for patients and tenth for staff).

Staff and patients also concur to a large degree on the features which are less important; the five features with the lowest mean importance scores are the same for both:

- presence of artwork in some areas (28th – last for both)
- play area for children
- pleasant colour scheme
- plenty of parking
- building looks good on the outside (24th for both).

When the ten features with the lowest mean importance scores are taken into account, four more features appear in both lists:

- well maintained outside
- no noise in consulting/treatment rooms from outside
- easy to see the reception desk
- furnishings are easy to keep clean.

These survey findings on the priorities shared by staff and patients confirm the focus group findings in some key respects. The crucial role of design in protecting patient confidentiality was raised in both staff and patient focus groups. Features discussed in the groups included the height and width of the reception desk, the relationship between the reception and waiting areas and overlooking and overhearing from outside in consulting and treatment rooms. Both staff and patients identified problems with patient confidentiality where there was insufficient space to effectively separate different functions; a lack of segregation between staff and patient areas also created difficulties in this respect. The emphasis in staff open ended comments in the survey on having sufficient space could therefore be related to the priority placed on patient privacy.

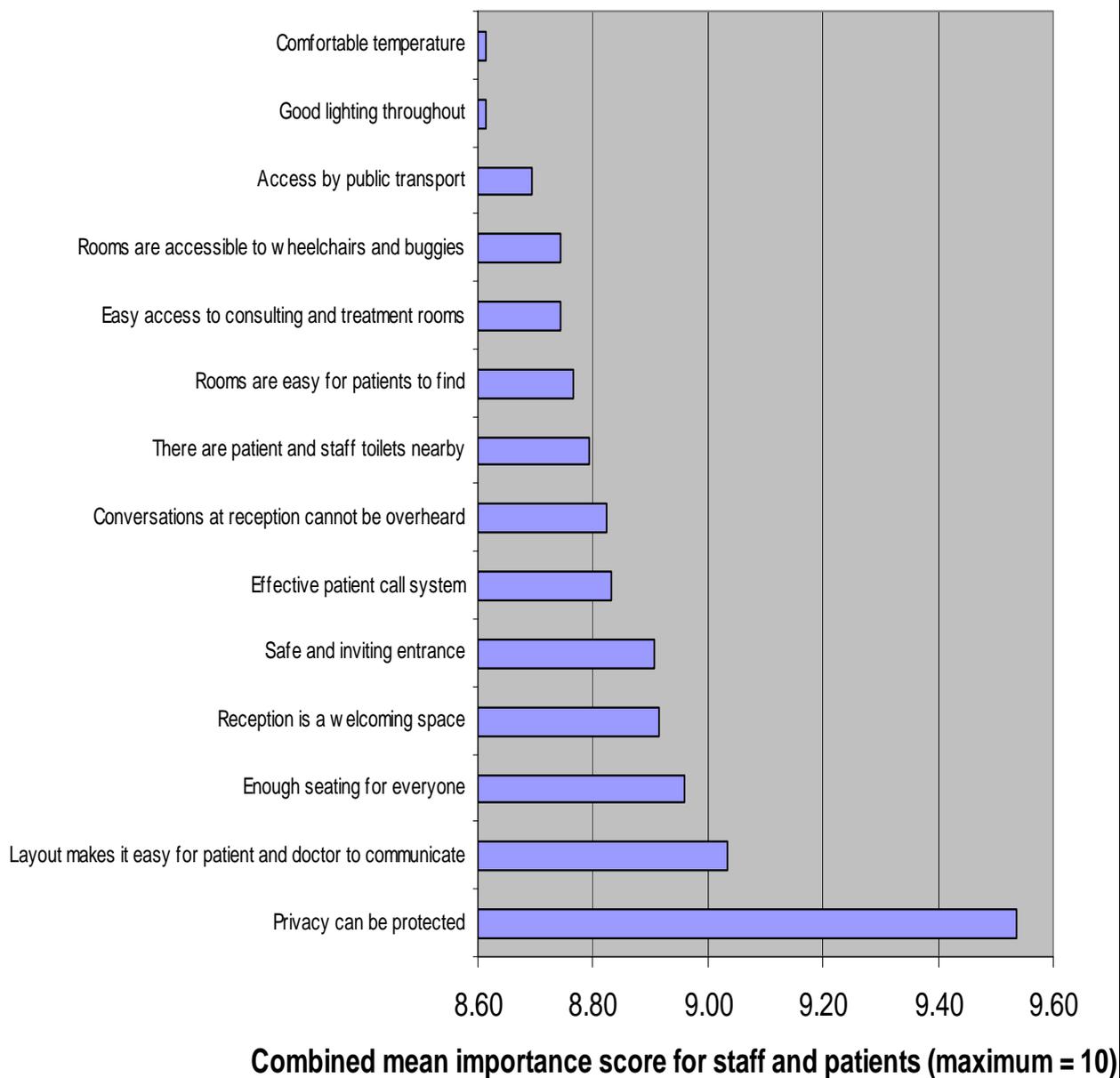
The survey also confirms the emphasis in all the focus groups on issues of accessibility. The role of design in facilitating or hindering patients' ability to communicate with staff was discussed in all the groups, particularly in terms of reception desk design and consulting room layout. The importance of easy access to all areas of the building for people with mobility difficulties and those with wheelchairs or buggies was raised in every focus group. Whilst in the survey patients placed lower priority on wheelchair and buggy access, than staff, features relating to access for all were clear overall priorities for both staff and patients. Furthermore, patients' comments at the end of the questionnaire, in particular confirm the importance to them of a layout which promotes accessibility for all.

The focus groups identified clear preferences amongst patients and staff for surgery layouts that enable effective delivery of a broad range of services. Patient and staff comments at the end of the questionnaire confirm this as a priority for surgery design.

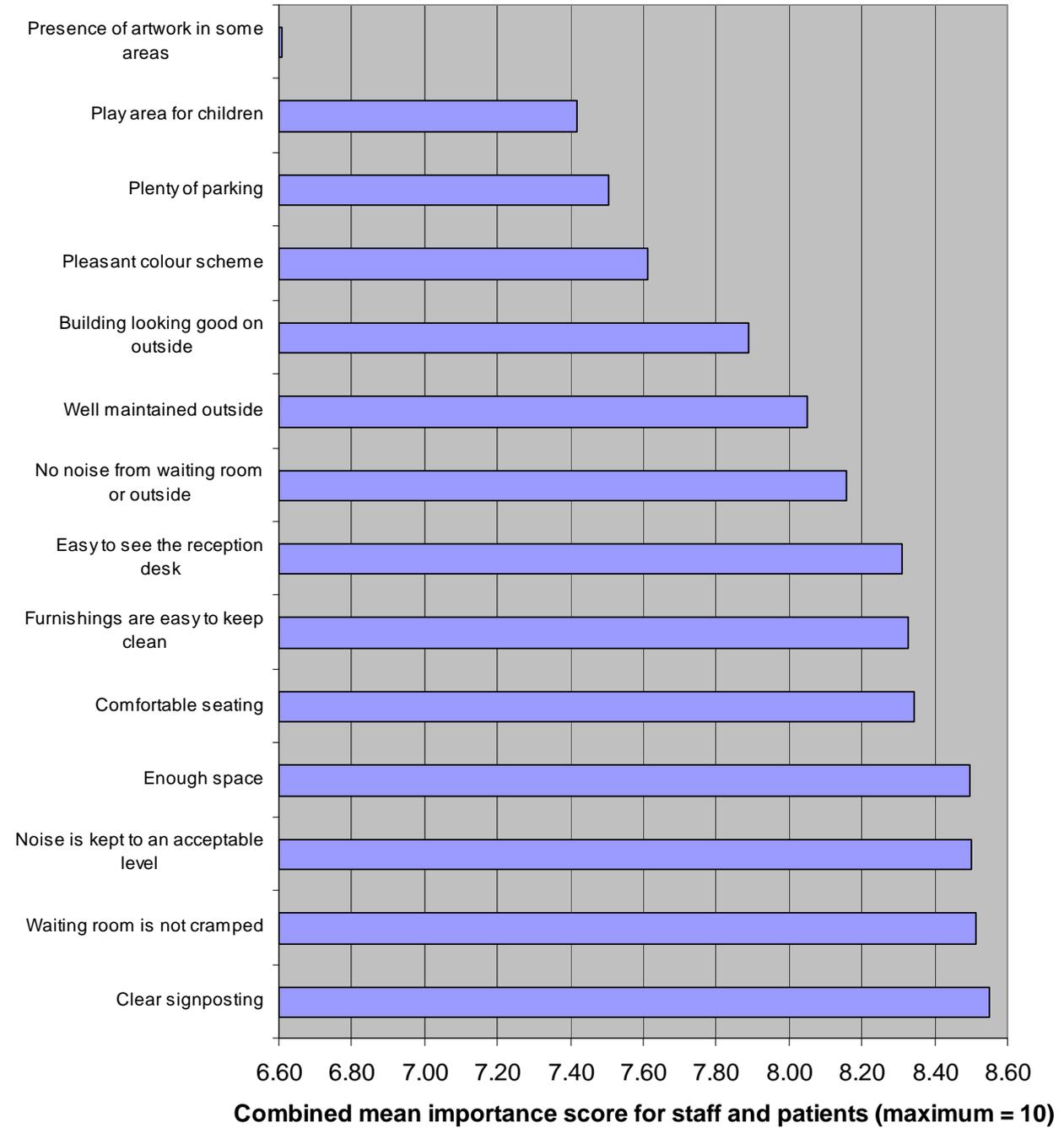
Staff and patient priorities for surgery design

