



REPORT OF THE INNER CITY TASK FORCE OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS
Occasional paper 66

Maria Lorentzon, Brian Jarman and Madhavi Bajeka
Royal College of General Practitioners, London (1994)
153 pages. Price £11.00 (RCGP members £10.00)

The health service reforms have given rise to radical and destabilizing changes to health services — and in inner cities there is little margin for error. Although medical services have a small role in the solution to urban problems compared to the role of social policy on education, employment and housing, doctors have always been part of the mirror reflecting the view of urban problems. The inner city task force of the RCGP was set up to seek innovative solutions to the problems of inner city general practice. This survey is one part of the output of the task force.

The introduction offers a tantalizingly brief look at the range of disciplines which have an interest in urban decay and regeneration, and at the relationship between health status and socioeconomic factors. Perhaps more could have been made of the debate about improving equity through resource allocation using the national funding formula.

The bulk of the report comprises the findings from a national survey of general practitioners. The value of this survey lies in the fact that it is national, rather than simply a collection of the views of general practitioners in inner city areas. The strength which this gives to the report is that of a consensus view of problems and solutions from all sections of the general practice community. The survey was a brief postal questionnaire with an open response format, to encourage a broad range of ideas. This may have contributed to the disappointing response rate of 17%. Even among respondents only 20% could identify any innovative projects in their district. Although the researchers demonstrated that the sample of general practitioners was representative in terms of location and deprivation in the practice area, uncertainty must remain over the selection bias of respondents.

The analysis of results established that general practitioners' views of the deprivation in their area corresponded to the underprivileged area scores. This seems a circular argument; surely deprivation banding has become part of the way general practitioners think about social deprivation? Identification of obstacles to the delivery of primary health care by general practitioners and managers produced consensus around three major themes: patient related — education/motivation/expectations; socioeconomic — poverty; and organizational — lack of time, staff and resources. The most common solutions suggested also followed these themes. These solutions were: educating the public about health and about use of services; strengthening and expanding the primary health care team; extending the specialist skills available to it; and finding new solutions to out-of-hours care.

The lists of innovative projects designed to address inner city

problems demonstrated enormous variety and enthusiasm, but the authors did not help us chart them. They were neither exhaustive nor evaluative. The sense of unease when faced with these lists may reflect the underlying tension around how far these projects are meant to improve primary care, as opposed to alleviating the social problems which undermine health in inner cities. Indeed, does combining these two agendas produce an effective solution?

This survey follows a series of reports chronicling the increasing health divide, which is reflected in primary care. The important contribution of this survey is to confirm the consensus view from all areas of general practice, and of primary care managers, about what the problems are, and to point at the solutions which lie within the grasp of primary care.

SALLY A HULL

*General practitioner, Tower Hamlets, London, and
honorary senior lecturer in general practice,
the London and St Bartholomew's medical schools*

EVIDENCE-BASED GENERAL PRACTICE: a critical reader

L Ridsdale
W B Saunders, London (1995)
182 pages. Price £11.95

One of the greatest frustrations of general practice is its lack of absolutes and certainties. I was rather hoping that this book might be a holy grail but, of course, it does not have all the answers. Still, it is a challenging and enjoyable read.

Evidence-based general practice starts by describing what most general practitioners would recognize as a typical working week — time pressures, patients' minor illnesses, patients' concerns and management dilemmas. At first sight, these seem so commonplace as to be boring, but the subsequent discussion is anything but. Many of the quoted references will be familiar to experienced general practitioners, but I found something to think about in every chapter.

For the trainee and young principal, there will be much that is new. As well as providing a concise summary of the evidence for and against established practice, there is a whole section on the techniques of critical reading which will be useful long after taking the MRCGP examination.

The second half of the book changes tack to look at the influence of ethics, economics, workload, innovation and skill mix on the provision of health care. Both sides of the argument are presented, and it is clear that this is written by someone who has worked in a real practice seeing real patients. However, Ridsdale does not go so far as to offer recommendations on best practice. This is ultimately the problem; learning to weigh up the