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Patient participation

IS patient participation a bogey or the salvation of general practice? It is possibly neither, but the fact that there are so many misconceptions about it certainly cannot be good, and it is therefore most helpful to have several essays about it gathered together in *Occasional Paper No. 17*. The essays, most of which have not been in print before, describe what patient participation groups can and cannot be expected to do and why they are needed, and give us some hard information in the shape of surveys of the views of patients and doctors. There is also a full report of the study day on patient participation held at the College in early 1980. Patients and doctors will find a great deal to guide them in

deciding whether organized groups will improve the delivery of health care, and sociologists and other academics will at last have a source book on the subject.

One of the speakers at the study day concluded that his survey of the nature and future of general practice led him to the inevitable conclusion that the patient participation group will have a central role to play if the needs of the community are to be met and health services are to remain competent and containable.

Patient Participation in General Practice, Occasional Paper 17, is available from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, price £3.75, including postage. Payment should be made with order.

Costs of in- and outpatient care

The substitution of ambulatory for inpatient care has become a common cost-containment proposal; it assumes that an equivalent or better clinical outcome at lower cost will result. However, when criteria for measuring cost and efficacy are appropriately defined, there is little published information available that supports this assumption. Only four of 134 relevant papers that we analysed provided enough data on both cost and efficacy to allow statistically valid conclusions. Two of these demonstrated that potential savings would be accompanied by a slightly poorer clinical outcome; two showed ambulatory care to be as effective as inpatient care and less costly. Future study should include both appropriate calculations of costs and properly controlled measurements of clinical outcome. Indirect costs cannot be ignored in such calculations if the total costs of illness, not simple payments to the health industry, are to be reduced.

Source: Berk, A. & Chalmers, T. (1981). Cost and efficacy of the substitution of ambulatory for inpatient care. *New England Journal of Medicine*, 304, 393-397.

MEDICINES SURVEILLANCE CENTRE

Doctors interested in having their names added to the list of those wishing to participate in clinical trials and post-marketing surveillance, please send their names and addresses to the MSC, 14 Princes Gate, London SW7 1PU.

NAME.....
(block letters)

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