The following two charts show the combined mean importance scores for patients and staff and are an indication of the features that are most important and least important to the two groups.

Features with the highest mean importance scores



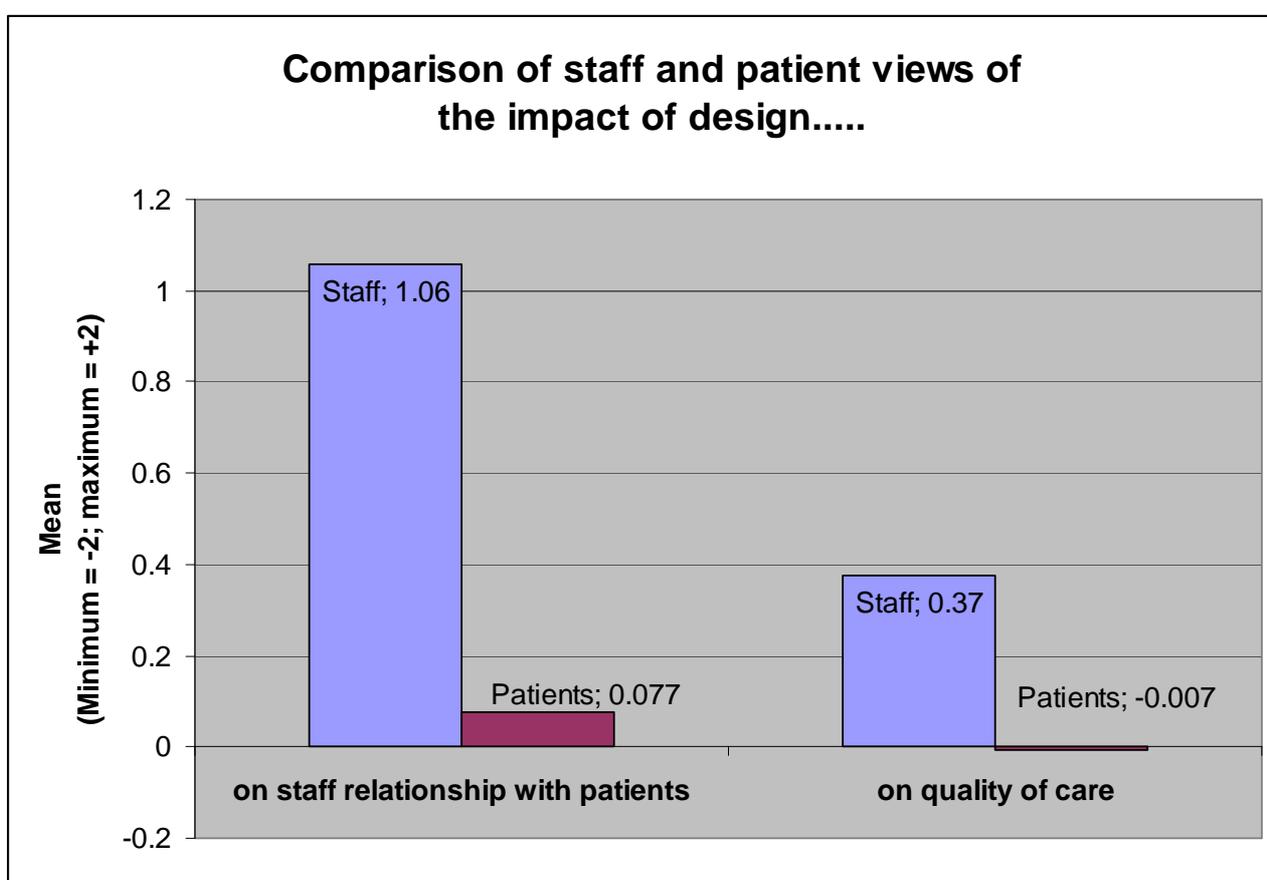
Features with the lowest mean importance scores



11.3 Differences in staff and patient perceptions of surgery design

Surgery design is more important to staff than to patients

With the exception of one feature (an effective patient call system), staff mean importance scores were higher than patient scores for the design of all features of the surgery. Responses to the questions exploring views of the impact of design on staff relationships with patients and on quality of care (shown in the chart below), confirm conclusions that might be drawn from this that staff place relatively more importance on surgery design than patients.



These survey findings confirm the focus group findings that overall, surgery design seemed to be relatively more important to staff than patients.

