



**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.

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**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

evidence is important, but how often do we all draw the same conclusions?

MELANIE WYNNE-JONES

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AN ATLAS OF MYOCARDIAL INFARCTION AND RELATED CARDIOVASCULAR COMPLICATIONS

Duncan S Dymond

Parthenon Publishing, Carnforth (1994)

134 pages. Price £45.00

Myocardial infarction remains the leading cause of death in the western world; the advent of thrombolytic treatment and interventional techniques to manage the condition has drastically altered the outlook for many patients who develop coronary heart disease. In this book, Duncan Dymond has provided a valuable illustrated account of the pathology and current management of the condition.

In the first section of text the epidemiology, diagnosis and treatment of myocardial infarction and its complications are reviewed. The major part of the book is devoted to a dramatic series of illustrations of the pathology of the condition and of the techniques used in the investigation and treatment of patients. Particularly striking are the images obtained non-invasively by echocardiography or radio-nucleotide imaging techniques. These complement the pathological specimens and images obtained during cardiac catheterization or angioplasty.

There are copious illustrations of important electro-cardiographic abnormalities caused by coronary heart disease, and the correlation of these with the results of other investigations that demonstrate the cause or result of myocardial ischaemia is particularly useful.

Although primarily intended for use by and training of medical students, general physicians and cardiologists, this book will appeal to many workers in other disciplines. General practitioners will find much of interest, and the insight into the pathology and modern management of the most common cardiac disorder that they encounter is particularly valuable.

M C COLQUHOUN

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HEALTH IN OLD AGE: MYTH, MYSTERY AND MANAGEMENT

Moyra Sidell

Open University Press, Buckingham (1995)

178 pages. Price £37.50 (h/b), £13.99 (p/b)

This is one publication from the Open University series, *Rethinking ageing*. The author is a research fellow and lecturer at the Open University. The main message is that health is not merely absence of disease, and a recurring theme is the inadequacy of the traditional medical model of health. I trust that modern general practitioners are fully aware of these concepts and of the importance of thinking beyond the patient's pathology, which is especially necessary in relation to older patients.

Useful research findings are reported on what old people themselves consider health to be; for most it seems to equate

with ability to cope and not giving in. They consider that a brave face must always be presented to outsiders, who may include medical attendants. A number of informative case histories are presented which effectively elucidate the various notions that old people hold about their own health status; I expect many doctors and nurses will enjoy these histories, as I did.

Sensible and non-doctrinaire criticism is made of recent changes in health and social services, especially within community care; the scarcity of resources is dealt with at some length. In planning for a 'health future for old age' a plea is made that the needs of old people should remain central and that the opinion of experts is rigorously questioned, especially since such experts are often not trained in the problems of old age.

I enjoyed reading this book and found something useful and interesting in each section. Thoughtful primary health care workers will benefit from having access to this book.

J WILLIAMSON

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INTERPROFESSIONAL ISSUES IN COMMUNITY AND PRIMARY HEALTH CARE

Patricia Owens, John Carrier and John Horder (eds)

MacMillan Press, Basingstoke (1995)

239 pages. Price £13.99

This book joins a growing list of publications that will help us to meet the demands of the next millennium. It analyses power and professionalism, showing that approaches to health care delivery that invest overly in the authority of one group cannot promote optimal care; it explores history and ethics, showing that the move towards multidisciplinary working is both desirable and inevitable.

The book should be a basic text for anyone studying health care development. Although it is targeted at academics, the reader looking for practical guidance will not be disappointed. There is no need to read the book from beginning to end — indeed, a reader may benefit from first hearing the views of workers (by reading the chapters on care of elderly people or child protection) or learning about strategies for change (by reading the chapter about learning to work effectively in teams). The chapter on mental health services gives a particularly clear overview and may be a useful one to start with. The chapters have summaries and conclusions, enabling some parts to be skimmed.

For my taste the book insufficiently explores human factors — there is too much about professionals and too little about people. Yet one of the biggest interprofessional issues is the inter-personal issue — what conditions help people to get along with others? In fact, apart from the chapter on teamwork, there is little analysis of how to address these issues, including the role of shared learning. To cover these issues fully would be a large task but the book would be strengthened by briefly exploring ways of facilitating interprofessional collaboration by, for example, participatory research, whole systems interventions and organizational development. This does not, however, prevent the book from being an important and timely contribution to the debate on the future of health and social care.

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