

LETTERS

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Rent-an-audit

Sir,
John Horder and his colleagues provided a useful review of the ways of influencing the behaviour of general practitioners (November *Journal*, p.517) but in our experience one simple method cannot be emphasized too strongly — giving practical assistance to general practitioners.

For example, doctors are encouraged to perform audit as a means of assessing their quality of care and as a baseline for service development but the development of a system of audit takes a considerable amount of time and energy. Some practices are able to develop their own systems of audit but they are the minority.

We have developed a scheme called 'Rent-an-audit' in which we offer practices a standard validated audit package tailored to suit the needs of each practice. In general most practices take the audit package with only a few variations and one of the strengths of using a standard audit package within one health authority or family practitioner committee area is that the practice is then able to compare its performance with the performance of others.

We give the practice advice on the size of the sample that should be chosen and tell them how much work will be involved to the nearest hour. We make a small charge of £15 for the audit and provide a team of auditors who are very experienced, several of our team having carried out over 40 audits. The audit team consults the practice manager to find a convenient time and carries out audits in the evenings or at weekends if required.

Rent-an-audit, which developed out of a scheme funded by the Chest, Heart and Stroke Association, has become a service in its own right and is extremely popular. We have now helped about half of the 85 practices in the Oxfordshire Family Practitioner Committee area to carry out an audit and we have covered a population of 300 000. We provide an audit league table and are able to tell practices where

they stand in comparison with others. As the scheme has been running for about three years, repeat audits are now being carried out in some practices.

The moral is simple. Provide practical assistance with minimal inconvenience and the majority of practices will carry out audit and take other steps to improve their quality of care; provide exhortations and little will happen. Even worse, exhortations without offers of practical help may simply raise hackles and slow down the rate of progress.

Copies of the audit package that we use can be obtained from the address below and we would be pleased to give advice and help to any health authority or family practitioner committee which would like to set up a rent-an-audit scheme.

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A community rehabilitation unit for the elderly

Sir,
At a time when our health care system is adapting to the increasing number of elderly people in the community it may be of interest to consider the value of a unit where paramedical services are directly accessible to elderly patients under the care of their general practitioners.

A DHSS policy paper states that: 'It is essential that the services of therapists — physiotherapists, occupational therapists, speech therapists and chiropodists should be readily available to elderly people living in the community...'¹ The Richmond Rehabilitation Unit for the Elderly, opened in 1981, provides this multidisciplinary service on an outpatient basis to patients

aged 60 years and over. It is housed in attractive, purpose built accommodation established through fund-raising by the local community and various charities under the leadership of Help the Aged and subsequently maintained by the NHS.

Patients are referred to any or all disciplines. There is good liaison between the staff of the unit, local authority occupational therapists and other paramedical staff working in the community. Degenerative joint disease and strokes are the commonest conditions seen in the unit and a minority of patients have multiple problems including some of a serious social or psychological nature.

All patients are encouraged to adopt positive attitudes towards rehabilitation, doing exercises at home and following any other advice given, to achieve maximum benefit from their treatment, and the cooperation of carers is much valued. Home visits are made where appropriate and carers are welcome at the unit.

General practitioners in the Richmond, Twickenham and Roehampton health district were asked their opinion about the physiotherapy service offered to the elderly at the unit and by the community physiotherapists during 1985.² The findings, based on a response rate of 55% to a postal questionnaire, showed general practitioners clearly appreciated the current service and were enthusiastic about possible developments. The greatest needs of elderly patients with regard to physiotherapy were seen to be for improving mobility and maintaining independence.

The provision of a multidisciplinary paramedical service with direct access for general practitioners has made an important contribution towards maintaining or improving the health of elderly patients and their ability to function adequately in their home environment. It is important that future resources should meet the challenge of increasing need, as expressed in the DHSS report of a study on community care — 'The significant increase in the 75 and over age group is likely to