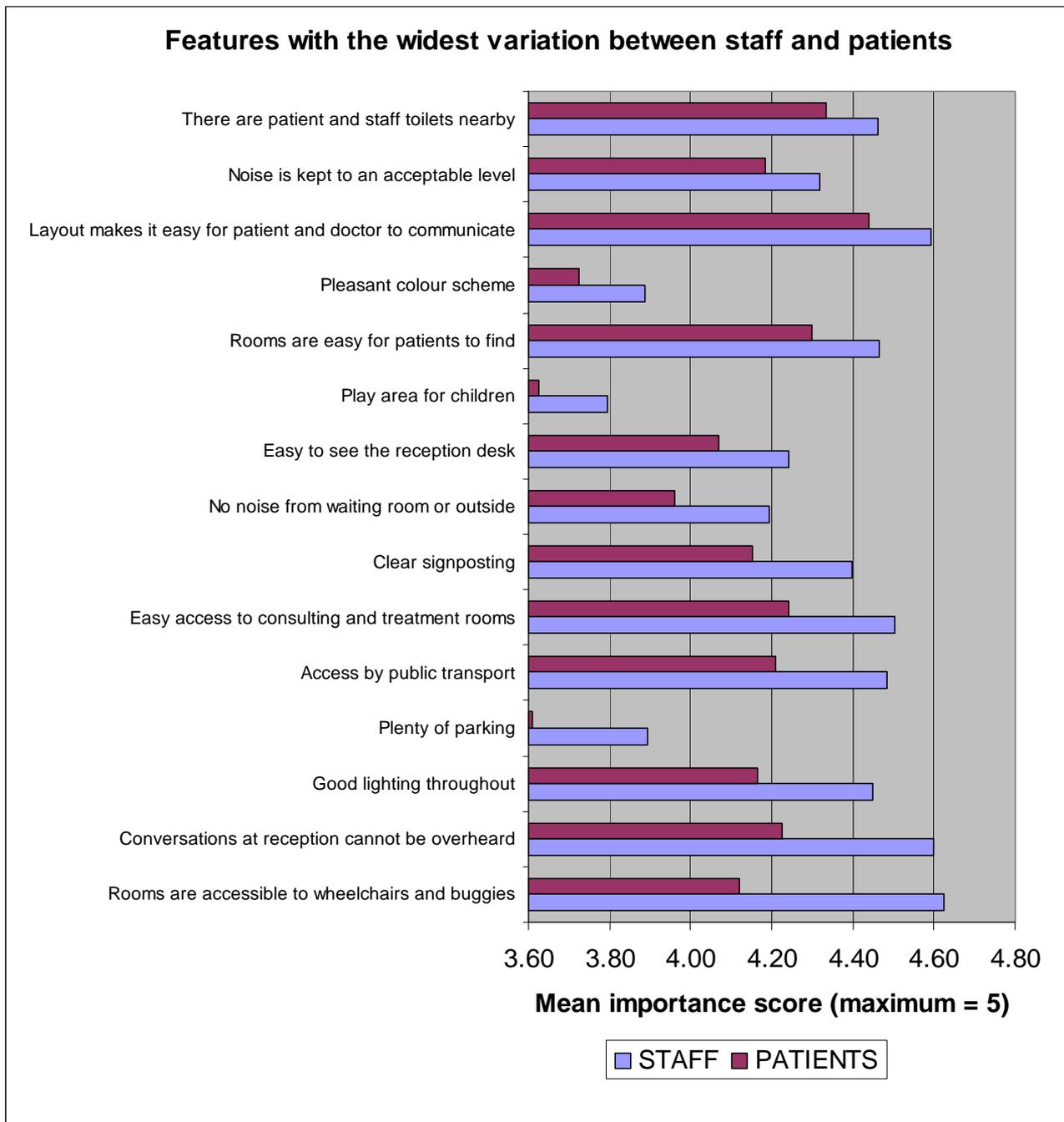
Variations between staff and patient priorities for design

As was mentioned above, staff placed more importance on the design of all features, except for a patient call system, which ranks as second most important for patients and fourteenth most important for staff.

The widest variation when different design features are ranked separately for staff and patients according to their mean importance scores occurs in respect of access to treatment and consulting rooms for wheelchairs and buggies, which ranks as the second

most important feature for staff and only the nineteenth most important for patients. There is also a relatively wide variation between rankings for the importance of conversations at reception not being overheard (third for staff and twelfth for patients).

The chart below shows the difference in the mean importance scores for the fifteen features where the variation between staff and patients was the widest. The features are shown in order of the size of the difference, with the widest variation at the bottom of the chart.



The survey findings confirm the conclusion drawn from the focus groups that most of the differences between the patient and staff views were one of emphasis, rather than being

clear areas of conflict. There was probably more difference within the focus groups than between the groups and similarly, in the survey, there were for example, greater differences between the priorities of clinical and non-clinical staff than between staff and patients. The survey sought to test the extent of difference between staff and patient priorities identified in the focus group work.

In the report of the focus groups, it was tentatively suggested that staff tended to emphasise aspects of surgery design relating to their own comfort and safety whereas, patients were perhaps less likely to regard these aspects as important. Temperature control and good ventilation were mentioned as important design features in all five staff groups, but were not mentioned in any of the patient groups. Contrary to expectations, the mean importance score for 'a comfortable temperature' ranks lower for staff (fifteenth compared to ninth) than for patients, with the implication that it is a relatively lower priority. Likewise, staff car parking was mentioned by staff in the focus groups as influencing their decision to take a job, whereas patients placed less emphasis this. Ranking features by their mean importance scores shows parking to be an equally low priority for both staff and patients. On the other hand, the survey findings confirm the weak evidence from the focus groups that staff place more priority than patients on good natural light.

In the focus groups patients tended to emphasise issues concerning access to the building to a greater extent than staff. Location of the surgery at a point that is easily accessible by public and private transport was emphasised by patients in the group discussions whereas staff tended to emphasise the availability of on-site car parking. These differences in priorities were not borne out by the quantitative results of the survey, where the staff mean importance score for access by public transport was higher than for patients (eighth compared to thirteenth). Patients' open ended comments, did however confirm the importance of these issues to patients in general and particularly to patients with a disability. Here, the need for safe and comfortable pedestrian access to the surgery was emphasised, including shelter from poor weather and entrance doors that could be opened with ease.

Patients in the focus groups tended to place more emphasis than staff, on a pleasant and welcoming exterior; including good signage, good lighting and the absence of dark areas. The survey found patients placed a very slightly higher priority than staff on these features, but not to any degree that could be seen as a trend.

Interestingly, the survey did not support the focus group findings that an effective system for communicating with patients waiting for appointments in reception was regarded as important by both staff and patients. The survey found that patients placed considerably more emphasis on the need for an effective patient call system (second compared to fourteenth for staff). This does however reinforce evidence from the patient focus groups that the lack of an effective system can be the cause of anxiety for patients concerned about long waits and missing being called for an appointment. These concerns were particularly borne out by patient comments at the end of the questionnaire.

Areas of tension between staff and patient priorities for surgery design

The focus group report did identify a very small number of apparent tensions between staff and patient priorities for surgery design and the intention was to explore these in the survey. During group discussion patients were perhaps more likely than staff to

prioritise spending on extra staff or medical care than design. There is some evidence from the survey to support this theory. For example, more patients than staff thought that design had no impact on their relationship with doctors or on the quality of care they received. Additionally, some implications can be drawn from the consistently lower mean importance scores given to design features by patients.

There is less support in the survey for other potential areas of tension between staff and patient priorities identified in the focus groups. The survey did not find the expected contradiction between an emphasis by staff on natural light and good ventilation and an emphasis by patients on privacy and confidentiality which would suggest the need for sealed and contained spaces. The survey results actually suggest staff and patients place and equal emphasis on issues concerning patient privacy and confidentiality. Similarly, the focus group findings that staff may prioritise their own safety and security at the expense of patient preferences for closer contact with staff at reception to ensure their privacy.

Furthermore, the apparent conflict between the emphasis in the patient focus groups on separate waiting areas for children and the suggestion by staff that the best layout was one where reception staff were able to see all patients in the waiting area at all times was also not borne out by evidence from the survey.

12 Survey participants

All 55 GP practices in Lambeth were invited to take part in the survey. Just under half of the practices agreed to participate:

- Twenty three practices in both the staff and patient survey
- One practice agreed to participate in the staff survey only.

Questionnaires were delivered to the named contact for the survey in May 2007 – most often the Practice Manager – who was responsible for organising distribution to staff and patients. Information about responses was sent to each practice survey contact a fortnight after delivery and then at weekly intervals until data collection closed at the end of June. During the six week data collection period, two practices officially withdraw from the survey – citing staff shortages and work loads.

12.1 Participants in the patient survey

The 23 practices who agreed to participate in the patient survey were asked to provide information about the number of patient questionnaires they thought they could hand to patients at reception during a two week period.

Patient questionnaires were distributed to 4,650 in 22 practices in May 2007. The numbers distributed to individual practices ranged from 30 at the smallest practice to 510 at the largest.

