shown by Bucknall *et al* in their recent article.² We endorse their suggestion that the term spiral is preferable to the term cycle in this context because it describes the philosophy of audit more accurately. It fails to arouse the feeling of inevitability associated with "cycles" and expresses the fact that one does not end up where one began (figure).

Costs and inflation are the commoner associations of the word "spiral," but of course in the case of audit it would be standards which rise. In most facets of clinical audit it would be a never ending spiral as the process is continuous; this is particularly true because the standard

against which comparisons are made will itself change with time.

We suggest that spiral be used in place of cycle when used to describe the audit process.

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- 1 Bhopal RS, Thompson R. A form to help learn and teach about assessing medical audit papers. *BMJ* 1991;303:1520-2.
- 2 Bucknall CE, Robertson C, Moran F, Stevenson RD. Improving management of asthma: closing the loop or progressing along the audit spiral? *Quality in Health Care* 1992;1:15-20.

BOOK REVIEWS

Measures of Need and Outcome for Primary Health Care. Wilkin D, Hallam L, Doggett M. (pp 301, £30). Oxford: Oxford University Press, 1992. ISBN 0-19-261818-0.

The authors of the 1989 white paper defined medical audit as "the systematic critical analysis of the quality of medical care, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient." Many audit groups have been enthusiastically tackling issues of the structure and process implied in the first part of this definition, but how on earth do you measure quality of life outcomes? This book is for all those who have become unstuck at this point. Designed as a practical guide for those who do not have the time to wade through the jungle of psychometric literature, it describes forty questionnaires whose aim is to measure different aspects of quality of life.

The literature on quality of life measurement is now extensive, much of it emanating from the United States, where pressure to evaluate the effectiveness of health care interventions has been fuelled by concern about spiralling health care costs. Sadly, articles on different methodological approaches far outweigh those describing actual applications of the methods. For a while it seemed that almost everyone who wanted to measure quality of life felt compelled to design their own instrument instead of using one that had already been developed and validated elsewhere. This should no longer be necessary, at least for generic measures of health status, as there are several which should meet most needs, including the sickness impact profile, the Nottingham health profile, the co-op function charts, and the medical outcomes study SF-20 questionnaire, all

of which are reviewed in this book.

Examples of the questions, the scoring systems, and a critical review of the evidence on reliability and validity are included for each measure. The book also includes selected disease specific instruments such as the arthritis impact measurement scale, measures of functioning including the Barthel index and Katz's activities of daily living scale, and measures of mental illness such as the Beck depression inventory and the general health questionnaire. Many of these instruments have long and respectable pedigrees. The same cannot be said of some of the measures of social support and patient satisfaction included in the book.

Inevitably a book such as this becomes out of date almost as soon as it is published, and a measure currently exciting much interest in Britain – the SF-36 questionnaire, an improvement on the medical outcomes study 20 item questionnaire – receives only a brief mention. The attraction of this instrument is its relative brevity and ease of administration, but reports of its validity and reliability are still awaited and for this reason it has been omitted from the book. Enthusiastic reports from the United States suggest that the SF-36 may prove to be appropriate for use in primary care and in hospital settings, but as Wilkin and colleagues point out in their useful introductory chapters, measures have to be selected with extreme care to ensure that they will serve the purpose for which they are required.

Despite the burgeoning interest in quality of life measurement published reports of primary care based studies which include patient assessed outcome measures are extremely hard to find. This book should stimulate those involved in monitoring and evaluating primary care to fill this gap.

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In the Best of Health? The Status and Future of Health Care in the UK. Beck E, Lonsdale S, Newman S, Patterson D,

eds (pp 355, £14.95). London: Chapman Hall, 1992. ISBN 0-412-38710-7.

Who would give part of an excessive pre-election pay rise to a scheme to fund new patient services and research? Mr Duncan Nichol? The Department of Health? The doctors who did just that in 1983 have now produced a book looking back over the past decade and examining the policy options for the future. Several themes run through the book: choice versus rationing, consumerism in health care, individual versus utilitarian ethics of health policy, the management of change and the relations between health and health care. Robert Maxwell's chapter on international comparisons of health expenditure is full of clarity and is a delight: "What people generally want is not health care, but health. They cannot always have it." This is an excellent starting point for discussing consumerism in health services.

A lesson usually taught early to medical students is that reductions in the major burdens of disease were achieved in the past (and probably will be in the future) by social and economic development and not by health services. The lesson is obviously forgotten quickly as the assumption in health needs assessment is that the link between health services and health is direct rather than a product of socioeconomic development. Mark McCarthy brings the lesson up to date and provides a well crafted chapter on the government's attempts to shift the balance from curative to preventive services, highlighting the doubts about which strategies will pay off.

The impact of NHS reforms on medical education has been largely ignored in the hope that it would sort itself out. Chris McManus and Diana Lockwood describe the appalling trends of the past decade. One in five students do an intercalated BSc, starting them on an academic training. In 1984, 75% of students were supported by MRC studentships but the Treasury decided that the MRC's business was research and not education; thus in 1988 just over 25% were MRC funded, and this will fall to zero. This

change has thrown a greater burden on to students and their families. The use of student loans (or overdrafts as they are more accurately termed) and the spectre of "top up fees" (fees paid by students directly to the college) are further disincentives to equal access to a medical career.

The future for health care in the United Kingdom does not look too encouraging from the perspective of most of the contributors. Fortunately the book is exceptionally well referenced with very few unsubstantiated facts or views, which makes it a handy source for those who have to argue the case for their service in the future. It is also essential homework for all protagonists of the NHS reforms.

