popularity analysis. A most useful tool is the ability to produce cross tabulation tables and reports. Pinpoint includes a useful range of graphs which can be a powerful tool for presenting raw data or information from subgroups, categories, or cross tabulation reports. Bar, pi, line, and scatter (including regression line) charts are available, which can be annotated with text.

We have found that this program has saved vast amounts of staff time by reducing the need for repeated searches through raw data when information on subgroups or categories is requested or the data need to be presented in another format.

Data can be imported using dBase, Paradox, and comma or tab separated value (CSV, TSV) formats. This allows data already collected on other databases or spreadsheets to be used or information collection on Pinpoint to be analysed in more detail with a statistical package. Pinpoint has a clean interface that is not cluttered with "never to be used" features and we have found this package extremely easy to use and helpful for medical and clinical audit.

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Since this review was written a major new release of Pinpoint for windows is available, details from Longman Logotron (tel 01223 425558).

BOOK REVIEWS

Shared Care for Diabetes. P M Greenhalgh (pp 35; £9.00 (£9.90 non-members)). London: Royal College of General Practitioners, 1994. (Occasional paper 67.) ISBN 0-85084-204-2.

About 2% of the population of the United Kingdom has diabetes and evidence suggests that the incidence is rising. A general practitioner (GP) with an average list size of about 2000 patients will have 25 to 35 patients with diabetes registered in his or her care, of whom about a third will be using insulin. It is essential that GPs with an interest in this condition – and 90% of practising GPs in the United Kingdom are now claiming chronic disease management fees for diabetes management – are familiar with the condition; aware of complications; and have an effective, structured method of care. Thus this review of the various methods of diabetes care is essential and extremely topical.

Although there is no actual original research, Dr Greenhalgh has methodically and brilliantly collated all the original work on shared care for diabetes, has

extensively reviewed all the differing methods of care, and looked at educational and clinical methods. Her work extends back to the mid-1960s, thus including a historical aspect, yet projects forwards with ideas for future development and research. This work has been drawn from many sources ranging from recognised diabetes journals to general medical journals and general practice journals, but the outstanding aspect must be the enormous amount of personal communication that Dr Greenhalgh has undertaken with general practitioners and recognised leading experts, in the United Kingdom and abroad, and thus this occasional paper truly represents the current state of art of diabetes care.

Towards the end a concise chapter summarises the findings and makes recommendations for effective diabetes care in general practice. Dr Greenhalgh comments that effective diabetes care is "achieved only if the system includes a register, protected time, a practice nurse with diabetes experience, a written management and educational protocol agreed with the local consultant diabetologist, and a system for auditing standard of care." She makes the most important point that unstructured care by disinterested primary healthcare teams is ineffective and wasteful of resources. The nine recommendations are intended as guidelines for workers, particularly those in primary care, and, together with the published guidelines for clinical monitoring and the requirement for chronic disease management programmes, should enable most interested practitioners to establish effective and efficient diabetes care.

This paper occupies a very important position on the bookshelves of all staff involved in diabetes care and I am sure will become the authoritative work on shared care for diabetes.

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Quality Assurance in Nursing Practice. N Kemp, E Richardson (pp 165; £11.99). London: Butterworth Heinemann, 1995. ISBN 0 75062326 8.

For those nurses who are actively involved in quality assurance this book will tell them little that is new. However, I suspect that such people are not the targeted audience. Rather this book seems to be aimed at those nurses who are at an early stage on the quality assurance learning curve. In particular it will be a useful source for nursing students on P2000 and undergraduate degree courses.

The first edition of this text, published in 1990, sold well. Many new governmental and professional initiatives about quality improvement have taken place since then and the authors do a good job updating the reader. This is one of several

such texts published this year – all of which seem to be aimed at a similar readership. However, I detect important differences which may give this book an edge over its competitors.

The authors try to unravel the differences between quality assurance and audit, competently using the scientific literature to support their stance. They are less successful in how they deal with "total quality management" and its relation to quality assurance. None the less, the text is full of useful practical examples from a wide range of health authorities and trusts around Great Britain. There is a particularly good section on the various methods that may be used for standard setting and audit and the book gives the impression that the authors have pinned their allegiance to Donabedian's structure, process, and outcome approach, particularly as adopted by the Royal College of Nursing.

Although it deals briefly with multi-professional audit this book essentially focuses on nursing and the nurse's role in quality assurance. Neophytes from other professions may learn much about the theory of standard setting and audit but I would have difficulty recommending it as a suitable text for non-nurses.

I was interested in Kemp and Richardson's subtle issues relating to quality of care (not always found in mainstream texts). These include the relation between research and quality assurance, ethical issues relating to monitoring quality, criterion maps, the effects of manpower on quality, and the practicalities of facilitating and educating practitioners to become actively involved in quality improvement initiatives.

In conclusion, the authors have succeeded in producing an easy to read British text aimed at introducing readers to quality assurance and audit. Those already familiar with these issues will probably not purchase this book but this should not deter them from recommending it to students and colleagues who are less well versed.

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Development and Implementation of Clinical Guidelines. Edited by the Royal College of General Practitioners (Report of Clinical Guidelines Working Group) (Report from General Practice Number 26) (pp 34; £11.00). London: Royal College of General Practitioners, 1995. ISBN 0 85084 207 7.

Guidelines are gift horses into whose mouths we had better look. That is the key message from the general practitioners whose deliberations are summarised in this report. It is good to see that the most thorough appraisal of development and implementation of guidelines in the