The named contact agreed to arrange for a patient questionnaire to be handed to each patient at reception. Each practice was provided with a poster to encourage patients to fill a questionnaire in and a box for returned questionnaires. Each questionnaire also had a pre-paid envelope should patients prefer to take it away and return it by post.

Number of responses and estimated response rates

A total of 1,784 patients from 19 practices returned completed questionnaires. It is not possible to estimate a response rate because of the sampling method – we do not know how many patients passed through the participating GP surgeries during the fieldwork period. The numbers of questionnaires returned by each practice ranged from 11 to 445 (see table below).

Responses by practice

Number of questionnaires returned	Percent of all questionnaires returned
445	25 %
163	9 %
154	9 %
149	8 %
143	8 %
137	8 %
133	7 %
106	6 %
77	4 %
54	3 %
53	3 %
34	2 %
31	2 %
27	2 %
25	1 %
21	1 %
21	1 %
11	1 %
Total	1784
	100 %

To protect participant confidentiality results have been merged into three groups, based on the practices relative position in the national index of multiple deprivation (IMD) as shown in the table below.

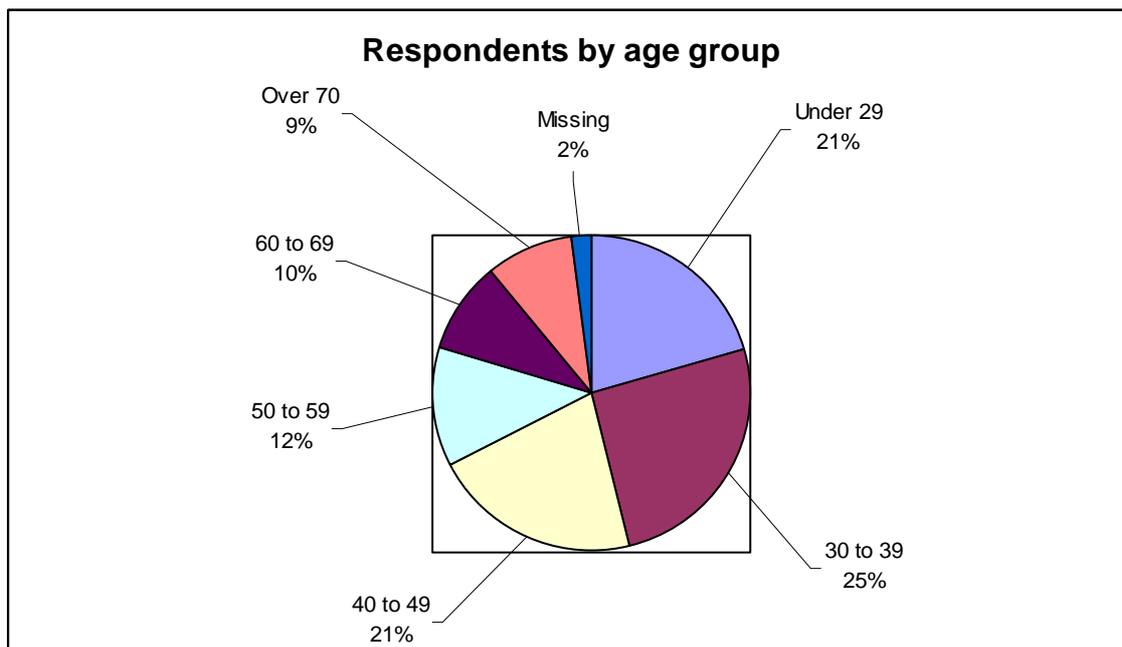
Responses by practices grouped by position in index of multiple deprivation

	Number of questionnaires in each group	Percent of all questionnaires
8 practices in most deprived areas	541	30 %
Practice in area of medium deprivation	445	25 %
9 practices in least deprived areas	798	45 %
Total	1784	100 %

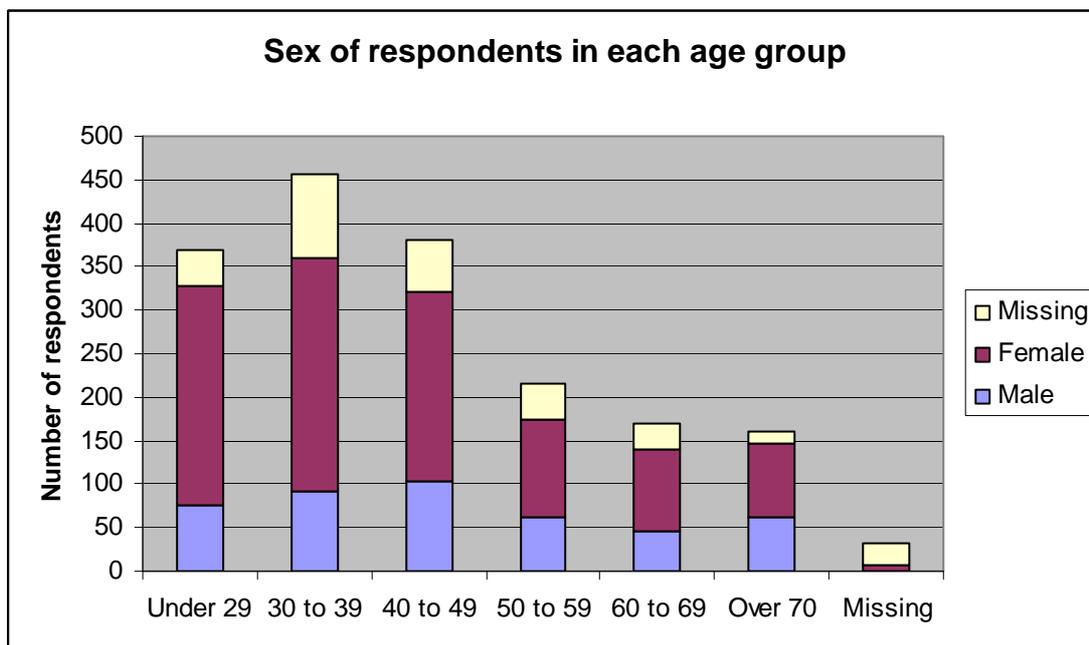
Age and sex of respondents

More women than men returned questionnaires (58% compared to 25%). 17% of those who returned questionnaires did not give details of their sex (n=306).

Most patients who returned a questionnaire gave details of their age group (98%). Nearly half of participants were aged under 40 years (47%), as shown in the next chart.



The following chart shows the numbers of male and female respondents in each age group.



12.2 Participants in the staff survey

All 55 GP practices in Lambeth were invited to take part in the survey. Just under half of the practices agreed to participate and they were asked to provide information about the number of staff that worked at the practice. Five hundred and six staff questionnaires were distributed to 24 practices in May 2007. The numbers distributed to individual practices ranged from three at the smallest practice to 65 at the largest.

The named contact for the survey was asked to distribute a copy to every member of staff. Information about responses were sent to each practice survey contact a fortnight after delivery and then at weekly intervals until data collection closed at the end of June. During the six week data collection period, two practices officially withdrew from the survey – citing staff shortages and work loads.

Number of responses and estimated response rates

A total of 212 staff from 20 practices returned completed questionnaires. It is not possible to give a precise response rate as practices used different inclusion criteria to define staff. After adjustments for practices that provided revised staff numbers, and excluding questionnaires delivered to practices that withdraw or returned uncompleted questionnaires, an estimate of the response rate to the staff survey can be made of 53% (212 completed of a potential 398).

