Such a reader will quickly appreciate a too-unhealthy reliance on the "tick box" type of questionnaire which reflects the mindset of those providing a service rather than that of those at the receiving end. This too often ignores two factors that bedevil virtually any attempt to find out what people really think about caring services. Firstly, there is the gratitude factor. People who think they are lucky to be getting a service at all or who perceive the caring staff as being overworked and underpaid, are often very reluctant to voice concerns they see as being beyond the control of the staff who look after them from day to day. Then there is the vulnerability factor. This comes out most clearly in the section devoted to the community health services. Users who are totally dependent on these for their continuing care and wellbeing, especially those in residential care, may be afraid to be critical.

The section on community care is particularly useful in that it goes beyond the practicalities of how to elicit users' and carers' views, and addresses the most effective ways of ensuring that they are actually involved in planning and evaluating future delivery of services.

Beginners start here, and I promise your learning curve will be reduced!

MARIANNE RIGGE
Director, College of Health

An Analysis of Instruments and Tools used in Psychiatric Nursing Audit. Bond S, Balogh R, Simpson A, Quinn H, Dunn J, Wilkinson A, *et al.* (28 pp, £5). Newcastle upon Tyne: Centre for Health Services Research, 1993. ISBN 1-870399-56-0.

Despite the title this is not a report of great depth. Rather it is a "Cook's tour" of six (there are at least ten) audit systems used to appraise the quality of care in mental health. Four of the systems analysed are targeted at nursing, with the remaining two having a multidisciplinary focus. In the main the report consists of tables where each of the six systems are examined against a range of evaluative criteria. These include for each tool details of psychometric qualities, spheres of application, training requirements, data collection procedures, data sources, presentation of results, ownership of results, and how results are to be implemented.

At £5, the report may seem inexpensive, but with twenty eight pages (which I read in fifteen minutes) it is by no means a bulky tome. Furthermore, it does not provide an in depth exploration or discussion of each audit system nor does it inform readers which system is best for their care setting. In fact a caveat is inserted in the introduction explaining how, in the authors' opinion, it is the local circumstances that influence the adoption of an audit as much as the system itself.

After reading the body of the report I was looking forward to a concluding section of discursive text where the authors would pull together (and perhaps analyse!) the wide variations that exist between these audit systems. There isn't one; the report ends abruptly, and one is left with the impression that this analysis

was undertaken as an organisational checklist for a research literature review. However this does not mean that it is not a useful resource for those interested in audit. It does provide evaluative criteria which can usefully be applied to any audit tool. It also presents the beginnings of a conceptual framework which should support further discussions on audit.

HUGH MCKENNA
Lecturer in Nursing

Change and Teamwork in Primary Care. Pringle M. (120 pp, £7.95). London: BMJ Publishing Group, 1993. ISBN 07279-0779-4.

General practice is now in a "managed health service." The changes in private industry are now being applied to public utilities like the NHS, and especially general practice. *Change and Teamwork in Primary Care* is a timely appraisal of the environment; it informs readers of the state of practice teams, where they have come from and where they may wish to go, but it does not guide them how they might get there. A valuable review of the current situation, it also flags up important issues. Its style is consistent and should be acceptable to members of the primary care team, which is a refocused group and an area of renewed interest for primary care managers; for both parties this book is essential background reading.

The book has two parts: managing change in general practice and partners in practice; the chapters have a user friendly format, aided by powerful drawings and clear summary boxes. Undoubtedly, people are a valuable resource, and the key message is that they and their skills be valued, but to deliver primary care in the future the competencies and training of general practitioners will also need to be reviewed. More could have been said in learning from the past about the individual in change, and how people may sometimes respond to change by elation followed by denial, burnout or by rationalisation and acceptance. There is a need for empathy with colleagues, to "walk in their shoes," as they will naturally ask what is in it for them and if the change is threatening will wish to maintain the status quo. In the chapter "strategies for success" I was hoping to read about a business plan and appraisal of strengths, weaknesses, opportunities, threats in general practice. Similarly, mapping the environment and reflecting on the external and internal environment was not mentioned. The key question is "What business are we in?"

Most people are clear on the need for change, and it was pleasing that leadership received due attention, with the visions of strong leaders such as Sir John Harvey-Jones documented. Visions, goals, and objectives are important targets. General practitioners should dream and share those dreams with their primary care teams. Little was said about education; hospitals and managers in the NHS have done better since 1985, with the NHS training agency, but we need better management, better health in primary care initiatives too.

The development of primary health care teams is well recorded. The work of the practice nurse is explained, but what about understanding the work of other primary care team members? If staff are properly trained and empowered there is a risk they may leave because of the limited ability in the NHS for financial reward. Recruitment and retention of key staff is therefore very important. Educational needs are important, but is there a robust method of identifying them and, more importantly, how are resources freed to meet them and from whom? Quality was mentioned throughout the book; why not involve some patients as non-executive members of the primary care team to ensure that the people who really matter are not forgotten?

For some people much in this book will be new. For others it may be a refresher, but they may be disappointed that the book does not go far enough. I believe the authors do not want to be prescriptive. That is good as it permits further ideas and thoughts. It's up to primary health care teams to find ways of making them a reality.

SAFIY KARIM
Primary Care Adviser,
Trent Regional Health Authority

Communication Audit Tools. Ambulatory Care Programme, Centre for Health Services Research. (74 pp, £12.00). Newcastle upon Tyne: Centre for Health Services Research. ISBN 1-870399-53-6.

An audit likely to yield useful results commonly develops from recognition of a problem in clinical practice. However, between that recognition and the final outline of an audit plan lies a vast amount of work including literature searches, consultation, negotiation, and consensus development about the exact nature of the problem, the data needed, and how the audit might be done.

Communication Audit Tools is a specific compilation of information and resources for audit of communications between hospital and general practice. A brief literature review and useful bibliography is followed by an overview of current interface audit activity, based on a survey of medical audit committees and medical audit advisory groups in Northern region, which may provide new ideas. On the basis of previous (referenced) work, the authors describe an audit tool which they have used to audit GP referral letters and consultants' replies. The method is described in detail for the administrative details (such as names, dates, and postcodes), which are obviously easier to score as present/absent, but the same methodology is also applied to the clinical content. Without actually piloting the tool it is difficult to know whether the clinical details can be so reliably scored in the same way, but the method seems simple, logical, and adaptable. The final section describes an (unreferenced) questionnaire which the authors have used to facilitate discussion between hospital staff and general practitioners about possible differences in their expectations. As part of that process it is likely to provide useful material, although it is not intended as an end in itself.