The 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 different stage 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 – to quote 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 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 brings us to the point of producing its own protocols and guidelines is in contrast to the approach of other countries, notably the Netherlands, where national guidelines have been published for a wide range of conditions. The national 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 debate about 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.

The occasional paper starts with a review of the principles underpinning guidelines, the evidence of guidelines’ effectiveness, and the methods used in Islington. The bulk of the paper is the guidelines themselves, of which there are fifteen, ranging from chronic diseases such as diabetes and asthma and health promotion topics such as cardiovascular disease, child health surveillance, and management of chronic drinkers to clinical areas of general practice such as ophthalmology and skin diseases. The authors state that conditions were selected on the basis of accounting for 10 or more consultations per 1000 in general practice.

In their introduction the authors describe how guidelines can be designed by four methods: subjective judgment, evidence based, outcomes based and preference based (that is, including the public’s opinions). All the chapters, most of which are co-authored by a general practitioner and hospital specialist, are in the first two categories. The extent to which research evidence is cited varies, with over twenty references at the end of the chapter on cardiovascular disease, and none for the chapter on skin diseases and ophthalmology. This diversity reflects the different approaches used; for some conditions, such as asthma, simple algorithms are used whereas other chapters are descriptive in the undergraduate textbook sense. The uncertainty is compounded by unnecessarily detailed appendices on such issues as specific screening procedures in children. All chapters end with suggestions for audit, which, not surprisingly, are most useful in those chapters which contain explicit standards of care.

Practitioners differ in the amount they read, the type of material they read, and when they read it and particularly in their use of reference materials during consultations. The guidelines in this publication could be used in three ways: during consultations, in formulating a practice policy, and in developing similar initiatives in other health districts. There is a paradox at the heart of the trend towards guideline development. This is to suggest that they influence only those actively engaged in their formulation whereas it is obvious that one person has not the time nor energy to address more than a small area of practice. By providing a temple on which practitioners can build this publication fills an important function. It is also a refreshingly concise account of current approaches to important aspects of primary care.

ANDREW WILSON
Senior Lecturer in General Practice


When audit in primary care became a government objective the strategy was to encourage and facilitate it in whatever way seemed appropriate for the setting. The result has been, as described in Audit and Development in Primary Care, a confetti audit.

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. There is no attempt to answer the question of whether 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 misunderstand the meaning of 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 enthusiasm 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,