continue then several problems need to be resolved. Firstly, it may be prudent to adhere to the recommendations made in the 1979-81 confidential inquiry into maternal morbidity¹² and establish one or more teams in the receiving hospitals with expertise in managing such conditions as worsening pre-eclamptic toxemia. Advice could then be given before transfer. Secondly, the receiving hospitals must continue to encourage both medical and midwifery staff to maintain their abilities to deal with severely ill mothers who are highly dependent, as routinely accepting compromised patients will inevitably lead to an increase in the incidence of maternal morbidity.

Whichever option is chosen, however, it seems that a much fuller assessment of the risks to the mother must be undertaken before transfer. In many cases these may outweigh the risks to the fetus.

1 Chiswick ML. Perinatal referral: a time for decisions. *Br Med J* 1982;285:83-4.

2 Cooke RWI. In utero transfer to specialist centres. *Arch Dis Child* 1983;58:483-4.

- 3 Blake AM, Pollitzer MJ, Reynolds EOR. Referral of mothers and infants for intensive care. *Br Med J* 1979;iii:414-6.
- 4 Modanlou HD, Dorchester W, Freeman RK, Rommal C. Perinatal transport to a regional perinatal centre in a metropolitan area: maternal versus neonatal transport. *Am J Obstet Gynecol* 1980;138:1157-64.
- 5 Crowley P, Lamont R, Elder MG. The obstetric care of the foetus transferred in utero. *Journal of Obstetrics and Gynaecology* 1982;2:129-33.
- 6 Lobb MO, Morgan MEI, Bond AP, Cooke RWI. Transfer before delivery on Merseyside: an analysis of the first 140 patients. *Br J Obstet Gynaecol* 1983;90:338-41.
- 7 Wood B, Catford JC, Cogswell JJ. Confidential paediatric inquiry into neonatal death in Wessex, 1981 and 1982. *Br Med J* 1984;288:1206-8.
- 8 Beverley D, Foote K, Howel D, Congdon P. Effect of birthplace on infants with low birth weight. *Br Med J* 1986;293:981-3.
- 9 Watkinson M, McIntosh N. Outcome of neonatal intensive care: obstetric implications for a regional service. *Br J Obstet Gynaecol* 1986;93:711-6.
- 10 Powell TG, Pharoah POD. Regional neonatal care: bias and benefit. *Br Med J* 1987;295:690-2.
- 11 Chiswick ML, Davies P, Dryburgh E, Gordon-Nesbitt D. Regional organisation of neonatal intensive care in the north-west. *Br Med J* 1979;iii:247-50.
- 12 Turnbull AC, Tindall VR, Robson G, Dawson IMP, Cloake EP, Ashley JSA. *Report into confidential enquiries into maternal death in England and Wales 1979-1981*. London: HMSO, 1986:20-1. (Report on health and social subjects No 29.)

(Accepted 21 September 1989)

Monitoring and evaluating *Working for Patients*

Ken Judge

Each new piece of information made available by the Department of Health about the detailed implementation of *Working for Patients* emphasises the magnitude of the changes facing the NHS in the run up to 1991. The passage of time since the proposals were first announced, however, has done little to assuage the fear that many of them represent a giant leap into the unknown. Many commentators, therefore, have been disappointed at the government's antagonism to a more evaluation oriented approach. There is some evidence of a growing recognition in ministers that learning by doing must be an integral part of the reform process. But there is little support in Whitehall for comprehensive monitoring and evaluation of the changes that have been set in train.

Against this background the King's Fund has decided to support independent assessments of the government's proposals. National advertisements were placed in the specialist press during the summer to encourage outline research applications from a wide variety of sources; 78 were subsequently received and considered. A short list of 13 was selected and investigated in more detail. The King's Fund has decided to invest about £500 000 over the next two to three years on five of these projects, and further consideration is being given to another two.

