

There are, however, resource implications to extending the cardiac rehabilitation service, which help explain the present patchy provision. The book quotes a meta-analysis of controlled trials suggesting that cardiac rehabilitation reduces mortality by 20%, which is certainly food for thought. This book may help purchasers to decide whether to invest in cardiac rehabilitation programmes.

MELANIE WYNNE-JONES
General practitioner, Marple, Cheshire

● digest ● digest ● digest ● digest ● digest ●

Quality assurance

THE potential for effective quality assurance to improve primary health care has attracted much interest in the United Kingdom in recent years. The starting point was the introduction of medical audit in 1991 followed by the promotion of multiprofessional clinical audit; now quality assurance is being explicitly recommended. There have even been suggestions that the National Health Service as a whole should embrace total quality management or continuous quality improvement. Despite this level of interest, there are questions about exactly how these methods can be practically adopted by primary health care teams and also lingering doubts about whether the benefits for patients are sufficient to make the investment worthwhile.

This paper from Spain is a reminder that other countries have been trying to resolve the same issues. As long ago as 1986, a series of training seminars was started in Spain and Portugal for selected primary health care professionals. After the training, participants returned to their health centres to implement systematic quality assurance with their colleagues. The principles of quality assurance that were applied included ownership by the participants, a problem-solving approach, teamwork and effective leadership skills. Emphasis was placed on completing the quality assurance cycle, including problem identification, study design, intervention design, implementation of remedial action and re-evaluation.

The author describes the methods that were used to disseminate quality assurance, and clearly views the programme as a success. However, a formal trial to assess the value of the method was not reported, and the need for evidence from rigorous evaluations about the value of quality assurance programmes remains. Nevertheless, as we in the UK embark on the transition from audit to quality assurance, this paper provides helpful advice about the prerequisites of professional leadership, internal commitment, teamwork and the use of robust methods.

RICHARD BAKER
*Director, Eli Lilly National Clinical Audit Centre,
Department of General Practice, University of Leicester*

Source: Saturno PJ. Towards evaluation of the quality of care in health centres. *World Health Forum* 1995; 16: 145-150.

● digest ● digest ● digest ● digest ● digest ●

Royal College of General Practitioners Study Day on Eating Disorders: *Management in General Practice*

Tuesday 18 June 1996

Venue: RCGP, 14 Princes Gate, London SW7 1PU

Tutors: Deborah Waller (GP, Oxford), Christopher Fairburn (International expert in eating disorders, Oxford University), Rachel Bryant-Waugh (Authority on child and adolescent eating disorders, Great Ormond St Hospital).

This study day will provide an update on eating disorders from a primary care perspective. The speakers are three experts on the management of eating disorders. Topics will include:

- An evidence-based review of current knowledge about eating disorders and their treatment
- Discussion of the presentation, detection and assessment of eating disorders in general practice
- A detailed practical account of the management of anorexia nervosa from a general practice perspective
- A demonstration of how to manage patients with binge eating problems (bulimia nervosa and related disorders) in primary care using a self-help approach. A step-by-step manual for GPs will be provided together with a self-help guide for patients.

This study day is open to all members of the primary health care team. PGEA is applied for (3 hours health promotion and 3 hours disease management).

The delegate fee (inclusive of VAT) is £60.00 which includes lunch and educational materials.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171 823 9703 Fax: 0171 225 3047.

Working with Drug-Users in General Practice Why? How?

Conference for GPs and all health professionals working with drug users in general practice

26 April 1996

Venue: RCGP, 14 Princes Gate, London SW7 1PU

This is a one-day conference bringing together GPs and other health professionals working with drug users in general practice, to examine, explore and debate practice and concerns. The conference is designed for those who are working with this client group and who wish to participate and reflect upon current perspectives both locally and nationally. It has been designed as a participative and interactive debate on good practice.

This Conference will:

- Examine the role & function of General Practice in the management of drug-users
- Critically explore the role of general practice within the provision of services available to drug-users and relationships between services
- Consider the specific and implicit difficulties of generically managing this patient group
- Explore and identify models of good practice that are necessary and appropriate to drug-users

The delegate fee (inclusive of VAT) is £30.00 which includes lunch & refreshments. PGEA applied for.

Supported by Educational Grants from Brent and Harrow Health Agency, Camden and Islington Health Agency and East London Drug Services.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171 823 9703 Fax: 0171 225 3047.