



**PRIMARY HEALTH CARE IN LONDON:  
QUANTIFYING THE CHALLENGE**

*Sean Boyle and Chris Smaje  
King's Fund Institute, London (1993)  
87 pages. Price £12.00*

This is a laudable attempt to provide the kind of statistical data about primary care in London which should have informed the recommendations of the Tomlinson report and the government's response, *Making London better*. Regrettably, it delivers much less than it promises. The use of boxes for background information alongside a mass of tables and figures is tedious and makes reading unnecessarily disjointed and laborious. There is some fascinating information, and useful comparisons are made between aspects of primary care in London and those in comparable areas elsewhere in England, but the whole is written with the mannered objectivity and lack of understanding that can so easily come from being divorced from the actuality of health care. Data are presented which purport to show poor performance in primary care in London but there is no sense of how hard it can be to deliver a high standard of care to a multiply-deprived population. Concepts of motivation and morale are completely lacking.

The arguments perpetuate many injustices. These include the derogatory and insensitive use of single handed practice as a measure of poor quality of care. Numbers of health promotion clinics are used as another quality indicator despite the fact that there have been no measures of outcome and these clinics are widely thought to follow the inverse care law. Once again, and despite Brian Jarman's efforts to refute the arguments, standardized mortality ratios are used to support the ridiculous assertion that Londoners have better than average health status. Data must be informed by experience if they are to provide us with the wisdom to move forward for the benefit of our patients. This book falls short.

IONA HEATH  
*General practitioner, London  
Chair, RCGP inner city task force*

**WHEN OUR BABY DIED (video)  
GRIEVING AFTER THE DEATH OF YOUR BABY (book)**

*Nancy Kohner and Jenni Thomas  
Professional Care Productions, Buckinghamshire (1993)  
Running time 30 minutes. Price £14.99. 45 pages. Price £5.00*

Fortunately, most people will never know what it feels like to lose a baby. Those who do often say that only other bereaved parents can really understand. This book and accompanying

video go some way to filling the gap, as they portray the pain and bewilderment, but also suggest ways of coping with the grief.

Parents tell their stories in detail and the range of social backgrounds and clinical histories is wide. The simple and powerful descriptions give insight into the reasons behind the feelings, and will help the newly bereaved to understand their own responses. Guilt and blame feature heavily, as they do for our patients. The book demonstrates particularly well that couples may grieve in different ways and so risk misinterpreting each other's behaviour. The second section of the book contains an explanation of normal grieving which will be a relief to those who feel convinced, as one mother did, that she was going mad.

Practical advice is offered with some imaginative suggestions for safeguarding memories. Childrens' reactions are discussed, as are those of other relatives and friends. Those whose grief feels unbearable are strongly advised to seek help. A list of support organizations is included. These are aimed at parents, but would also help those around them. Most general practitioners would find looking at this book and video worthwhile before recommending them to patients; they would make excellent teaching material for students and trainees. The video really needs to be backed up by the book as it consists only of interviews.

MELANIE WYNNE-JONES  
*General practitioner, Stockport, Cheshire*

**CARDIOVASCULAR DISEASE: RISK FACTORS AND INTERVENTION**

*Neil Poulter, Peter Sever and Simon Thom (eds)  
Radcliffe, Oxford (1993)  
351 pages. Price £49.50*

Despite the editors' protestation that this is not just another book of conference proceedings, it has much in common with that genre. It contains 35 short chapters by almost as many contributors. Since the subject matter is often heavy, this does have the advantage that the material comes in bite-sized chunks; the drawback being that with so many authors the book lacks coherence.

The chapters are generally by well-known figures in their fields and are therefore reliable summaries of the state of knowledge on their topics. The book adopts a traditionally biomedical approach, with emphasis on biochemistry and work on the aetiology of disease in the individual. There are some interesting chapters on difficult areas such as blood pressure in elderly people and risk factors in different ethnic groups. One chapter rather oddly combines a discussion of the suggested effects of coffee (detrimental) and dietary fibre (beneficial). Perhaps the link is that these cancel each other out at breakfast? A scholarly chapter

on cost-effective purchasing of health care seemed to have little connection with the rest of the book.

Despite the title there is not much on intervention, and what there is deals with drug treatment of hypertension and hyperlipidaemia, areas safely within the traditional medical framework. I was reminded of a cartoon of a little boy with a saucepan stuck on his head. Confronting the white-coated doctor, his mother remarked 'I think we know the diagnosis. We were hoping you might suggest a cure?' I had hoped to hear a little about how to help people stop smoking, change their diet and take up exercise. Some discussion of political population measures such as food labelling, smoking policies and tax structures would have been a welcome complement to the biological, individually focused topics.

For anyone working in the field or planning to do so this provides a useful summary of much of the important research. Unfortunately, it breaks no new ground and will be of scant interest to clinicians struggling to find a way to use the new health promotion banding system to benefit their patients.

PETER D TOON

*General practitioner, London*

#### **HOSPITALS AND PRIMARY CARE: BREAKING THE BOUNDARIES**

*Jane Hughes and Pat Gordon*

*King's Fund Centre, London (1993)*

*48 pages. Price £9.00*

The irony of this book is that it confirms what general practitioners have been saying for years, namely that many health services

can be devolved into primary care, given resources and cooperation. In an ideal world, hospital and community would provide what we are learning to call seamless care. Originally published in 1992 as *An optimal balance?*, and focused on London, this book recommends that primary care should, in future, be put in the driving seat.

It details inappropriate use of hospital services, blaming poor management in both primary and secondary sectors, and lack of communication between the two. It does, however, acknowledge that sometimes patients are referred because there is nowhere else for them to go.

Interesting, alternative solutions to provision of care are examined. These include practice-based outpatient care, community hospitals and accident and emergency departments staffed by general practitioners. Examples of systematic shared care are quoted, including care for patients with epilepsy and the human immunodeficiency virus (HIV), and postoperative orthopaedic care. Could these changes be made in London and/or the United Kingdom as a whole? The authors conclude that they should. Inevitably, management restructuring is called for. A profound shift in attitudes would be necessary to tilt the balance, although fundholders are finding that holding the purse-strings can be effective.

The ideas in *Hospitals and primary care: breaking the boundaries* are excellent and thought-provoking, but although general practitioners may welcome increased responsibilities, they could be forgiven for suspecting that they will not be matched by resources.

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