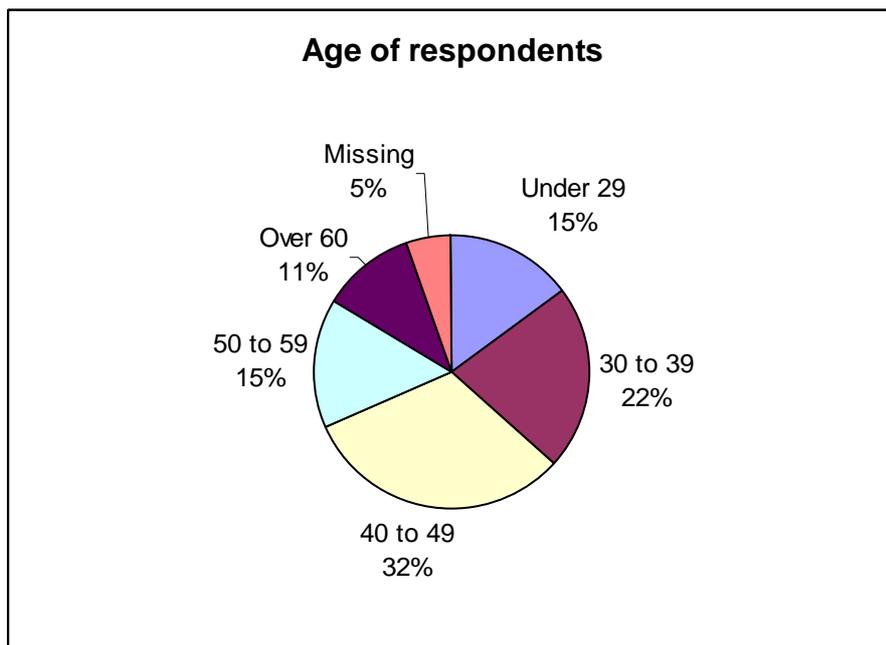
All staff at one very small practice returned completed questionnaires. Three other larger practices had estimated response rates above 80% and a further six had rates above 60%.

The numbers of questionnaires returned by each practice ranged from two to 20; eight practices returned less than ten questionnaires and just four practices returned more than 14 questionnaires. No practice returned sufficient questionnaires for any analysis to be conducted at a practice level without compromising participant confidentiality.

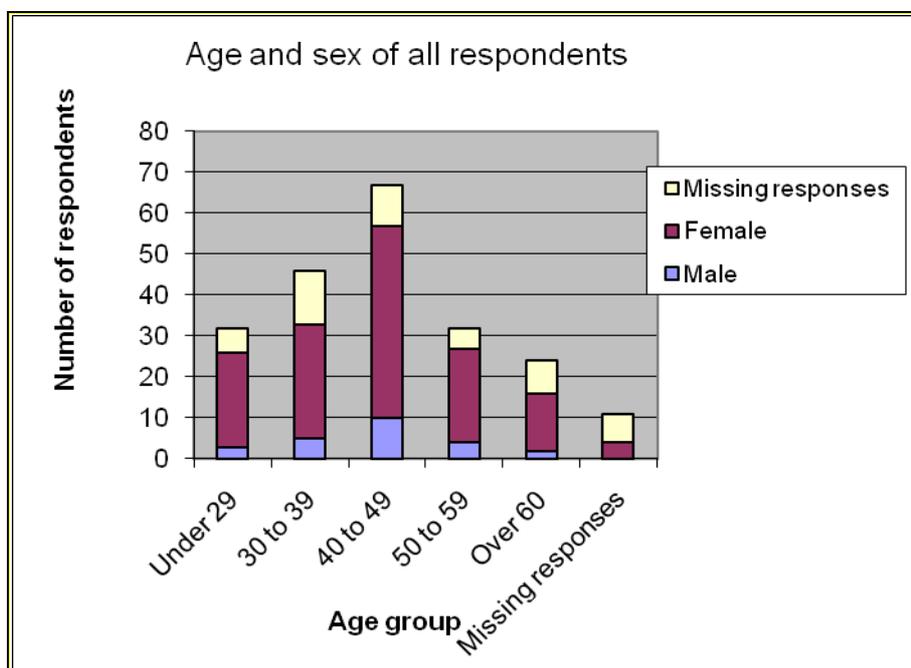
Age and sex of respondents

Nearly a quarter of respondents did not provide detail of their sex (23%). Of those who specified, 139 were women (66%) and just 24 were men (11%).

Most staff who returned a questionnaire gave details of their age group (95%). Nearly three quarters of all respondents were aged under 50 years (74%) and nearly a third were aged 40 to 49 years . The chart below shows the age groups for all staff who responded.

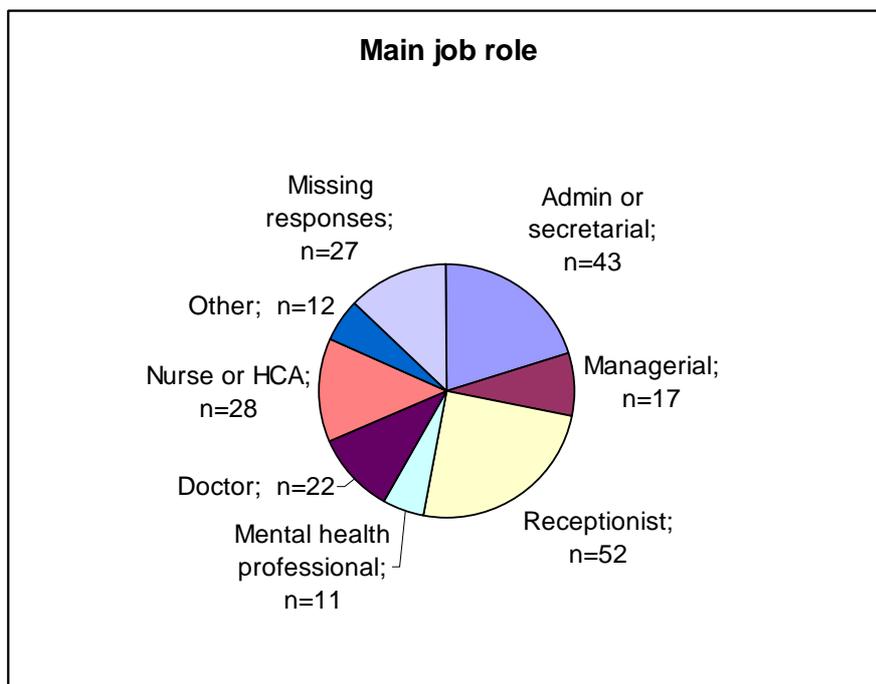


The following chart shows the numbers of male and female respondents in each age group. As can be seen, the numbers of male respondents in each age group are very small and are too small to allow any analysis of responses by age and sex.