The five research projects, which are summarised below, will form the centrepiece of the fund's efforts to monitor and evaluate the implementation of *Working for Patients*. This activity will be coordinated by the King's Fund Institute and will include close observation of the forthcoming legislative process and the gathering of wider intelligence about relevant research and development activity throughout the NHS.

The King's Fund is supporting research on the following topics:

- The introduction of managed competition in one NHS region
- The development of selected budget holding general practices
- The implementation and use of clinical audit in the specialty of general medicine
- Changes in patients' and general practitioners' satisfaction with access to hospitals for "cold surgery"

- The impact of *Working for Patients* on elderly people.

The Fund is also considering research aimed at investigating the impact of the white paper on administrative and labour costs in hospitals and management of staffing in the NHS.

MANAGED COMPETITION

Managed competition in health cares lies at the heart of the government's future strategy for the NHS. A key assumption is that separating the purchase of health care from its provision will stimulate competition between providers so as to:

- Increase cost sensitivity
- Improve efficiency
- Encourage innovation and enterprise
- Raise quality standards.

Research by the National Association of Health Authorities aims at monitoring the introduction of managed competition in the West Midlands region over three years. The project has four main aims.

- Firstly, it will monitor changes in the scale and pattern of service provision. This will entail documenting changes in flows of patients and service patterns such as the type, volume, and location of services offered by providers
- Secondly, the research will subject the theory of managed competition to empirical test. The full effects will not become apparent over the relatively short life of the project. Nevertheless, there will be strong indications of its direction, and it will be possible to identify trends and different management approaches
- Thirdly, the work of the National Association of Health Authorities will contribute to management learning and the management of change. Information on best practice and innovation on such issues as contract construction, performance evaluation, and price setting will be made available to managers and clinicians as the research progresses
- Finally, the project will develop more precise and reliable instruments and indicators to aid long term

**King Edward's Hospital
Fund for London, London
W2 4HT**

Ken Judge, MA, director

Br Med J 1989;299:1385-7

monitoring. Many of the problems associated with the introduction of managed competition rest on the absence of reliable agreed measures, such as quality. Inevitably the measures and indicators used initially will be fairly crude. By taking an "action learning" approach the National Association of Health Authorities hopes to refine these.

GENERAL PRACTICE BUDGETS

The government's proposed experiment with general practice budgets is both one of the most innovative and problematic in *Working for Patients*. It has the potential to change the incentive structure within the service beneficially by rewarding effective hospital departments with more cash, by putting the financial leverage nearer the consumer, and by giving greater freedom to general practitioners to undertake work themselves or contract with specialist agencies. There are also incentives to prescribe in a cost effective way.

Yet there are also real dangers of inadvertently establishing perverse incentives. For example, any practitioner faced with an absolute budget constraint has a strong incentive to seek a less costly mix of patients. A greater understanding of these pressures and the differential demands that various categories of patients put on the practice would make it possible to build incentives that compensate for these factors into the formula that determines a practice budget.

In short, there is a strong theoretical as well as a practical case for studying the way practices actually respond to the incentive structure of an enhanced practice budget. This is what Howard Glennerster, professor of social policy at the London School of Economics, proposes to do. Through several case studies his project will monitor the process of change and prepare the ground for later work on outcomes.

There will be three phases to the research. In the first year the emphasis will be on monitoring discussions in eight practices that are contemplating opting for enhanced budgets. Once it becomes clear which of the practices has definitely opted for the new budget arrangements, four will be chosen for in depth study along with two "controls." The research focus in the four experimental sites will then move to monitoring the process of adaptation to the new management situation, the issues that were faced, and how they were resolved and the financial and management structures that were put in place. This will be compared with control practices. The third and overlapping phase will entail using the practices' own information systems to develop preliminary outcome indicators.

CLINICAL AUDIT

Ensuring that consultants are properly accountable for the consequences of their clinical decisions is one of the main themes of *Working for Patients*. A key mechanism for achieving this is medical audit.

