

cent satisfactorily recorded a range of data about all their consultations on a representative sample of 15 working days over 12 months. Apart from a slight bias towards younger general practitioners, there was little to distinguish those who did from those who did not participate. This demonstrates that under certain conditions a large and representative group of doctors will collect data about their activities. It also raises questions about the factors that influence variations in the level of participation and the factors that might work in favour of encouraging wider participation.

The response of general practitioners to an invitation to participate in a specific exercise based on practice activity analysis (PAA) tells us little about their attitudes to audit in general. PAA can be a valuable introduction to audit but should not be confused with audit *per se*. Properly seen, audit is a cycle of activity designed not only to identify problems in practice, but also to resolve them. PAA is one way, but not the only way, nor necessarily the most cost-effective way, of initiating this cycle. Other methods are necessary to complete it.

It would be unscientific to draw any conclusions on current professional opinion about audit on the basis of the over-simplified and superficial figures the authors present on the extent of doctors' agreement or disagreement with nine opinion statements. Such figures inevitably give a distorted view of the complex set of ideas, feelings and private opinions that general practitioners hold on this important issue.

If the development of peer review activities is to be one of the College's priorities for the 80s, then a properly designed qualitative study of general practitioners' attitudes to a range of review activities is clearly required. Without such a study, the promotion of peer review activities in general practice will continue to be a costly, and perhaps counter-productive process of trial and error.

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Subscription Reduction after Retirement

Sir,
From time to time as Treasurer of the College I receive requests from retired Fellows, Members or Associates for a reduction in their annual subscription.

May I remind those who have retired from general practice that the normal annual subscription is reduced by 75 per cent. Alternatively, such a person may elect to become a Life Fellow, Member or Associate on a once-and-for-all payment of one and a half times the normal annual subscription appropriate to that person. I need hardly remind those concerned that these arrangements can only be brought into effect if the registration officer at the College is informed that the person has retired. It applies only of course to those who have retired from all forms of medical practice and not to those who have changed from general practice into another field of medicine.

D. G. GARVIE
Honorary Treasurer

Out-of-hospital Cardiac Arrest

Sir,

In your recent editorial (May *Journal*, p. 259) Dr Jones emphasizes the reluctance of health authorities to invest in mobile coronary care schemes due to the lack of 'firm evidence' of their value. He states 'there are no data to show that community mortality is affected'.

At the Spring meeting of the British Cardiac Society in April we presented data from the first year of a study designed to assess the effect of a mobile coronary care unit (MCCU) on community mortality. We compared the community mortality from myocardial infarction in two areas in Northern Ireland which had similar hospital coronary care, but in one a medically staffed MCCU was constantly available.

Total community mortality was significantly lower in the area with mobile coronary care and this difference was most dramatic in the younger age groups. Among those under 65 years of age, 52 per cent died in the area with a conventional coronary care system while only 27 per cent died when a MCCU was available. This represents a saving of 25 lives among every 100 people who develop a myocardial infarction under the age of 65 years. Full details of the study will be published shortly.

Dr Jones also mentions that very few general practitioners have access to defibrillators. Sixteen months ago all general practitioners in the catchment area of the Waveney Hospital, Ballymena (approximate population 150,000) were provided with portable defibrillators. Since then six people have been successfully resuscitated from cardiac arrest by their general practitioners before the arrival of the

MCCU. Five of these patients had acute myocardial infarction and the sixth had a cardiomyopathy. All were discharged from hospital and all are still alive, two to fourteen months after their arrest.

Our experience has shown that a policy of active pre-hospital coronary care by general practitioners and MCCUs will substantially reduce unnecessary loss of life from myocardial infarction in the community. We agree with Dr Jones that further development of pre-hospital coronary care schemes is long overdue.

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Teams for the Year 2000

Sir,

In his editorial (February *Journal*, p. 67) Dr Brooks has thrown down a challenge to us all; the primary care team must begin to work together 'each member clearly understanding his or her own function and those of the other members of team so that they . . . provide an effective primary care service'.

How can we make a start? A year ago our practice team (three general practitioners, a trainee, three health visitors, three district nurses and health visiting and nursing students) began to meet regularly to discuss areas of mutual concern. During the year we have tackled a number of topics in a variety of ways:

- We have had joint meetings with other community nursing staff—for example the stoma care therapist, a sister from the newly opened local hospice and the local dietitian—to discuss how we can work together better and make full use of their services. One of the nurses was prompted to start a slimming group with initial help and advice from the dietitian, and the dietitian has become involved in our practice diabetic clinics.
- We have invited a number of para-health care workers to talk to us about their work and how we can be