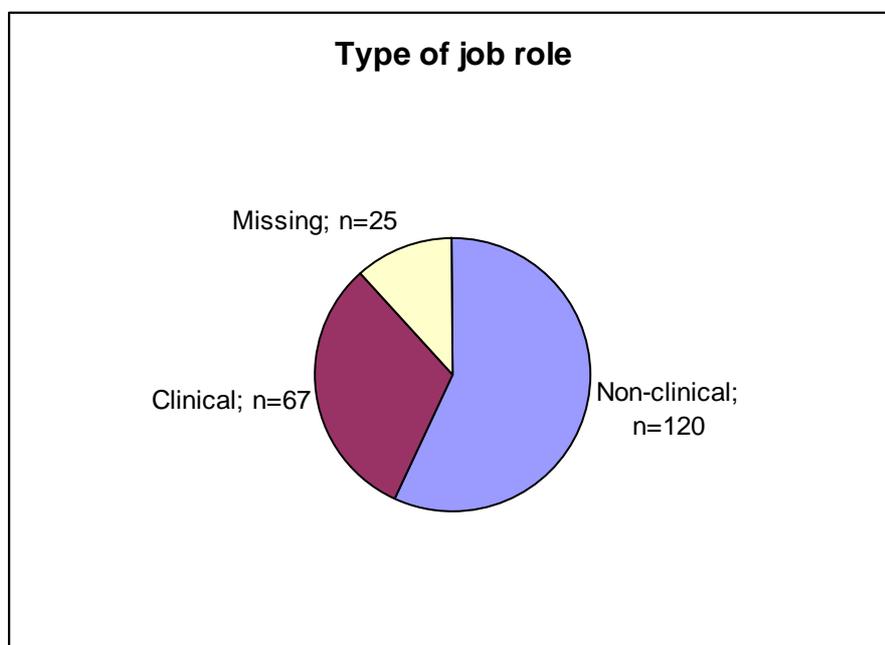


Job roles of respondents

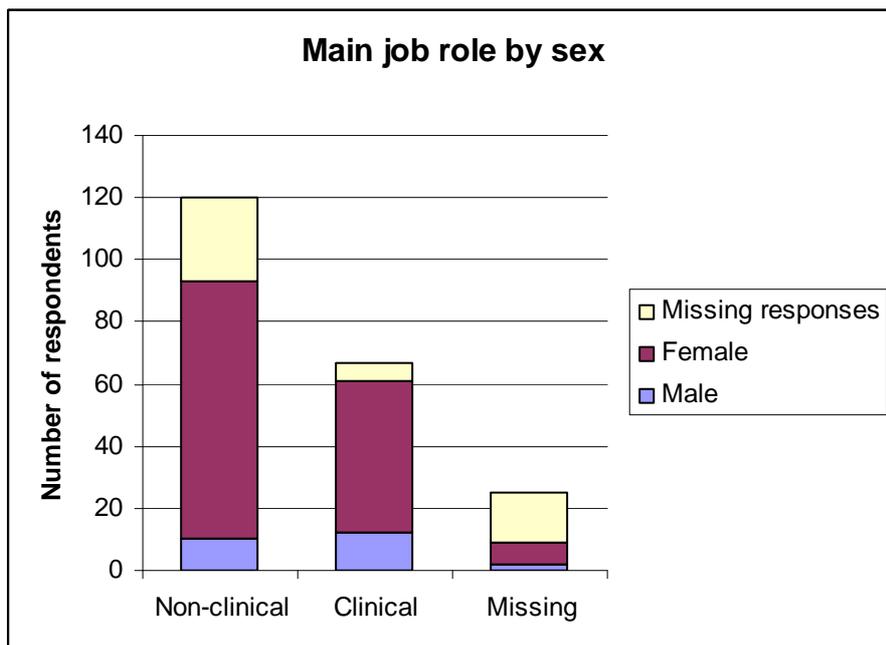
Twenty seven staff who responded did not indicate their job role. Of those who did specify the job they did, the biggest single group of responders were receptionists (24%), followed by those in an administrative or secretarial role (20%). Nurses or health care assistants formed 13% of the sample and doctors just 10%. The chart below shows the number and relative proportions of staff in each type of job.



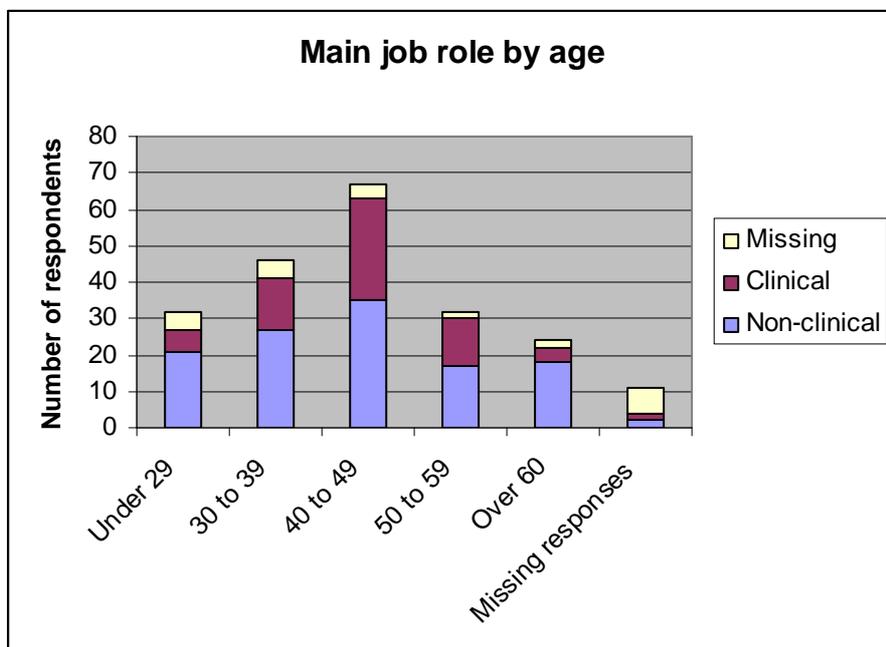
To protect confidentiality, for the purposes of analysis it was necessary to group the above seven job roles into two main categories - clinical (32%) and non-clinical (57%) - as shown in the chart below.



Proportionately more men than women were in clinical roles (50% compared to 35% of women) and conversely, women were more likely to work in non-clinical roles. Almost all of those in non-clinical roles were women, though there were also a great number of respondents in this category who did not give their sex.



There was not a great deal of variation in the age of the staff performing the different roles, though younger people were more likely to be in non-clinical roles and those in their 40's were more likely to be in clinical roles. Variations in the age and sex of people in different job roles are shown in the charts below.



Appendix One: interview schedule

The interview schedule for the patient groups is included here. The schedule for the staff groups followed the same overall pattern with changes to terminology where appropriate.

Lambeth Design of GP buildings project: Patient Focus Group Interview Schedule

Introduction

- Me, the Picker Institute, project and project research team
- Outline of session, aims and objectives
- Tape recorder
- Consent forms
- Participants to view slide show while waiting for group to commence

General

Aim: I would like to explore your general thoughts about the surgery?

Turn tape recorder on

Scenario 1: The design of this surgery meets all my needs as a patient

STRONGLY STRONGLY
←-----→
AGREE DISAGREE

1. Vote on proposition
2. Identify median
3. What would make anyone agree with the proposition (write 3 points on post it note, gather these and sort into themes)
4. What would make anyone disagree with the proposition (write 3 points on post it note, gather these and sort into themes)
5. Vote on most significant factors in pros and cons

Prompts:

- Do you enjoy coming here?
- What do you like/dislike about it?
- How do you think it fits in with the local community?
- Does this environment engender a sense of belonging?
- What does it represent for you – a health centre/clinic, a resource centre...something else?
- What changes to the building might alter some of these responses?

WAITING ROOM AND RECEPTION

Aim: I would now like to explore your thoughts about the waiting room and reception area?

Use photo prompts

1. What is good about the reception area?
2. What is good about the waiting area?
3. How could the reception area be improved?
4. How could the waiting area be improved?
5. What would make the biggest difference to this space

Prompts:

- How do you feel when you approach reception?
- How do you feel when you are waiting in the waiting room?
-
- Do you think much about the space surrounding you?
- What do you think of your surroundings?
- Do they influence your thoughts/feelings/moods in any way?
- What would make the biggest difference to how you feel in the reception area?
- What would make the biggest difference to how you feel in the waiting area?
- Does the amount of noise affect you? In what way? And what would be your preference?
- Is the lighting of the waiting room important to you? Would you prefer it to be different?
- What about the general décor? Paint colours, choice of furnishings etc. – do they affect the way you feel? Describe how.
- How might you change the waiting room – think in terms of both the activities that go on within it and whether it could be used/designed in another way ?
- Seating
- Information for patients

THE BUILDING EXTERIOR AND ACCESS TO NATURE AND ART

Aim: I now want to explore your views of the building exterior and access to nature and art?