Martin Buxton and his colleagues at Brunel University are planning to monitor the development of medical audit in acute hospitals through an in depth study of general medicine at several selected sites. Their study proposes to address four basic questions about medical audit.

- The first and most crucial question concerns the purposes of medical audit. It might be carried out for any or all of the following reasons: to inform professional practice; for the "management" of a specialty or service; for strategic purposes linked to the objectives of the hospital; and as a contribution to the quality assurance element of a service contract
- The second question concerns the organisational arrangements. This part of the research will focus on

the changing nature of the relationship between doctors and managers

- The third question concerns the information requirements for medical audit. Currently, it is not clear how best to collect reliable clinical data and how to help doctors to collect and interpret it
- The fourth question is that of who defines and monitors the standards set for medical audit. Working paper 6 on medical audit suggests that both the government and the royal colleges will be involved, but their respective roles remain unclear. Similarly, at the local level the role of the proposed district medical advisory committees remains to be defined.

PATIENT CHOICE

There is a clear belief within the government that the implementation of *Working for Patients* will increase choice for general practitioners and their patients by making hospitals more responsive to the needs and wishes of consumers and encouraging quality and efficiency. Non-urgent surgical procedures are commonly cited as examples of where the new system will work best. Many general practitioners and organisations representing patients' interests have, however, expressed fears that the imposition of contracts could restrict choice for individual patients and their general practitioners. They have argued that general practitioners' current freedom to refer patients to any hospital or consultant will be eroded. They are not convinced that the existence of a contingency fund for referrals outside of the negotiated contracts provides adequate protection.

The centre for primary health care research at the University of Manchester will evaluate changes to the way in which referrals to hospital are made and their consequences for patients. It focuses on general practitioner referrals to hospital for cold surgery, for which the scope for choice of hospital seems to be greatest. There are five specific objectives.

- Firstly, to describe the range of options potentially available to general practitioners and patients under the present system
- Secondly, to describe the choices general practitioners are able to offer to patients, patients' perceptions of these, the factors concerned in deciding between alternatives, and the extent of demand for greater choice under the present system
- Thirdly, to describe general practitioners' experiences and perceptions of choice and the factors concerned in making decisions under the present system
- Fourthly, to describe the range of options potentially available to general practitioners and patients one year after the implementation of hospital contracts
- Finally, after implementation of hospital contracts, to assess the impact on patient satisfaction of changes to the system.

IMPACT ON THE ELDERLY

The fifth King's Fund project, which is based at the University of Wales College of Medicine, aims at monitoring the impact of the white paper on elderly people. By using material collected from random samples of the elderly population in several health districts the project will investigate possible changes in:

- The demand for health care
- Access to general practice
- The use of medication
- Hospital discharge procedures.

The demand on health services will be monitored by

measuring use of services and by numbers on waiting lists and duration of waiting. The health status of the population will also be measured—by previously validated scales for functional disability, anxiety and depression, memory impairment, acute and chronic illness—to enable standardisation and to monitor possible changes.

In primary health care the study will monitor access to and availability of services, surgery hours, appointment systems, use of nurse and deputising services, screening policies, waiting times, frequency of surgery and home visits, and use of accident and emergency departments and patients' opinions of these services.

The study will also monitor the total amount of drugs prescribed per person, their cost and appropriateness, the use of repeat prescriptions, self medication, and people's understanding of the drugs they take.

The fourth part of the research (monitoring hospital discharge practice) will be based on random samples of patients in three health districts. Shortly after discharge from hospital these patients will be sent a postal questionnaire, which will inquire about discharge

procedures, preparation for discharge, and contact with statutory and voluntary community services and informal carers and will also investigate patients' opinions of their hospital stay and discharge procedures.

Networking

The Kings' Fund Institute intends to establish a network of researchers concerned with monitoring the implementation of the NHS reforms. If there is sufficient interest the institute will put some effort into developing a register and acting as a clearing house for relevant research and development activity. The institute would be grateful, therefore, for information from anyone engaged in or planning to monitor or evaluate the transformation of the NHS that is now taking place. A conference to consider the research implications of *Working for Patients* is being planned for the spring.

