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book reviews

Integrating primary health care: leading, managing, facilitating

Paul Thomas. Radcliffe Publishing, Oxford 2006. 248pp.
£27.95.

Primary healthcare – general practice in the UK, family practice in the USA – represents a system of first-contact care provided by a range of professionals typically including doctors, nurses, health visitors and counsellors but also embracing accident and emergency, optometry, dentistry, community paediatrics, gynaecology and sexual health. Primary care has been at the centre of many healthcare reforms in the NHS, and is the focus of the most recent government White Paper entitled *Our health, our care, our say*.¹ The primary healthcare team can be regarded as being at the centre of general practice and primary care in the UK, and this book is largely concerned with the integration, leadership and management of this increasingly complex team, a subject which is likely to become more important as new roles within the healthcare profession develop and traditional roles change. These include the expanding role of nurses in the management of chronic disease, of nurse practitioners in the first-line assessment of patients presenting in general practice, the development of intermediate care by general practitioners with special interests and the policy direction of moving elements of hospital care into the community. Given that the skills of leadership and the management of organisations and of change are not innate, these changes have clear implications for the education and training of all healthcare professionals.

Paul Thomas' book approaches these challenges in a novel and somewhat idiosyncratic way. He writes from the perspective of a general practitioner with a good deal of experience of organisational change and a broad and deep knowledge of both theory and practice in many aspects of the delivery of primary care. Much of

the book is organised around three familiar scenarios – the development of a general practice, the development of a community hospital, and locality development – but much of the theory described and applied will be less familiar, including whole-systems theory, linearity versus complexity, leadership theory and personal construct theory. The result is a densely written and often densely argued text which combines recognisable problems in clinical and professional life with innovative and interesting theoretical approaches to their solution. There is a great deal of cross referencing to other sections of the book and an iterative approach which sometimes verges on the repetitive. Indeed, the author indicates that there are 'many possible paths through the book and simply reading it from beginning to end may not be the most helpful one'. For some readers this may be liberating, but others of a more linear frame of mind may find the organisation of material frustrating and difficult to follow. In its four sections the book explains why integrated primary healthcare is important, provides advice on developing leadership skills, explores theories of integration and finally describes useful techniques related to these. While I found many of the 'worked examples' refreshing and some of the guidance on working with small and medium-sized groups helpful, these were not always simple to find and navigating the book is not easy. Although the writing style is generally lucid and literate, the complexity of the text as well as of some of the ideas within it may be discouraging for readers looking for easy 'take home' messages. Although a welcome antidote to the increasing sound bite approach to much medical writing and medical education, greater concision in some sections of this book would have been helpful. As the saying goes 'If I had had more time, I would have written a shorter book'.

While Thomas is expert in the integration of organisational and developmental theory drawn from a range of other disciplines into

the development of primary healthcare, this book does not address a critical issue in whole-systems healthcare delivery, which is that of the integration of services across health economies. Parts of this book are located in a tradition of publications which seek to describe the particular, perhaps unique, features of primary healthcare, and which does not acknowledge the generalisability of much of what happens in primary care and general practice to patient care in other settings. There is little here about the integration of patient care across the primary/secondary care interface or of integration of hospital-based and community-based care and the development of integrated care pathways. Perhaps this will be the subject of another book.

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Reference

- 1 Department of Health. *Our health, our care, our say: a new direction for community services*. London: DH, 2006.

The clinician's guide to surviving IT

Alan Gillies. Radcliffe Publishing, Oxford 2006. 160pp. £21.95.

Handing this book to a general practitioner (GP) colleague, just to see her reaction, met with an immediate exclamation: 'Oh, no! Please don't make me read it!' Such a response was not wholly unexpected and as such is the underlying premise of *The clinician's guide to surviving IT*. This book is 'for clinicians, especially those who are nervous or just plain angry about the information technology that is being introduced into the NHS'. Aimed not only at doctors, but also students, nurses and midwives, Professor Gillies attempts to 'dispel ignorance and suspicion' about the inevitable march of information technology (IT) into routine clinical practice with the slow but steady implementation of the National Programme for IT.

The book introduces the benefits to patients and clinicians of using IT to support various aspects of care, be that, for example, in sharing or searching information, finding evidence of best practice, or prescribing or monitoring care remotely. Throughout, an emphasis is placed on the necessary changes in practice and responsibilities clinicians will have to take to enable progress. As the author writes, 'there is no such thing as a free lunch', emphasising that health informatics is not (just) about computers; ways of working must adapt to realise benefits, and the NHS should not be considered a single organism when prescribing change.

But beneath Professor Gillies' explanation of how informatics can facilitate joined-up care, there is a lack of integration from chapter to chapter, leaving one wondering exactly who is the ideal target audience? Several chapters serve as a 'crash course' in IT applications, while others get bogged down in unnecessary pages of cut and pasted policy documents (almost as page fillers in some cases). Both have their place, but not necessarily between the covers of one small book. It is hard to imagine the reader who requires assistance using Google and PowerPoint, but is also interested in reading a full specification of an informatics National Occupational Standard.

The format of the book needs revision as the reader will find it difficult to ignore the unremitting photos of a mime artist, included 'to supply you with tips, warnings, things to think about and things to make you smile'. As a means of breaking up the text they work almost too well. Whether you find them amusing, informative or simply patronising will depend on the individual. In a similar vein, but more thought provoking, are 'intellectual zombie warnings' which take an informatics 'myth' and explain why it is just that. With their underlying evidence base, these really do serve to dispel ignorance and suspicion.

The foreword emphasises that many examples are taken from primary care, and this book is certainly written largely from that perspective. This is not restrictive in subject areas such as national IT policy and consent, but in others where benefits and risks are explored, and in the specific areas of record keeping and data standards, there is little more than a cursory nod to the hospital environment.

The challenges in implementing IT and changing practice are quite different in primary and secondary care. The author presents a well argued vision of the benefits that informatics can bring to the service, but those working in hospitals will struggle to reconcile this with their experiences on the ground where benefits to the individual clinician are far less tangible. There is so much work to be done with the standards of paper records, in understanding what information is collected and why, and in appreciating the roles of myriad non-clinical staff who are involved in the flow of information through the system, yet these issues are not addressed in this text.

The most comprehensive chapters come towards the end of the book. Although not specifically IT issues, the sections on information governance, data protection, freedom of information and consent are essential reading for everyone working with health information (ie everyone). The data protection section, although again written from a primary care perspective, is particularly thought provoking when the issues of sharing information across organisational boundaries are discussed.

Within *The clinician's guide to surviving IT* there is something for everyone – while far from definitive, there is certainly enough here to present the technophobe with an overview of informatics in the NHS. The reaction of my GP colleague to the book was surprising. She is a clinician who, in her everyday practice, prescribes electronically and documents patient encounters electronically but, without enthusiasm, is obliged to use Choose and Book. It is this homogeneity of informatics practice across primary care which has enabled such a book to be written. There is a huge gulf to bridge before we reach that point in secondary care.

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Clinical trials: a practical guide to design, analysis and reporting

Edited by Ameet Bakhai and Duolao Wang. Remedica, London 2005. 496pp. £30.

Randomised controlled trials are the lynchpin of clinical research. Knowledge about how trials are designed and analysed is an