Use photo prompts

1. Does it matter what the outside of the building looks like?

Prompts:

- i. Entering the building
- ii. Looking at it from outside

2. What about the design of the interior spaces – how do different parts of the building make you feel?

Prompts:

In what parts of the building do you feel good? In what parts do you not feel so good?

3. What do you think about having plants in the waiting rooms, common areas and offices?

4. Do you have any thoughts about having a garden on site? What effect do you think it might have, if any?
5. What effect does a view to the outside have on you, if any? Describe this.
6. What do you think of the artwork in the surgery (if there is any)?
Prompts:
 - a. Who set it up? Is it regularly updated?
 - b. Does it matter if there is art in a health centre such as this?
 - c. Is it pleasing to the eye?
 - d. Do you think it fits in with the rest of the building?
 - e. What else would you have? Explain why?
 - f. Who should choose the art?

CONSULTING ROOMS

Aim: I now want to explore your views of the consulting rooms

Use photo prompt

1. What is good about the consulting rooms?
2. How could the consulting rooms be improved?
3. What would make the biggest difference to this space

Prompts:

- Noise / intrusion / privacy
- Light
- Do you feel that the design and décor of the consulting room affects the relationship between you and the doctor?
- Does the consulting room influence how anxious you feel?
- Do you feel the consulting room might affect the relationship between you and the doctor? If so, how?
- Does the appearance of the consulting room influence your opinion as to how professional the Doctor is?
- Does tidiness and organization in the consulting room affect your opinion of the Doctor in any way?
- Do you think it matters what the consulting room looks like?
- What do you feel there should NOT be in the consulting room?
- Should the NHS invest in it?

TREATMENT ROOMS

Aim: I now want to explore your views of the treatment rooms

Use photo prompt

1. What is good about the treatment rooms?
2. How could the treatment rooms be improved?
3. What would make the biggest difference to this space

Prompts:

- Noise / intrusion / privacy
- Light
- Do you think the nature of the room might influence your treatment in any way? For example – effects on pain, anxiety, and satisfaction

CLOSE

- Anything else that you think is important about the design of primary health care buildings?
- Thanks and any questions
- Identify timescale for feedback and testing of questionnaire

Appendix Two: Patient questionnaire



GP Surgery Layout and Design Patient Questionnaire

Taking part in this survey is voluntary

What is the survey about?

This is a survey to identify what design features patients value in GP surgeries. It will help to ensure that the views of patients are taken into account in the design of GP surgeries as new facilities are built and old ones improved.

Why should I complete the survey?

The views of all patients are important. This is your chance to help to make sure that GP buildings in the future are designed to better serve the needs of staff and patients.

Who is carrying out the survey?

The survey is being carried out by the Picker Institute, an independent research charity, on behalf of The Space Works, an organisation established to inform healthcare building design.

How to complete the survey?

Please answer the questions as fully as possible following the instructions given. The questionnaire is short and will take about 10 minutes to complete.

You can complete it while you wait OR take it home and send it to us (envelope provided)

Questions or help?

If you have any queries about the questionnaire please call our freephone number **0800 197 5273**. This line is open between 10am and 5pm Monday to Friday.

Your answers will be treated in confidence

You will not be asked to give your name.

No information will be shared in any way that would allow you to be identified.

Return address for questionnaires: Picker Institute Europe, FREEPOST (SCE10829), Oxford OX1 1YE

OFFICE USE ONLY:

Questionnaire No.

OUTSIDE THE BUILDING

1. How important are the features below to you?

Please circle one number 1 – 5 for each statement

	Very important	Important	Neither important nor unimportant	Unimportant	Not at all important
A. Access by public transport.....	1	2	3	4	5
B. Clear signposting	1	2	3	4	5
C. Plenty of parking	1	2	3	4	5
D. Outside is well-maintained	1	2	3	4	5
E. Entrance is safe and inviting	1	2	3	4	5
F. Outside of building looks good	1	2	3	4	5
G. Surgery is located close to chemist/pharmacy.....	1	2	3	4	5

2. Which one of the above is most important to you?

Please put one letter in the box (eg A = public transport)

DESIGN OF RECEPTION AND WAITING AREAS

3. How important are the features below to you?

Please circle one number 1 – 5 for each statement

	Very important				Not at all important
A. Reception is a welcoming space.....	1	2	3	4	5
B. Conversations at reception cannot be overheard.....	1	2	3	4	5
C. There are patient and staff toilets nearby	1	2	3	4	5
D. Easy access to consulting and treatment rooms	1	2	3	4	5
E. Easy to see the reception desk.....	1	2	3	4	5
F. Enough seating for everyone.....	1	2	3	4	5
G. Comfortable seating.....	1	2	3	4	5
H. An effective patient call system.....	1	2	3	4	5
I. A play area for children	1	2	3	4	5
J. The waiting room is not cramped.....	1	2	3	4	5

4. Which one of the above is most important to you?

Please put one letter in the box

DESIGN OF CONSULTING AND TREATMENT ROOMS

5. How **important** are the features below to you?

Please circle one number 1 – 5 for each statement

	Very important	Important	Neither important nor unimportant	Unimportant	Not at all important
A. Rooms are accessible to wheelchairs and buggies	1	2	3	4	5
B. Rooms are easy for patients to find	1	2	3	4	5
C. Layout makes it easy for the patient and doctor to communicate..	1	2	3	4	5
D. Patient privacy can be protected.....	1	2	3	4	5
E. Enough space	1	2	3	4	5
F. No noise from waiting room or outside	1	2	3	4	5

6. Which one of the **above** is most important to you?

Please put one letter in the box

OVERALL DESIGN OF THE INSIDE OF THE BUILDING

7. How **important** are the features below to you?

Please circle one number 1 – 5 for each statement

	Very important	1	2	3	4	5	Not at all important
A. Good lighting throughout.....	1	2	3	4	5		
B. Pleasant colour scheme.....	1	2	3	4	5		
C. Artwork is present in some areas	1	2	3	4	5		
D. Comfortable temperature	1	2	3	4	5		
E. Furnishings are easy to keep clean	1	2	3	4	5		
F. Noise is kept to an acceptable level.....	1	2	3	4	5		

8. Which one of the **above** is most important to you?

Please put one letter in the box

YOUR OVERALL OPINIONS ON DESIGN

9. Do you think that the layout and design of the building have an effect on your **relationship** with your doctor or nurse?

- 1 Yes
2 Somewhat (please tick one box)
3 No
4 Don't know / Not sure

10. Do you think that the layout and design of the building have an effect on the **quality of care** you receive?

- 1 Yes
2 Somewhat (please tick one box)
3 No
4 Don't know / Not sure

SOME DETAILS ABOUT YOU

It would help us to know a little more about you to see if different groups of people have different needs or preferences. Please remember that this information is confidential and only the research team will see your individual answers.

11. Which age group are you in? (please tick)

- Under 29 30-39 40-49 50-59 60-69 70+

12. Are you (please tick): Male Female

THANK YOU VERY MUCH FOR YOUR HELP

If you have any more comments about the design of GP surgeries, please use this space

Please continue on a separate sheet of paper if necessary

Please place the questionnaire in the reply paid envelope provided and put in the box or post it to the Picker Institute

Appendix Three: Staff questionnaire



GP Surgery Layout and Design Staff Questionnaire

Taking part in this survey is voluntary

What is the survey about?

The purpose of this survey is to identify what design features healthcare professionals value in GP surgeries. It will help to ensure that the views of patients and staff are taken into account in the design of GP surgeries as new facilities are built and old ones improved.

Who should complete the survey?

This questionnaire is designed to be completed by as many members of staff as possible at the GP surgery. We are interested in the views of everybody who works there, regardless of whether they are clinicians, managers or administrators.

Why should I complete the survey?

The views of all staff are important. This is your chance to help to make sure that GP buildings in the future are designed to better serve the needs of staff and patients.