The King's Fund Institute is an independent centre for health policy analysis.

BOOKS RECEIVED

Medical education

Simulation of Initial Medical Problem-Solving: Studies on a New Measure for the Assessment of Medical Problem-Solving Ability. E de Graaff. (Pp ix+109; £13 paperback.) Amsterdam: Elsevier, 1989. ISBN 90-5170-006-7.

Medical ethics

Doctors' Decisions: Ethical Conflicts in Medical Practice. Ed GR Dunstan, E A Shinebourne. (Pp x+248; £22.50.) Oxford: Oxford University Press, 1989. ISBN 0-19-261631-5.

Neurology

Human Horizons Series. "Alzheimer's Disease: Coping with a Living Death." RT Woods. (Pp 232; £7.95 paperback.) London: Souvenir Press, 1989. ISBN 0-285-65038-6.

Neurological Disease and Therapy. Vol 3. "Familial Alzheimer's Disease: Molecular Genetics and Clinical Perspectives." Ed GD Miner, RW Richter, JP Blass, et al. Series editor WC Koller. (Pp 420; figs; £150.) New York: Dekker, 1989. ISBN 0-8247-8068-X.

Neurological Emergencies. SD Shorvon. (Pp xi+108; figs; £5.95 paperback.) London: Butterworth Scientific, 1989. ISBN 0-407-00073-X.

Nursing

Education for Care Series. "Further Research for Nursing: a New Guide for the Enquiring Nurse." Ed JM Clark, L Hockey. (Pp xi+180; £7.50 paperback.) London: Scutari, 1989. ISBN 1-871364-14-0.

Nursing a Problem. L Mackay. (Pp viii+200; £9.95 paperback.) Milton Keynes: Open University Press, 1989. ISBN 0-335-09901-7.

Nutrition

Food Facts and Figures: a Comprehensive Guide to Healthy Eating. J Davies, J Dickerson. (Pp x+128; £3.99 paperback.) London: Faber and Faber, 1989. ISBN 0-571-15273-2.

Healthy Eating: Fact and Fiction. Ed A Bradley. (Pp 176; questionnaire appendix; figs; £6.95 paperback.) London: Consumers' Association, 1989. ISBN 0-340-48875-1.

Nutrition Research Reviews 1988. Vol 1. General Editor RH Smith. (Pp x+285; figs; £35 paperback.) Cambridge:

Cambridge University Press, 1988. ISBN 0-521-37926-1.

Nutritional Medicine: a Case Management Approach. Ed GL Blackburn, SJ Bell, JL Mullen. (Pp xv+229; figs; £28.50 paperback.) Philadelphia: Saunders, 1989. Distributed by Harcourt Brace Jovanovich. ISBN 0-7216-2233-X.

World Review of Nutrition and Dietetics. Vol 58. "Aspects of Childhood Nutrition." Volume and series editor GH Bourne. (Pp x+165; figs; £61.70.) Basle: Karger, 1989. Distributed by John Wiley and Sons. ISBN 3-8055-4918-0.

Obstetrics and gynaecology

Current Reviews in Obstetrics and Gynaecology. No 13. "Diabetic Pregnancy." M Brudenell, M Doddridge. (Pp viii+152; figs; £19.50.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-02792-7.

Electronic Fetal Heart Rate Monitoring: a Practical Guide. PL Wood, HG Dobbie. (Pp x+86; figs; £8.95 paperback.) London: Macmillan, 1989. ISBN 0-333-47118-0.

Endocrine Disorders in Pregnancy. Ed SA Brody, K Ueland. (Pp xv+494; figs; £62.75.) Connecticut: Appleton and Lange, 1989. Distributed by Prentice-Hall International. ISBN 0-8385-2205-X.

