



Healthy People: promoting health and preventing disease

One in a series of curriculum statements produced by the Royal College of General Practitioners:

- 1 Being a General Practitioner**
- 2 The General Practice Consultation**
- 3 Personal and Professional Responsibilities**
 - 3.1 Clinical Governance
 - 3.2 Patient Safety
 - 3.3 Clinical Ethics and Values-Based Practice
 - 3.4 Promoting Equality and Valuing Diversity
 - 3.5 Evidence-Based Practice
 - 3.6 Research and Academic Activity
 - 3.7 Teaching, Mentoring and Clinical Supervision
- 4 Management**
 - 4.1 Management in Primary Care
 - 4.2 Information Management and Technology
- 5 Healthy People: promoting health and preventing disease**
- 6 Genetics in Primary Care**
- 7 Care of Acutely Ill People**
- 8 Care of Children and Young People**
- 9 Care of Older Adults**
- 10 Gender-Specific Health Issues**
 - 10.1 Women's Health
 - 10.2 Men's Health
- 11 Sexual Health**
- 12 Care of People with Cancer & Palliative Care**
- 13 Care of People with Mental Health Problems**
- 14 Care of People with Learning Disabilities**
- 15 Clinical Management**
 - 15.1 Cardiovascular Problems
 - 15.2 Digestive Problems
 - 15.3 Drug and Alcohol Problems
 - 15.4 ENT and Facial Problems
 - 15.5 Eye Problems
 - 15.6 Metabolic Problems
 - 15.7 Neurological Problems
 - 15.8 Respiratory Problems
 - 15.9 Rheumatology and Conditions of the Musculoskeletal System (including Trauma)
 - 15.10 Skin Problems

Contents

Acknowledgements	5
Key messages	5
Introduction	6
Rationale for this curriculum statement	6
UK health priorities	7
Learning Outcomes	8
Primary care management	8
Person-centred care	9
Specific problem-solving skills	9
A comprehensive approach	9
Community orientation	10
A holistic approach	10
Contextual aspects	11
Attitudinal aspects	11
Scientific aspects	11
Further reading	12
Examples of relevant texts and resources	12
Web resources	12
Promoting Learning about Healthy People	15
Work-based learning – in primary care	15
Work-based learning – in secondary care	15
Non-work-based learning	15
Learning with other healthcare professionals	15
References	16

Acknowledgements

This RCGP curriculum statement, *Healthy People: promoting health and preventing disease*, was developed in partnership with the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom.

The Royal College of General Practitioners would like to express its thanks to these individuals and organisations.

Authors: Professor Steve Field, Dr Rob Cooper, Dr Gilles de Wildt, Dr Paramjit Gill

Contributors: The Faculty of Public Health of the Royal Colleges of Physicians of the UK, the Health Inequalities Standing Group of the RCGP, Dr Phillipa Matthews, the RCGP Sex, Drugs and HIV Task Group, Dr David Colin-Thome, Dr Maureen Baker, Dr Stephen Kelly, Dr Mike Deighan, Joy Dale, Ailsa Donnelly & the RCGP Patient Partnership Group

Editors: Professor Steve Field & Dr Mike Deighan

Guardian: Professor Steve Field & Dr Rob Cooper

Created: November 2004 to June 2005

Date of this update: February 2009

Version number: 1.1

Previous versions: 1.0 issued February 2006, corrected and re-issued February 2007

Key messages

- General practitioners have a crucial role to play in promoting health and preventing disease.
- More important than the general practitioner's role is that of the patient through self-care.
- During the consultation there are excellent opportunities to discuss healthy living with the patients and for the early detection of illness.
- To put patients at the centre of their care, general practitioners need to possess appropriate skills to support people to self-care, taking them through a range of approaches, in partnership, recognising that the individual should make the choices, decisions and take the actions themselves.
- The general practitioner's defined practice list offers a framework to provide appropriate diagnostic, therapeutic and preventative services to individuals, and to the registered population.
- Gaining a better understanding about inequalities in health and strategies to address inequalities in health are important aspects of training to be a general practitioner.

