

Book review

Public health and primary care: partners in population health

Alison Hill, Sian Griffiths, Stephen Gillam
Oxford, New York: Oxford University Press, 2007, 217 pp
ISBN 978 0 19 850853 3

A great book, worth reading, that makes a great plea for the further development of Community Oriented Primary Care. With forewords from Dr. Colin-Thomé and Dr Muir Gray, you wouldn't expect less.

In particular, the epilogue explains clearly what the authors have in mind when they speak about public health and primary care as partners in population health, knowing that there is no one single blueprint for the development of such an ideal system, certainly not throughout Europe or globally. The local social context and the countries' economic history, etc. are crucial to the possibilities of developing the ideas as they are set out by the authors.

However, reading the major chapters of the book, chapters 4, 5, 6 and 7, the book should have another title. I would suggest: "Public Health for the Primary Care Professional" as the book is providing primarily the public health issues that should be known by primary care professionals and not vice versa. In this respect, there is an interesting mistake in a reference on page 212: The book by Saltman, Rico and Boerma is called "Public Health in the Driver's Seat" whereas the title actually reads "Primary Care in the Driver's Seat"?!

For a primary care professional who does not know much about public health, the book is very supportive. But I would suggest that such a person shouldn't even exist! As a master in public health, working in the policy development and organisation of Primary Care at the European level, I am surprised that even in the United Kingdom, where John Snow removed the pump handle in Soho in 1854 to stop a cholera epidemic, this fact wouldn't be known by primary care professionals. Basic principles, such as "the upstream approach", "hierarchy of prevention" or the "standard precautions to limit the spread of infections", including the list of notifiable diseases, should all be familiar to all professionals working in Primary Care. Apparently, there is a need for more advanced introductions than only this book provides.

In the basic curricula for primary care professionals, public health principles should be taught and they should be refreshed and explored in greater depth

throughout the career of a primary care professional. Within Continuing Medical Education (CME), this book could be very useful to support primary care professionals in refreshing the key elements of public health in relation to the community and holistic approach that has to be implemented everywhere according to the authors; an opinion which I and the European Forum for Primary Care (EFPC) fully support. It concerns equity that is constantly under threat by further privatization of health care in all parts of the world, including the UK, as the authors describe.

Workforce issues are tackled specifically in chapter 8, by stating that public health and primary care practitioners should understand the complementary nature of their disciplines in order to mobilize each other's resources more effectively. I would state that this is valid for all different professionals active in primary care. Just now in the Netherlands, it appears that 95% of nurses have the opinion that the collaboration between nurses and doctors is of poor quality and 77% of the medical doctors have the same opinion [1]. This requires improvements, probably starting in the education phase through interdisciplinary training programs and modules. Although the authors list several options for improving the collaboration, they are limited mainly to postgraduate training and change of working patterns. By investing only in postgraduate training, you will probably only reach those who are already interested in collaboration with other disciplines; others will remain reluctant and will choose clinical courses of their own interest for their obligatory CME. A good example of integrated common learning in pre-registration health and social care is the Common Learning programme developed by the University of Southampton and Portsmouth¹.

But the strength of the book is clearly the way it strives for more attention to the public health approach included in primary care. As it is stated on page 42: "What were once seen as strengths of general practice within the NHS are now regarded as liabilities—the registered list (restricted choice), personal (paternalistic) care and gatekeeping (rationing). Policy makers need to be mindful of the law of unintended consequences". This is not only valid for the UK but for many countries in Europe, including the Netherlands.

¹<http://www.commonlearning.net/project/index.asp>

So let's build up the evidence base, look for best practices, and ways of implementing in Community Oriented Primary Care: the way forward in fighting social exclusion in Europe. Read and understand it all so we can work as a multidisciplinary team for this ultimate goal!

Diederik Aarendonk, MPH, RN
Coordinator of the European Forum for Primary Care (EFPC)
Otterstraat 118 – 124, 3513 CR Utrecht
PO Box 1568, 3500 BN Utrecht, The Netherlands
E-mail: d.aarendonk@euprimarycare.org

Reference

1. Neggers HJM. Samenwerking kan veel beter [Cooperation can be much better]. *Medisch contact* 2008 Apr 4;14:598–600.