



### SMOKING CESSATION INTERVENTIONS: IS PATIENT EDUCATION EFFECTIVE?

Diana Saunders

*London School of Hygiene and Tropical Medicine (1992)*  
68 pages. Price £10.00

This comprehensive review of the effectiveness of interventions to help patients stop smoking will be of value to anyone planning anti-smoking programmes. As I read the book, I realized how little use is made of research and how even simple messages get lost in the bureaucracy of health promotion bands, target groups and forms to complete.

Diana Saunders has put together clear evidence that brief advice in general practice consultations is effective and will help about 3% of smokers to stop for at least a year. We can improve on this by offering health education booklets and emphasizing the short term advantages of stopping smoking rather than dwelling on the long term dangers. Negotiating a date to stop, warning smokers that they will be asked about their progress when they next attend and arranging follow-up appointments can also help those who want to stop. Nicotine gum seems more effective when used in a clinic or a group than in general practice, but can be valuable for smokers who are very dependent on nicotine, if used properly. Patches may prove more helpful, but only limited evidence of their effectiveness was available in 1991 when this review was written.

The big issue when it comes to putting this research into practice is how to motivate professionals to continue with their interventions — even if 5% of our patients stop, 19 out of 20 will continue smoking. Training, feedback on smoking rates and stickers in the notes can all be helpful and should feature prominently in programmes to help professionals tackle smoking.

This book offers the opportunity to learn from other people's experiences. Any practice applying for recognition of their health promotion work under the government's new payment system will need to tackle smoking and this review should help them to do so more effectively.

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### PRIMARY HEALTH CARE IN THE ARAB WORLD

W J Stephen

*Somerset House, Wells (1992)*  
314 pages. Price £20.00

Dr Stephen has made a brave attempt to fill a gap in the literature on health care provision. The Arab world needs interpreters who understand the rapid pace of development and the need for sustainable health provision, and this is particularly true for primary

health care. However, with such a broad brief — providing baseline information, removing prejudices, assisting health care planners, stimulating discussion and highlighting problems of relationships between developing and developed world — Dr Stephen could only provide a sketch.

What emerges is a collage: a restatement of the principles of primary health care alongside descriptions of health care structure and process. The true picture cannot emerge from brief forays by a non-arabic speaking researcher; ideally Dr Stephen should have lived in and experienced Arabic culture before writing the book. *Primary health care in the Arab world* is aimed at people in ministerial positions in those countries. It would probably make difficult reading for those with English as a second language.

A wealth of information is crammed into 314 pages (there are 20 pages of references). However, the headings fail to catch the eye and there are no maps. Only the tables are easy to refer to, although the author admits that the information they contain is often unreliable. Those considering a visit to the Middle East may wish to browse through this book — Dr Stephen's personal assessments of each country provide convenient cameos.

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### PARTNERSHIPS: CAN WE TALK? (video)

*Royal College of General Practitioners and MSD Foundation RCGP, London (1993)*

72 pages (course book). Price £45.00

Most of us have experience of the many problems which lie beneath the exterior veneer of medical partnerships. This programme brings them out into the open and explores relationships within partnerships and in the primary health care team, postulating that an ability to work in harmony in partnership to achieve practice aims will result in better quality patient care. The package comprises a course book, a video and a copy of the practice annual report pertaining to a mythical, but all too familiar, Appleby Road practice, which is setting out to appoint a replacement partner. It is designed for use by various groups in the practice and during training and continuing medical education.

The course book has three main sections. The commentary and script section is used in conjunction with the video. It is unfortunate that the video commentator metamorphoses the retiring partner, Margaret Jeffrey into Margaret Jones, but the commentary relates to the interactions in the video sequences and asks pertinent questions of participants as to what is happening and how this relates to personal experience. The video is excellent and holds the attention completely.

The second section is titled 'Readings' and the topics selected are very relevant and need to be explored by groups. The 'game' is the third section and is an allocation of eight well chosen 'challenges' for the group studying the programme to work out via role play under the aegis of a 'facilitator'. Each challenge is allowed 90 minutes, including 40 minutes of 'debriefing' of the group.