Fetal Monitoring: Physiology and Techniques of Antenatal and Intrapartum Assessment. Ed JAD Spencer. (Pp xvii+248; figs; £35.) Tunbridge Wells: Castle House, 1989. ISBN 0-7194-0135-6.

Positive Health Guides. "Understanding Endometriosis." C Hawkrigge. (Pp x+164; figs; £5.99 paperback.) London: Optima, 1989. ISBN 0-356-15447-5.

Preparation and Advice for the MRCOG. VR Tindall, RH Martin, RW Burslem. (Pp xiii+232; £9.95 paperback.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-03540-7.

Year Book of Obstetrics and Gynecology 1989. Ed DR Mishell Jr, TH Kirschbaum, CP Morrow. (Pp xii+505; figs; £40.) Chicago: Year Book Medical Publishers, 1989. Distributed by Wolfe Medical Publications. ISBN 0-8151-6011-9.

Occupational medicine

Practical Occupational Health. W Phoon. (Pp x+429; figs; £30.) Singa-

pore: PG Publishing Pte, 1989. ISBN 9971-973-99-5.

Oncology

Current Problems in Tumour Pathology. "Thyroid Tumours: Molecular Basis of Pathogenesis." Ed D Wynford-Thomas, ED Williams. Series editors NA Wright, JG Azzopardi. (Pp vii+169; figs; £45.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-03568-7.

Cytokines in Cancer Therapy. FR Balkwill. (Pp xvi+297; figs; £18.50 paperback.) Oxford: Oxford University Press, 1989. ISBN 0-19-261715-X.

Urological and Genital Cancer. Ed RTD Oliver, JP Blandy, HF Hope-Stone. (Pp ix+390; figs; £65.) Oxford: Blackwell Scientific, 1989. ISBN 0-632-01702-3.

The Women's Cancer Book. C Faulder. (Pp x+220; £5.99 paperback.) London: Virago, 1989. ISBN 0-86068-993-X.

Ophthalmology

A Color Atlas of Pterosis: a Practical Guide to Evaluation and Management. JJ Dutton. (Pp ix+156; figs and colour plates; £50.) Singapore: PG Publishing Pte, 1989. ISBN 9971-973-94-4.

Contact Lenses: Medical Aspects. M Ruben, CY Khoo. (Pp xii+212; figs and colour plates; £80.) Singapore: PG Publishing Pte, 1989. ISBN 9971-973-93-6.

Glaucoma: a Colour Manual of Diagnosis and Treatment. JJ Kanski, JA McAllister. (Pp viii+152; figs and colour plates; £45.) London: Butterworth Scientific, 1989. ISBN 0-407-01644-9.

PG's Ophthalmic Series. "Primary Angle Closure Glaucoma." RF Lowe, ASM Lim. (Pp xii+89; colour plates; price not stated.) Singapore: PG Publishing Pte, 1989. ISBN 981-3096-77-2.

Oral medicine

New Biotechnology in Oral Research. Ed HM Myers. (Pp x+170; figs; £61.30.) Basle: Karger, 1989. Distributed by John Wiley and Sons. ISBN 3-8055-4916-4.

Orthopaedics

Avulsion and Stress Injuries of the

Musculoskeletal System. Ed J Tehranzadeh, AN Serafini, MJ Pais. (Pp ix+126; figs; £33.) Basle: Karger, 1989. Distributed by John Wiley and Sons. ISBN 3-8055-4917-2.

Infection in the Orthopaedic Patient. Ed R Coombs, RH Fitzgerald Jr. (Pp xv+347; figs; £65.) London: Butterworth Scientific, 1989. ISBN 0-407-01316-4.

Paediatrics

Current Reviews in Paediatrics. Vol 4. "Paediatric Hepatology." S Tanner. (Pp x+363; figs; £29.50.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-03393-5.

A Practical Manual on Acute Paediatrics. Ed WC-L Yip, JS-H Tay. (Pp xvii+450; £60.) Singapore: PG Publishing Pte, 1989. ISBN 981-3096-04-7.

