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## Research papers this month

### Inequalities in access to coronary angiography and revascularisation

While it is a common aim of primary care to narrow the health gap that currently exists in Britain, Hippisley-Cox and Pringle point out that studies investigating access to coronary services have produced conflicting results. Using a cross-sectional survey of 180 Nottinghamshire practices they found that practices with high deprivation scores had significantly lower rates of utilisation of angiography and revascularisation procedures. They also suggest that the same disadvantages occur for those in practices far from a secondary or tertiary referral centre.

### Can general practitioners influence the nation's health?

Lifestyle advice from GPs has been shown to have a positive effect on population health. Lawlor *et al* examined GPs' attitudes towards adopting a population approach to lifestyle advice and identify ways of maximising the potential of GPs to affect population health. They found that although such advice can be beneficial, measures to tackle the social and environmental determinants of health may be a more effective and efficient way of improving the nation's health.

### Social variations in reasons for contacting general practice out-of-hours

Drummond *et al* believe that contact with general practice out-of-hours services increases with socioeconomic deprivation. To determine the reasons for contact with an emergency medical service in Glasgow all contacts over a one-week period in October 1996 were identified and a random sample sent a postal questionnaire survey. They found that patients from non-affluent areas perceive difficulties in accessing their GP during surgery hours and may contact out-of-hours services as an alternative.

### A comparison of individual and population smoking data

Data on smoking held by GPs may contribute to clinical care and to an assessment of population health. To examine the accuracy of general practice data as an estimate for population prevalence of smoking and to estimate the accuracy of GP data on individuals' smoking habit Wilson *et al* sent a postal questionnaire to a random sample of individuals aged 15 to 74 years. They determined that GP-held data are valid for individuals but over-estimate smoking prevalence at a population level.

### National evaluation of general practitioner commissioning pilots

The national evaluation of GP commissioning pilots was commissioned by the Department of Health in 1997 as part of its Policy Research Programme. Smith *et al* used semi-structured face-to-face interviews with GPs, health authority managers, and pilot managers from the 40 national pilot sites, as well as focus group discussions, to monitor the development of the sites. They identify factors that have inhibited or facilitated progress and consider the implications for the implementation and development of primary care groups.

### The impact of nursing home patients on GPs' workload

Groom *et al* point out that although the number of people in nursing homes has risen substantially in recent years, the shift of responsibility into general practice has rarely been accompanied by extra resources. In order to assess the GP workload associated with nursing home residents and its associated costs they collected data from nine Nottinghamshire practices. They argue that nursing home residents are associated with a higher workload for GPs than other patients of the same age and sex living in the community and believe that their costings provide a basis for negotiating suitable reimbursement of GPs for their additional work.

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Papers submitted for publication should not have been published before or be currently submitted to any other publisher. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

Original articles should normally be no longer than 2500 words, arranged in the usual order of summary, introduction, method, results, discussion and references. Letters to the editor should be brief — 400 words maximum — and should be typed in double spacing.

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Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

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