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Medical Audit and General Practice. Marinker M, ed (pp 233, £9.95). London: MSD Foundation/BMJ, 1990. ISBN 0-7279-0295-4.

The concepts and principles of medical audit are still relatively new to many clinicians. Thus recently there has been a spate of 'how to do it' books on this subject. As Dr Marinker states in his introduction, *Medical Audit and General Practice* is primarily aimed at the general practitioner who wishes to embark on medical audit. Although the book deals with some of the philosophy behind audit, it is primarily intended as a practical handbook to audit by providing down to earth advice on how to do it. The book opens with two chapters concerned with the "theory" of audit; the first is devoted to the principles of audit and the second to "standards." The remaining nine chapters deal with the practicalities and problems of undertaking actual audit projects in the primary care environment. For example, there are chapters on "where to begin" and "how to begin". Audit of acute and chronic conditions is covered in separate chapters, and structural (organisational) audit is also dealt with. In this respect the book is excellent; it provides simple and clear advice on how to start medical audit with examples of audits that the general practitioner can immediately duplicate or adjust to cover other subject areas. In fact several of the topics could also be used by hospital clinicians. As expected, there is some degree of overlap, and several topics are discussed more than once; I feel this is an advantage as it allows different approaches to auditing the same subject area to be compared. I particularly liked the chapter on statistical issues in medical audit; many audits are marred by poor statistical planning and this book provides sensible advice in avoiding the pitfalls. There is an excellent chapter on producing a practice report, which general practitioner colleagues who are literate in audit tell me is particularly helpful.

Criticisms; well, why should clinicians become involved in medical audit unless they feel it benefits themselves or their

patients? I should like to have seen a whole chapter devoted to this and entitled "Why should doctors audit?" There is only one paragraph in this book, which lists several, rather nebulous, benefits such as increased personal job satisfaction, increased practice efficiency, etc. How you measure these benefits, however, is not made clear. Thus this book is clearly meant for people who have already decided for themselves that audit is "a good thing" and need no persuading that they should be doing it. Crossprofessional audit (I would term this clinical audit as opposed to medical audit) is also not discussed in any detail. For example, should the general practitioner be auditing the work of the practice nurses and vice versa? Take the example of terminal care, covered in two of the chapters. As well as the general practitioner, the district and Macmillan nurses are heavily involved in the patient's management. How – and who – decides whether the entirety of the patient's care is "up to standard?" Although this may not be strictly within the remit of medical audit, discussion of how clinical audit may be undertaken in the primary care environment would have been interesting and helpful.

Overall, however, I found this book useful, and I would recommend it to any clinician who needs help and advice on how to begin medical audit.

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Audit guidelines in public health medicine. Prepared by public health physicians in Mersey Regional Health Authority with the help of Ann Richardson, Christine Jackson, and Wendy Sykes, Nuffield Institute for Health Services Studies, University of Leeds (£20). Leeds: Nuffield Institute for Health Services Studies, 1992. ISBN 1-871977-16-9.

Medical audit has provided a welcome opportunity for public health physicians to help their clinical colleagues in assessing and evaluating clinical practice using skills learnt through public health practice and research. Several of the earliest audit projects were led by public health in the planning stage. It is ironic that audit of public health itself has been slow to take off. This may be partly owing to the long time taken to achieve change in the specialty, but it is common to hear of audit sessions going round in circles on the topic of "What is public health?" This pack provides a clear way forward.

The pack is presented as a folder of looseleaf documents on the audit of ten public health topics. These comprise annual reports, health promotion, childhood immunisation, cervical screening, health care needs assessment, purchasing for health gain, service and academic training in public health, use of time, alliances for healthy public policy, and control of communicable diseases. Each topic has a separate set of guidelines,

pre-audit checklists, audit recording forms, and reviews of progress. The format enabled our regional directorate of public health to attempt a communal review of the package by using the documents to set standards for audit practice in one of our own audit meetings.

The chief concern of all members of our regional audit group was that the project covered the equivalent of "medical" audit for clinicians by including only medically qualified practitioners of public health. We have all been involved in audit of clinical specialties for some time and long ago realised the need for "clinical" audit by all providers of care to achieve change towards better practice. This applies just as much to audit in public health as to the carers who deal directly with patients, and this point promoted useful discussion in our group of the need to ensure that non-medical staff involved in public health are included in audit. Otherwise, we thought the package covered a wide and sensible range of topics and ties in audit practice with the practical problems that face districts as functioning organisations.

By necessity the guidelines are terse but brief and give aims of audit, methods, and data to be collected for each topic. In general, they gave a reasonable overview, but they are not exhaustive, leaving scope for local innovation. For example, the discussion of audit of senior registrar training is rather superficial with little guidance on standards to be achieved by training departments.

The use of an external auditor to diagnose any problems, suggest change, and record audit findings that is proposed in the pack promoted debate about the best way of encouraging ownership of problems and their solutions, which we have previously done by peer review alone. The pre-audit checklists include thought provoking and comprehensive lists of tasks necessary to fulfil the aims of each service area covered. Interfaces with other organisations involved with the NHS in promoting and maintaining health are, on the whole, well covered in the section on alliances for healthy public policy, but the guidelines on purchasing for health gain covered only the role of public health and might have benefited from cross referencing to the other sections.

There are no case studies to illustrate points and provide examples for groups coming cold to the audit of new topics, but the basic guidelines are clear enough to suggest very useful ways forward and to allow a department to create its own approach without having to start completely from square one. We recommend this package as a worthwhile starter pack to all those involved in audit of public health. However, no one should feel that by completing the collection of proformas they have fulfilled all their audit needs.

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