Who is carrying out the survey?

The survey is being carried out by the Picker Institute Europe, an independent research charity on behalf of The Space Works, an organisation established to inform healthcare building design. The study has been funded by the Department of Health and approved by a Research Ethics Committee.

How to complete the survey?

Please answer the questions as fully as possible following the instructions given for each question. The questionnaire is short and will take about 10 minutes to complete.

Please put completed questionnaires in the box or post it to us (FREEPOST envelope provided)

Questions or help?

If you have any queries about the questionnaire please call our freephone number at **0800 197 5273**. This line is open between 10am and 5pm Monday to Friday.

Your answers will be treated in confidence.

You will not be asked to give your name. No information will be shared in any way that would allow you to be identified.

Return address for questionnaires: Picker Institute Europe, FREEPOST (SCE10829), Oxford OX1 1YE

OFFICE USE ONLY:

Questionnaire No.

OUTSIDE THE BUILDING

1. How important to you are the following features of the surgery?

Please circle one number 1 – 5 for each statement

	Very important	Important	Neither important nor unimportant	Unimportant	Not at all important
A. Access by public transport	1	2	3	4	5
B. Clear signposting	1	2	3	4	5
C. Plenty of parking	1	2	3	4	5
D. Outside is well-maintained	1	2	3	4	5
E. Entrance is safe and inviting	1	2	3	4	5
F. Outside of building looks good	1	2	3	4	5
G. Surgery is located close to other facilities	1	2	3	4	5
H. Outside seating area	1	2	3	4	5

2. Which of the above are most important to you?

Please put one letter in each box below

(eg A = public transport)

- Most important
- 2nd most important
- 3rd most important

DESIGN OF RECEPTION AREA

3. How important are the features below to you?

Please circle one number 1 – 5 for each statement

	Very important					Not at all important
	1	2	3	4	5	
A. Receptionist can see the main entrance	1	2	3	4	5	
B. Receptionist can see the entire waiting room	1	2	3	4	5	
C. Design of reception desk promotes staff safety	1	2	3	4	5	
D. Part of the desk is accessible for disabled patients	1	2	3	4	5	
E. Conversations at reception cannot be overheard	1	2	3	4	5	
F. Patients cannot see confidential material	1	2	3	4	5	
G. Reception area is not cramped	1	2	3	4	5	
H. There are patient and staff toilets nearby	1	2	3	4	5	
I. Reception is a welcoming space	1	2	3	4	5	

4. Which of the above are most important to you?

Please put one letter in each box below

Most important

2nd most important

3rd most important

DESIGN OF WAITING ROOMS

5. How important to you are the following features of the waiting rooms?

Please circle one number 1 – 5 for each statement

	Very important					Not at all important
	1	2	3	4	5	
A. Easy access to consulting and treatment rooms	1	2	3	4	5	
B. Easy to see the reception desk	1	2	3	4	5	
C. Enough seating for everyone	1	2	3	4	5	
D. Comfortable seating	1	2	3	4	5	
E. An effective patient call system	1	2	3	4	5	
F. A play area for children	1	2	3	4	5	
G. The waiting room is not cramped	1	2	3	4	5	

6. Which of the above are most important to you?

Please put one letter in each box below

Most important

2nd most important

3rd most important

DESIGN OF CONSULTING AND TREATMENT ROOMS

7. How important to you are the following features of the consulting and treatment rooms?

Please circle one number 1 – 5 for each statement

	Very important			Not at all important	
	1	2	3	4	5
A. Rooms are accessible to wheelchairs and buggies	1	2	3	4	5
B. Rooms are easy for patients to find	1	2	3	4	5
C. Layout makes it easy for the patient and doctor to communicate..	1	2	3	4	5
D. Patient privacy can be protected.....	1	2	3	4	5
E. Enough space	1	2	3	4	5
F. No noise from waiting room or outside	1	2	3	4	5
G. All surfaces are easy to clean	1	2	3	4	5
H. Furniture is comfortable	1	2	3	4	5
I. Each health practitioner has their own room.....	1	2	3	4	5
J. Hazardous waste bins are safely positioned.....	1	2	3	4	5

8. Which of the above are most important to you?

Please put one letter in each box below

Most important 2nd most important 3rd most important

DESIGN OF THE INSIDE OF THE BUILDING

9. How important to you are the following features of the inside of the building?

Please circle one number 1 – 5 for each statement

	Very important			Not at all important	
	1	2	3	4	5
A. Good lighting throughout.....	1	2	3	4	5
B. Pleasant colour scheme.....	1	2	3	4	5
C. Artwork is present in some areas	1	2	3	4	5
D. Comfortable temperature	1	2	3	4	5
E. Furnishings are easy to keep clean	1	2	3	4	5
F. Noise is kept to an acceptable level.....	1	2	3	4	5
G. Indoor plants	1	2	3	4	5

10. Which of the above are most important to you?

Please put one letter in each box below

Most important 2nd most important 3rd most important

ADDITIONAL DESIGN CONSIDERATIONS FOR STAFF

11. How important to you are the following design features?

Please circle one number 1 – 5 for each statement

	Very important			Not at all important	
	1	2	3	4	5
A. Enough work space to perform my duties.....	1	2	3	4	5
B. Work area provides some privacy.....	1	2	3	4	5
C. A comfortable staff common room.....	1	2	3	4	5
D. Good kitchen facilities.....	1	2	3	4	5
E. Staff meeting room(s).....	1	2	3	4	5
F. Separate staff and patient toilets.....	1	2	3	4	5
G. Sufficient staff car parking.....	1	2	3	4	5
H. Office furniture is designed with my health in mind.....	1	2	3	4	5

12. Which of the above are most important to you?

Please put one letter in each box

Most important 2nd most important 3rd most important

13. The following statements address how GP surgery design may influence your **JOB SATISFACTION**. Please rate how much you agree or disagree with the statements below:

	Strongly agree			Strongly disagree	
	1	2	3	4	5
The layout and design of the GP surgery...					
A. ...influence my overall job satisfaction.....	1	2	3	4	5
B. ...affect my job performance.....	1	2	3	4	5
C. ...enable efficient working.....	1	2	3	4	5
D. ...make it an enjoyable place to work.....	1	2	3	4	5
E. ...make communication with my <u>co-workers</u> easy.....	1	2	3	4	5
F. ...make communication with <u>patients</u> easy.....	1	2	3	4	5
G. ...were a consideration when applying for my job at this practice..	1	2	3	4	5
H. ...will be a consideration when applying for my next job at a GP practice.....	1	2	3	4	5
I. ...make me want to leave this job.....	1	2	3	4	5

YOUR OVERALL OPINIONS ON DESIGN

14. Do you think that the layout and design of the building have an effect on staff relationships with patients?

- 1 Yes
 2 Somewhat (tick one box)
 3 No
 4 Don't know / Not sure

15. Do you think that the layout and design of the building have an effect on the quality of care the patient receives?

- 1 Yes
 2 Somewhat (tick one box)
 3 No
 4 Don't know / Not sure

SOME DETAILS ABOUT YOU

It would help us to know a little more about you to assess how different groups of staff may have different needs or preferences. Please remember that this information is confidential and only the research team will see your individual answers.

16. Which age group are you in? (please tick)

- Under 29 30-39 40-49 50-59 60-69 70+

17. Are you (please tick): Male Female

18. What is your main job role? (please tick one): Admin/secretarial

Managerial Receptionist Mental health professional

Doctor Nurse or HCA Other

THANK YOU VERY MUCH FOR YOUR HELP

If you have any more comments about the design of GP surgeries, please use this space

Please continue on a separate sheet of paper if necessary

Please place the questionnaire in the box or post it to us
(FREEPOST address)

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