

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'.

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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