vices to health services with patients falling through the gap which has been created.[14] A recent House of Commons committee report highlighted the potential conflict explicit in the reforms between the downward pressure on the budget of social care (previously there was an open-ended commitment to those claiming income support) and the increasing demand on services resulting from detailed assessment and identification of patients' needs.[15]

What of the future? How can the main aims of the community care reforms to make the services more responsive to the needs of patients and their carers and to improve the overall quality of community care be achieved? And what role should the general practitioner play?

First, there is a widely recognized need for closer collaboration between health and social services if the reforms are to succeed[1] and some concern that this may be difficult to achieve.[13] Problems in inter-agency working are not new and have been attributed to a number of factors including differences in the structure and working practices of the NHS and social services and in the occupational culture of health and social care practitioners.[16] The lead up to the reforms certainly highlighted the inadequacy of communication between social services departments and general practitioners, both in terms of collaborative planning and day-to-day telephone access and face-to-face contact.[5,6]

Ways of promoting greater collaboration are being developed. Joint commissioning of health and social care is happening in some areas; the Lyme community care unit has been set up by general practitioners[17] and a fundholding practice has established contracts with their social services department.[18] Alternative strategies are the linking of care managers with general practitioners' surgeries and the attachment of social workers to practices. However, these initiatives are localized and involve the minority of general practitioners and patients; it is to be hoped that they are being evaluated and that the results will be widely disseminated. How can greater collaboration with social workers be achieved by general practitioners in general? Both groups need to make opportunities for more face-to-face meetings; a named contact in social services for each practice and social workers becoming members of the primary health care team are possible way of achieving greater collaboration.[6] An understanding of each other's culture and methods of working are clearly important and could be promoted by joint education and training, secondment of social workers to general practices and members of primary health care teams to social services departments for short periods of time.

The community care reforms provide an opportunity for improving the quality of care for users and their carers for whom the divide between health and social care needs to be bridged. Restructuring the way in which care is delivered, closer collaboration between health and social services practitioners and the provision of adequate resources are key components of improving the quality of care in the community.

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Formulary for self-care

A SLIMMER drug budget, increased prescription charges and the increasing range of medicines obtainable without prescription mean that patients will now buy even more medicines for themselves. They may do so without consulting anyone, they may ask the pharmacist's or doctor's advice, or they may be acting on the doctor's recommendation. A recent survey of over 2000 general practitioners, conducted for the Proprietary Association of Great Britain by the publishers of the *Monthly index of monthly specialities (MIMS)*, found that half of them recommended a product which can be purchased without prescription ('over the counter') at least six times a week, and that 78% believed they would recommend more over the counter medicines in the future.[1] Forty eight per cent of the general practitioners, who in 1993 received a copy of the *OTC Directory*,[2] an illustrated catalogue of branded over the counter

ommend an over the counter product or to identify what a patient was taking.[1] The report concludes that future pharmaceutical marketing campaigns will need to address general practitioners and pharmacists as advisers on over the counter products.[1]

Good self-care ought to fit well with all forms of professional care. The better and more consistent the information and advice on self-care that patients receive from health professionals and other sources the more likely it is that they will find that advice relevant and useful when they need to use the National Health Service.

Practice formularies include a number of medicines that can be bought without prescription, and which practice staff recommend for self-treatment when appropriate. The formulary concept needs to be extended to include all the therapeutic categories in which over the counter medicines are of value. This extension must involve pharmacists, who have already contributed to the development of formularies for individual practices, hospitals and some regions of the United Kingdom. Patients will benefit from such collaboration between doctors and pharmacists as they should then receive consistent and coherent advice from whoever they ask. At present community pharmacists offer little independent professional advice on self-medication. Since almost all information is promotional, rational choice at the point of sale is impossible for most lay people. They are faced with a bewildering array of products claiming to differ in important ways, when the differences are mostly irrelevant. Further, there are no adequate arrangements for helping people to use over the counter medicines to the best effect, to prevent or minimize side effects, or even to detect them.

A selective formulary for self-care,[3] publicized in community pharmacies and in general practices, could help consumers make rational choices. It should be prepared by a group of general practitioners and pharmacists, independently of industry, with expert help on specific issues and on presentation. The same criteria which are applied to prescribed drugs should be applied to over the counter medicines: their use should be appropriate, effective, economic and safe.[4] While the criteria should be the same, their application to over the counter medicines may raise different issues. The formulary for self-care should help the consumer choose an appropriate treatment, whether or not it is a medicine. This objective is most likely to be achieved if both general practitioners and pharmacists endorse the formulary. The formulary should also try to correct misconceptions propagated by commercial promotion, for example that gargling with an antiseptic fights sore throats.

Consumers decide for themselves whether or not a medicine is effective. In the case of prescribed drugs the consumer may stop taking something that the prescriber believes to be effective. With over the counter drugs, the consumer may choose to take something that professionals consider ineffective. While a formulary for self-care should recommend only drugs of proven effectiveness, consumers clearly remain free to choose what to buy.

In economic terms, over the counter sales cost the government nothing and consumers buy what they can afford. Medicines needed in only small amounts and which cost less than the prescription charge are worth buying for people liable to the charge, though not for those who are exempt. Those on low incomes but not exempt from charges may miss out on what they need. The formulary for self-care should recommend the cheapest drug in those cases where there are several alternatives of comparable efficacy and safety. This may not be in the pharmacist's short-term financial interest, but in 1993 the government started paying pharmacists a professional fee which is intended to offset this kind of financial loss.

Finally, the formulary for self-care should include various warnings to make self-medication safer. For example, consumers may not realize that by taking several different preparations with the same or similar ingredients, they are effectively increasing the dose. They may also be unaware of potential interactions with prescribed drugs and they may not know of the possibility of adverse drug reactions nor the importance of reporting them. These warnings would need to be supplemented, when appropriate, with advice from the pharmacist or general practitioner.

In summary, the rational choice and use of over the counter medicines should be promoted by close collaboration between general practitioners and community pharmacists, both nationally and locally. This collaboration should be focused on an independently produced selective formulary.

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