



COUNTDOWN TO COMMUNITY CARE

Trish Groves (ed)
BMJ Publications, London (1993)
 124 pages. Price £8.95 (p/b)

What is it really like being a client of care management since the implementation of the reforms in April 1993? These collected articles from the *British Medical Journal* provide some clues. What comes across most strongly is the lack of involvement of professionals, particularly general practitioners, in designing local systems. This undoubtedly arises from the lead given to social services and their typically poor relationships with general practitioners. Furthermore, the ambivalence, complacency, lack of experience and lack of interest of general practitioners in the community management of people with complex disability is clear in several of these articles.

The reforms stand their best chance in parts of the United Kingdom where integrated health and social services planning exists: Northern Ireland, Scotland and Wales. The picture for England is likely to be blighted by the new perverse incentives listed in a chapter about Southwark's mental health service plans. The most serious perverse incentive is the boundary between free health care from the National Health Service and means-tested social care. Where the line is drawn will have major implications for service users, but arbitrary local decisions have been made without public debate.

The principles of providing good care for the frailest and most dependent people in society are well known: comprehensiveness, continuity, accessibility and advocacy. I hope the *British Medical Journal* will take the opportunity to revisit these places and people to judge community care policy against its ability to deliver according to these principles.

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THE AUDIT HANDBOOK: IMPROVING HEALTH CARE THROUGH CLINICAL AUDIT

I K Crombie, H T O Davies, S C S Abraham and C Du V Florey
 John Wiley, Chichester (1993)
 225 pages. Price £22.50

The trouble with all handbooks is that it is impossible to be all things to all people. Handbooks are either prescriptively over-detailed or inadequate in content and they often manage to be both. So it is with this excellently produced book. It is very readable, generous with quotations and examples, and comprehensively

referenced. I particularly enjoyed the initial historical perspective. I had never considered how much Florence Nightingale did for clinical audit in the Crimea a century and a half ago. The authors' bias from academic public health medicine is obvious. That is not in itself a problem but the book has more pages about validity, reliability and statistical analysis of audit data than about some of the other more practical problems of audit: how do you get unwilling professionals to participate in change, what is the overlap between service delivery and professional accountability, how are audit activities to be funded, and how and in what form are they to be reported? The authors are dogmatic about their definitions of criteria and standards but not everyone agrees with them (Donabedian A. *Exploration in quality assessment and monitoring*, 1982).

In summary, this book is a useful addition to the audit bibliography — not as a handbook but as a short and accessible textbook. As with all books it is inevitably showing its age and the next edition must address current concerns about clinical audit, the interface between primary and secondary care, and the role of audit in the modern market place of quality health care delivery.

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MENTAL HEALTH AND PRIMARY CARE

A changing agenda

Peter Tyrer, Roger Higgs and Geraldine Strathdee
 Royal College of Psychiatrists, Gaskell and Mental Health
 Foundation, London (1993)
 54 pages. Price £4.50

This small book stems from a residential conference (Cumberland Lodge, Windsor, July 1991), but is not a report on it. The conference, organized by the Mental Health Foundation, brought together members of a number of different professions engaged in primary care and in psychiatric services, together with users of all the services and carers. Small group discussion, which dominated the programme, brought the viewpoints of these three groups to bear on the problems which confront all practitioners dealing with mental health problems in primary care — and on possible solutions.

The book presents these three viewpoints on the same problems and solutions, but aims to move forward, using the impetus of the conference. The dominant theme of the book is interdisciplinary collaboration — not only between general practitioners and psychiatrists, but also between members of their teams. One