of practice in the health service, which face more of the immediacy of the NHS. McLachlan reflects on the Rock Hospitals Trust, Secretary of State for Health, who has suggested, based on the concept of efficiency, with a list of interventions scored against a number of criteria. This process makes decisions explicit in the ranking of priorities for prevention.

In summary, the book provides a good overview of prevention, but perhaps three particular points should be made on its contribution to the debate of setting priorities. Firstly, the list of interventions covered in the report is based on a medical model with respect to current risk factors, lifestyles; interventions involving organisational change (such as no smoking policies, ban on advertising) are mentioned in passing. Secondly, setting priorities does require consideration of the issue of inequalities—even in an overview—and how this fits into the efficiency equation. Thirdly, while the report gives us a framework for ranking priorities, how the public, professionals and politicians are engaged in the decision making process is crucial if priorities are to have meaning and form the basis for health strategies with leadership, commitment, ownership, and resources.


This Rock Carling monograph of 1990 reflects on quality in the National Health Service and the contributions made by the Nuffield Provincial Hospitals Trust. As Secretary of the Trust for many years, Gordon McLachlan is well placed to observe the public organisations and politics which shape the NHS. In particular, he uses the immediacy of the White Paper to illustrate more general issues which face a state run health service in a democracy.

The Trust has sought to promote value for money and quality in provincial hospitals (originally reckoned as covering 90% of the population of the United Kingdom) through investment in research and development, and through the publication of results of clinical practice and of health care policy. McLachlan contrasts the independent analytic approach of the Trust with the current mechanisms for commissioning research and disseminating new technology in health care.

While evidence of the effectiveness and scientific validation are accepted of clinical practice, why is health policy (such as on GP budgets, hospital trusts, and service contracts) not subject to study and research? How can legislation be passed to endorse NHS reforms when there is a gulf between executive policy and public opinion?

A prime reason, he argues, is that the NHS is funded, managed, and evaluated by the same political national machinery. There is no independent authoritative body "capable of dispensing dispassionate wisdom in the complex field of health care", to evaluate health policy, results of research and quality of health care, and to translate research into practice. He proposes that Britain might adopt the model of the Institute of Medicine of the National Academy of Science in Washington DC in order to separate responsibility for health policy from management responsibility for a government funded service. Similar proposals have come from a Royal Commission, a former chief medical officer, and a former permanent secretary of the DHSS. The idea has merit but who would be the catalyst? McLachlan gives amply developed the Institute of Medicine (and agrees it should really be "Health") but not of who should champion such a cause in Britain.

This book is not light reading but it has a wealth of ideas and evidence, a blend of general interest and appealing detail worthy of a well-stocked library.

CHARLES D SHAW
King Edward's Hospital Fund for London
London NW1


With the announcement by the Minister of Health of the Health Targets Initiative in England, the debate on setting priorities in prevention is now a focus of attention. This book is therefore opportune.

Setting priorities in prevention is a report commissioned by the Dutch Ministry of Welfare, Health, and Cultural Affairs and prepared by the Netherlands Institute for Preventive Health Care. The report tries to answer the questions: what can we realistically expect of prevention? How do we measure any improvements? Is it worth it? And is it possible to establish priorities for a list of prevention programmes?"

At a general level, it goes some way to answering these questions, through giving an overview of all aspects of prevention. As such, it is a valuable and very readable introductory text, but the reader will need to follow up the useful list of references at the end of each chapter to fill in the detail.

It discusses how health, morbidity, and mortality can be assessed by means of health indicators to prepare prevention profiles— which provide pointers for prevention programmes. The use of various indicators leads to differences in the rank order for different health problems. The preventability of health problems in terms of the health benefits achieved by means of prevention is considered, and some of the models used to calculate these benefits are described. Attention is also given to the cost of prevention, including the use of cost-benefit and cost-effectiveness analyses. Such health gains, however, might be offset. It appears that preventive measures that are successful in themselves in the fight against coronary heart disease and cancer may have other undesirable consequences relating to decompression of morbidity and competing causes of deaths.

A framework for a more rational approach to setting priorities in prevention is suggested, based on the concept of efficiency, with a list of interventions scored against a number of criteria. This process makes decisions explicit in the ranking of priorities for prevention.

In summary, the book provides a good overview of prevention, but perhaps three particular points should be made on its contribution to the debate of setting priorities. Firstly, the list of interventions covered in the report is based on a medical model with respect to current risk factors, lifestyles; interventions involving organisational change (such as no smoking policies, ban on advertising) are mentioned in passing. Secondly, setting priorities does require consideration of the issue of inequalities—even in an overview—and how this fits into the efficiency equation. Thirdly, while the report gives us a framework for ranking priorities, how the public, professionals and politicians are engaged in the decision making process is crucial if priorities are to have meaning and form the basis for health strategies with leadership, commitment, ownership, and resources.