

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.

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#### **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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