A more imaginative layout for the course book might have been expected rather than pages of small, closely spaced type with large areas of blank spaces but no illustrations. Textual layout is of prime importance in maintaining the interest of readers, especially in a programme which takes several sessions to work through. Perhaps the topic is deemed too serious for cartoons, but learning should be fun and they would break the monotony. References should be included at the end of each section or topic rather than in a list at the end of the book, with no cross references to the text. It is a pity that those at whom the excellent content of this programme is aimed may be inhibited from using it by textual format.

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### HOSPITAL REFERRALS

**Oxford general practice series 22**

*M Roland and A Coulter (eds)*  
*Oxford University Press (1992)*  
225 pages. Price £18.50

Since the reforms in the National Health Service, the subject of hospital activity and how to control it has been discussed regularly in the press. The public is faced with the reality of long waits for outpatient appointments and cancellation of these appointments and of admissions, and observes the debate about a two tier health service and the financial problems of health authorities.

This book on hospital referrals was published in 1992, and I turned to it eagerly for some new insights into one of the key issues for the NHS. What Roland and Coulter have done, as co-editors, is to write half the chapters themselves and to invite nine others, almost entirely from the academic world, to write the rest. They have produced a beautifully argued, well referenced, academic book, which is difficult to fault. It covers collection and analysis of data, auditing of referrals, improving communication between general practitioners and hospital doctors, and the development and evaluation of referral guidelines. It contains an historical review of hospital referrals and a chapter which looks to the future.

What I searched for in vain was a perspective on the current issues of control and financial management. Although the power relationship between general practitioners and consultants and between general practitioners and health authorities is hidden within the text, perhaps it needed a political scientist to tease out the critical issues. The debate has shifted from the power of governors and consultants in voluntary hospitals to that of purchasing blocks, fundholding general practitioners, and the public, which has been encouraged by the patients' charter and the political visibility of waiting lists. Given the financial imperatives, an article from a practice manager or district health authority finance or contract director would have been welcome.

Although the book discusses appropriateness at a theoretical level it fails to analyse referrals in terms of actual waiting times and availability of services within the NHS. Given the informa-

tion now available from extra-contractual referrals, discussion of these referrals and those outside the NHS would have been interesting.

To return to the book's strengths, it is a rich reference source, with 367 citations, only 61 of which are references to the authors themselves. It describes the rational world, it analyses, it explains. Had it been published before the NHS reforms, it would have been a classic.

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### CHANGE AND TEAMWORK IN PRIMARY CARE

*M Pringle (ed)*  
*British Medical Journal, London (1993)*  
120 pages. Price £7.95

General practice in the United Kingdom has had to adapt to more dramatic changes in the past three years than in all the previous 40 years of its evolution. The whole style of general practice is changing from a 'demand-led' service towards a 'needs-led' service, with more emphasis on prevention and health promotion. Greater understanding and competence in managing change and building teams are now needed.

These are the themes of this edited collection from the *British Medical Journal*. Read serially at the time, the articles were interesting, but few approach the management of change and team development in a systematic way. There is little reference to the literature on managing change, nor does the editor or most of the authors, explore the concepts and principles, so that they can generalize their experience.

The outstanding article on managing change is that by Atkinson (a management teacher) and Hayden (a general practitioner). They are not afraid to look at underlying concepts and to consider building a vision of the future. Management of change must be led by plans for the future, and cannot be left to happen spontaneously. Few general practitioners learn enough about managing fundamental change from experience to carry it out competently. They need help so that they do not have to reinvent the wheel of change. The highly relevant concept of the 'learning organization', which has been around for 15 years, is not explored in this book.

Several articles in the second group on teamwork are outstanding. Lawrence, in particular, looks to the future and sees partnership as the key concept – with patients, within the primary health care team, with health authorities and with hospitals. Only in this way can patients' needs be defined, met and audited. Other articles deal well with contractual farces, the team's clinical tasks, and team members' roles.

Sadly, the book as a whole lacks coherence, though several of the articles contain gems of wisdom. Hasler ends on a note of optimism, that 'the potential for new ways of delivering primary care has never been greater'.

PETER PRITCHARD  
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### FALLS IN THE ELDERLY

*Joanna H Downton*  
*Edward Arnold, Sevenoaks (1993)*  
158 pages. Price £16.95

Falls often have disastrous consequences for older people, and may herald serious illness, which is almost always managed in