

The British Journal of General Practice

The Journal of The Royal College of General Practitioners

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In the *Journal* this month:

Editorials

Wilmot and Davies discuss how 'total quality management' techniques, widely applied in the business world, can be applied to primary care. Kerwick and Goldberg look at a new report, commissioned by the King's Fund, that gives the opportunity to re-examine the health services available to those suffering from mental health illness.

Views of GPs and FHSA advisers on prescribing cost issues

In 1994, an Audit Commission report estimated that £425 million could be saved from the national drug budget if GPs altered their prescribing habits. As a result, Avery and Heron designed a questionnaire to assess the views of GPs and FHSA advisers on this issue. They found that the majority of GPs backed many of the suggestions made by the Commission, and that the differences of opinion between GPs and advisers may have implications for the development of strategies to control prescribing costs.

Determining priorities for change in primary care

Primary care is being expected to expand the range of services it provides, taking on many of the tasks traditionally provided by secondary care. Using a three-stage process of information gathering, Ruta *et al* found that a comprehensive method of practice-based needs assessment, when used as the basis for some form of priority setting, has great potential in helping to plan primary care services within a practice, although the success of such initiatives would require a substantial investment of resources.

The role of knowledge tests in the selection for postgraduate education for general practice

Van Leeuwen *et al* note that postgraduate training for general practice is a legal requirement in most countries of the European community. In this paper, they determine the value of knowledge tests in the context of entry selection for such a training programme. Unfortunately, the tests used in their study were not suitable in this context. However, they conclude that trainees scoring below a given minimum after eight months of training may be regarded as at risk of also scoring below the corresponding minimum at the end of training.

Population-based prevention of influenza in Dutch general practice

In The Netherlands, vaccine coverage continues to be less than 50%, even though the effectiveness of influenza vaccinations in high-risk groups has been proven. In Hak *et al's* retrospective questionnaire study, the improvement of vaccination rates in these groups was found to be achievable by promoting the use of personal reminders and computer-based patient records, as well as by monitoring patient compliance.

Physical activity promotion

Increasing research supports the argument for a beneficial link between physical activity (PA) and health maintenance, which has led to a growth in PA promotion schemes involving primary health care. The aim of Fox *et al's* paper was to document and critically examine the extent and nature of PA promotion in general practices in England. They found evidence of successful recruitment, increased short-term physical activity and fitness, and improvements in the well-being of patients.

Screening for diabetics

Bullimore and Keyworth aimed to develop a screening method for diabetics within the setting of an ordinary general practice after noting that many diabetics go undiagnosed until complications have started to develop. The method involved sending urine-testing sticks for glucose to

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all non-diabetic patients over 50 years old in one general practice. It was shown to be cost-effective and practical.

The cost-effectiveness of pragmatic eradication of *H. pylori* in primary care

Hippisley-Cox and Pringle observe that the eradication of *H. pylori* in patients with peptic ulcer disease dramatically reduces the rate of complications and recurrences, but that currently it is usually only recommended after a diagnostic test. They report a pilot study to determine the cost-effectiveness of pragmatic eradication of *H. pylori* in patients on maintenance acid suppression therapy for documented or suspected peptic ulcer disease in a general practice.

GPs' and pharmacists' knowledge of analgesics

Analgesics are popular prescription items, accounting for about 20 million National Health Service prescriptions written in Britain each year. The aim of Briggs *et al's* study was to ascertain GPs' and pharmacists' knowledge of these drugs, to establish professional opinion on their use, and to assess the extent of pharmacist input into the prescribing of analgesics. Their results showed that pharmacists displayed a better knowledge than their GP colleagues.

Practice charters

Symes conducted a postal survey in South and West Devon to explore the perceived value of practice charters. They found that most practices that had produced their own charter thought it had resulted in no positive benefits overall. Practices also confirmed that the charter had not led to any increase in complaints or patient expectations.

Is vasectomy harmful to health?

Since the late 1960s, vasectomy has been a popular and widely used form of contraceptive in Britain. However, throughout the past decade there has been considerable concern about the safety of this procedure. In this paper, McDonald reviews the current opinion on the possible health considerations and finds that the latest news is mostly reassuring.

Endometrial sampling and general practice

Endometrial sampling is an 'office' technique that has the potential for earlier detection of endometrial abnormality and for increasing the number of women with abnormal vaginal bleeding who can be managed in primary care. Shapley and Redman note, however, that research is lacking on the effect of the widespread introduction of the technique into general practice, and put forward recommendations, based on current evidence, for the use of endometrial sampling by GPs.

Quality-of-life measures in asthma

Asthma is a condition that incurs a great cost to the National Health Service, to the economy, and above all to the patient in terms of loss of quality of life. Gruffydd-Jones' discussion paper introduces some basic concepts of health economics and attempts to promulgate the concept of evaluating the effect of asthma treatments on the basis of quality-of-life measures.

A liberal education

In his William Pickles lecture, Roger Jones describes the way in which teaching, learning, and research in general practice are contributing to the creation of a liberal and liberating education for undergraduate medical students, trainees, and experienced GPs.

Letters to the editor

Letters this month include correspondence on general practice as a postmodern specialty, practice nurse intervention, and the non-compliance of long-term asthma treatment.

International digests

This month's digest items, compiled by Douglas Garvie, comment on the prescription of HRT, malignant melanoma, and cholesterol testing.

INFORMATION FOR AUTHORS AND READERS

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

Original articles should normally be no longer than 2500 words, arranged in the usual order of summary, introduction, method, results, discussion and references. Letters to the editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations should be used only when data cannot be expressed clearly in any other way. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

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More detailed instructions are published in the March issue.

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