referral guideline had actually been measured.

A key theme of the book is how little wisdom has so far been yielded by our knowledge. Problems of allowing for differences in age, structure and case mix and for the effects of random variation make referral rates difficult to interpret. Existing systems for collecting the data are often unreliable. But having obtained reliable data, we move on to a greater problem described quite aptly by David Walker: “Because we know nothing about the appropriateness of referrals or their outcomes for patients, we do not know whether wide variations in patterns of referral are a sign of inefficiency, or whether reducing variation will increase efficiency.”

There is a paradox here, in that almost any district general hospital consultant knows, for his or her specialty and his or her own patch, the answer that is eluding the collective efforts of the data collectors – namely, which general practitioners tend to refer too soon and which tend to refer too late. Conversely, general practitioners, particularly if they organise the sharing of information on referral outcome, know more about the quality of hospital services than is likely to emerge from any provider’s prospectus. Improving the functioning of the referral system is much more likely to be achieved by constructive and sensitive use of this sort of local knowledge, rather than by the collection and publication of uninterpretable statistics by family health services authorities. It remains to be seen whether the adversarial environment engendered by the reforms will prove conducive to initiatives of this kind, but anyone seeking to make the referral system work better should read this book first.

DUNCAN KEELEY
General Practitioner


Protocols are a growth industry. In the United Kingdom they have been produced by general practitioners for contractual reasons, particularly in order to obtain approval and thereby payment for health promotion activities and surveillance of chronic disease. Clear statements of performance are also seen as an essential part of the audit process, encouraged by medical audit advisory groups. This occasional paper presents an alternative approach: the development of guidelines in one locality, initiated by an academic department and resourced by local hospital specialists and general practitioners. The family health services authority supported the initiative by printing and distributing the guidelines locally. The fact that these local guidelines have been published as an occasional paper for a national and international readership suggests that the Royal College of General Practitioners wants to stimulate and develop the use of protocols. In his preface Professor Pereira Gray suggests that it may soon be necessary (sic) for the college council to endorse protocols formally.

One of the problems of this model is the difficulty in getting a feel of what is really happening and of seeing the whole picture. The major achievement of this book is that it is an anthology with comment of primary care audit as it is now. There is a lot of good reading for all facilitators and advisors in audit. There seems to be no unnecessary repetition of examples, and from my personal experience of the examples quoted, the reporting is accurate.

However, this book is more than an anthology. It is a reasoned argument for the development of audit along particular lines – the lines of a managed service. The difficulty is that this method has been so successful because it corresponds so well with general practice as it is, and that this should be the underlying philosophy to be developed. This would not in itself be a problem except that the first major part of the book is the executive summary, and that is where health care planners and strategists often begin and end their reading. If we, the profession, wish to see audit develop along different lines we have to start saying so now.

I would have liked to see a glossary of the terms, such as broker and stakeholder. They are explained but not defined in the text, and there is scope for the reader to misinterpret the use of the word “broker” as is, for example, in the text: “as one who promotes collaboration between local practitioners and establishes vertical links between primary care and the interested service agencies. Many facilitators who have fostered their practices with assurances of confidentiality and separation from the family health services authorities will be anxious to see their job develop in this way. Much time and effort have been invested in neutralising the paranoia in the grass roots. The investment should be seen as planting trees not as a cash crop. Patient development based on an educational foundation is likely to lead to fruitful outcome. The policy makers and planners would do well to listen to the enthusiasts in primary care who have championed the changes and causes, before making hasty moves towards synthesising the educational with what might be construed as regulatory audit.”

However, the profession does have a wider responsibility to the public and,