Parasitology

MBL Lectures in Biology. Vol 9. "The Biology of Parasitism: a Molecular and Immunological Approach." Ed PT Englund, A Sher. (Pp xvi+544; figs; £90.) New York: Liss, 1988. Distributed by John Wiley and Sons. ISBN 0-8451-2208-8.

The Physiology and Biochemistry of Cestodes. JD Smyth, DP McManus. (Pp xi+398; £55.) Cambridge: Cambridge University Press, 1989. ISBN 0-521-35557-5.

Pathology

The Autopsy—Medical Practice and Public Policy. RB Hill, RE Anderson. (Pp xxi+294; figs; £45.) Boston: Butterworth Scientific, 1989. ISBN 0-409-90137-7.

Pharmacology

The Peripheral Actions of 5-Hydroxytryptamine. Ed JR Fozard. (Pp xxiii+410; figs; £45.) Oxford: Oxford University Press, 1989. ISBN 0-19-261683-8.

Physician's 1989 Drug Handbook. Springhouse Corporation. (Pp x+1077; £17.95 paperback.) Pennsylvania: Springhouse Corporation, 1989. Distributed by Harcourt Brace Jovanovich. ISBN 0-87434-135-3.

Recent Advances in Clinical Pharmacology and Toxicology. No 4. Ed P Turner, GN Volans. (Pp xii+255; figs; £45.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-03927-5.

Physiology

Electric Fields in Vertebrate Repair: Natural and Applied Voltages in Vertebrate Regeneration and Healing. R B Borgens, K R Robinson, J W Vanable Jr, ME McGinnis. (Pp xxiii+310; figs; £69.50.) New York: Liss, 1989. Distributed by John Wiley and Sons. ISBN 0-8451-4274-7.

Energy Metabolism in Animals and Man. K Blaxter. (Pp xiii+336; figs; £15 paperback.) Cambridge: Cambridge University Press, 1989. ISBN 0-521-36931-2.

Membrane Transport: People and Ideas. Ed DC Tosteson. (Pp vi+414; figs; £50.) Bethesda: American Physiological Society, 1989. Distributed by Oxford University Press. ISBN 0-19-520773-4.

Repairing Body Fluids: Principles and Practice. JP Kassirer, DE Hricik, JJ Cohen. (Pp iii+174; figs; £26.) Philadelphia: Saunders, 1989. Distributed by Harcourt Brace Jovanovich. ISBN 0-7216-1149-4.

Psychiatry

Cognitive Behaviour Therapy for Psychiatric Problems: a Practical Guide. Ed K Hawton, PM Salkovskis, J Kirk, DM Clark. (Pp xiii+456; figs; £40.) Oxford: Oxford University Press, 1989. ISBN 0-19-261832-6.

Depression: an Integrative Approach. Ed KR Herbst, ES Paykel. (Pp x+255; £25.) London: Heinemann, 1989, in association with The Mental Health Foundation. ISBN 0-433-00090-2.

Living with Schizophrenia: a Guide for Patients and Relatives. B Lintner. (Pp viii+151; £5.99 paperback.) London: Macdonald Optima, 1989. ISBN 0-356-15446-7.

MCQ Tutor: Psychiatry Today. R1 Cohen, A O'Halloran. (Pp iv+129; £10.95 paperback.) Oxford: Heinemann, 1989. ISBN 0-433-18755-7.

Psychology

The Absent Father: Crisis and Creativity. The Myth of Danae and Perseus in the Twentieth Century. A Pirani. (Pp xiv+200; figs; £6.99 paperback.) London: Arkana, 1989. ISBN 0-14-019164-X.

Recent Research in Psychology. The Ulisses Factor: Evaluating Visitors in Tourist Settings. P1 Pearce. (Pp x+258; figs; DM68 paperback.) New York: Springer, 1988. ISBN 3-540-96834-2.