Better systems of communication and diversification in the technological side of general practice will allow the general practitioner to manage a disease or illness with little recourse to secondary care. If he does require such help, then he will have the controlling influence over its selection and management. The Department of Health will gradually take more of a backseat in the provision of health care, acting only as a planning unit for long term strategy. The better managed the primary care unit, the more freedom and independence it will achieve.

If general practitioners continue to avoid looking into the future of health care provision, opportunities to develop will be missed and they will find that management will be imposed upon them, both clinically and administratively. We have already witnessed the fallibility of our ‘contract’.

I submit, in contrast to Dr Sykes, that all practitioners should prepare plans for holding a budget under the proposed practice funding initiative in order that a better balance is achieved when the outcome of the first two year experimental period comes to a close. Failure to part will result in future budgets being set pro rata to the needs of previously ‘successful’ practices.

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†A management doughnut is a sphere containing a defined centre of management separated from its outer periphery by a very flexible area. The peripheral surface of the doughnut is the contact with the clients.

Misunderstanding of ‘audit’

Sir,

I was somewhat disheartened to see that the Journal has added to the confusion surrounding the term ‘audit’. The paper by Gillam and colleagues (June Journal, p.236) demonstrates the misuse of the term today.

Audit is a cyclical process. Present practice is identified and compared with a standard which can be either implicit or explicit. Action is then taken to alter practice to approach the desired standard. The cycle is completed by reviewing the activity under scrutiny at a later date and assessing the effectiveness of change. The process should be continuous, allowing for steady improvement in practice. Audit can be applied at any level, from individual to hospital.

Gillam and colleagues provide the descriptive background for an audit project and this is correctly identified by the authors as ‘this descriptive study ... to examine the reasons for late presentation of congenital dislocation of the hip: This in itself, however, does not constitute audit.

Audit is a powerful tool to improve the practice of medicine. We should not allow it to be diluted and its fundamental feature of feedback lost.

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Referrals by optometrists to general practitioners

Sir,

I read with considerable interest Dr Peter Perkins’ paper on the outcome of referrals by optometrists to general practitioners (February Journal, p.59). I agree with his claim that general practitioners filter and direct patients along the pathway between optometrists and ophthalmologists. However, I question whether general practitioners are effective in such filtering. I would like to refer him to an earlier study we conducted where 10% of patients were lost somewhere along this pathway between the optometrist, the general practitioner and the specialist.

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Reference


Benefits of developmental screening

Sir,

Having spent many hours as a community medical officer in unproductive screening of pre-school children, I strongly support Professor Bain’s views as expressed in the Journal last year. Most of the abnormalities discovered, with the exception of visual and hearing problems, are either irremediable or already recognized or both. Dr Hooper’s letter (July Journal, p.303) only serves to confirm this opinion.

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Reference