Introduction

Rationale for this curriculum statement

General practitioners (GPs) have a crucial role to play in promoting health and preventing disease. They provide a link between individual health care and care for the community that includes their patient population. GPs and their primary healthcare teams play a central role in promoting health for all ages, being engaged in child health, adult care and increasingly a role in addressing the health problems that we are facing with the ageing population, co-morbidities and increasing stress levels.¹

GPs see each of their patients, on average, three to four times per year. Many of these contacts are for minor, self-limiting problems. GPs, therefore, have many excellent opportunities each year to discuss healthy living with the patients and for the early detection of illness. Because of their personal knowledge of the patient and their family, they may be able to identify risks to health that would not be apparent to another observer. Their relationship with the patients and the trust it engenders can be important factors in motivating patients to comply with measures designed to maintain health.²

Despite the Declaration of Alma-Ata in 1978,³ however, which aimed at a level of health for all people of the world by the year 2000, there is evidence that inequalities in health between the rich and poor areas of the UK widened in the 1980s, 1990s and the first years of the 21st century.⁴ It is the policy of the UK Departments of Health to reduce inequalities in health^{5,6,7} but raising the living standards of some of the poorest people in Britain has not reduced overall inequalities of health, while inequalities in wealth have continued to grow and are likely to be transmitted to the next generation.

Inequalities in health were well documented in the Black report of 1980⁸ and closely associated with social class. There are also regional inequalities. Most health indicators, and mortality, are better in the Southeast of England than in Scotland. In general terms, provision of health care is more deficient where it is most needed: the *inverse care law*.⁹ GPs are often from a background that is different from their patients who suffer from deprivation. To be an effective doctor, it is important, to put in extra effort to understand patients' beliefs and expectations, and to reach agreement with patients on further management and to improve their patients' condition.¹⁰

Furthermore, individual patients and populations that are socio-economically disadvantaged are disproportionately affected by co-morbidity.^{11,12} Unfortunately, the evidence base of clinical practice is mainly derived from research into single disease states. Older people, those with significant co-morbidity and those who are disadvantaged, either socio-economically or by ethnic group, are usually under-represented and often excluded from clinical research.

GPs have considerable experience and skills in managing multiple health problems to achieve optimal outcomes for individual patients with different socio-economic backgrounds.¹³ This is done by the careful negotiation of an individual care plan that makes sense to patients in the context of their life story and the full diversity of their health and social problems and that accommodates their values and aspirations. High-quality care of multiple and compounding health problems, against a background of deprivation, depends on the ability of

the clinician to deliver personal and continuing care over time. Such care also needs longer consultations.^{14,15} Interpersonal and organisational continuity of care¹⁶ are very important in this regard.^{17,18,19} Multidisciplinary working is extremely important. The role of health visitors is crucial in trying to address inequalities in health affecting young families.

Gaining a better understanding about inequalities in health and strategies to address inequalities in health are important aspects of training to be a GP and should be a strand for all healthcare professionals, in virtually all subjects, clinical (e.g. ischaemic heart disease, asthma, reproductive health) and otherwise (e.g. communication and cultural aspects).

In order to play an effective role in improving the health of their patients and their wider community GPs will require a good understanding of public health knowledge and skills.

UK health priorities

All four of the UK's Departments of Health and Chief Medical Officers have been working on public health initiatives that have put population health and health inequalities at the centre of their health agendas.

In 2004, the Department of Health in England published the white paper *Choosing Health – making healthier choices easier*²⁰ and in 2005 pushed the agenda forward with their consultation paper on smoke-free environments;²¹ both papers received considerable publicity and raised the debate to new levels. Similar initiatives have been put forward in the rest of the UK. It is important that GPs are aware of this wider health agenda and contribute to improving the health of not just their patients but the community as a whole.

Learning Outcomes

The following learning objectives relate specifically to the GP's role working in partnership with healthy people. It focuses on the important public health responsibilities of GPs in promoting health and preventing disease; the full range of generic competences is described in the *core* RCGP curriculum statement 1, *Being a General Practitioner*.

Primary care management

Primary care is about providing continuous, comprehensive personal healthcare at the first point of contact. In the UK, however, the defined 'practice list' offers a framework to provide appropriate diagnostic, therapeutic and preventative services to individuals and to the registered population.²² The GP must, therefore, understand the concepts of health, function and quality of life as well as models of disease. These include health promotion and preventative activities,^{23,24} risk management and issues of cost-efficiency and rationing.

The GP works as part of the primary healthcare team and in partnership with public health specialists and with specialists in secondary care to provide care, promote health and apply prevention strategies in his or her communities. It is important, therefore, that every opportunity is taken to learn with other health professionals during the GP training programme.

The GP should also have a wider knowledge of the public's health and prevalence of disease. Health surveillance is an important component of the comprehensive approach to public health with much of the activity based in primary care. For many years, the RCGP has been a key player in the UK through the RCGP Weekly Returns Service that collects data from its network of over 70 practices covering over 660,000 patients.²⁵ Other key providers of information include the Public Health Laboratory Service in England and NHS Direct. Surveillance is important because it helps with planning of health services, providing alerts for contingency planning and for monitoring the equitable distribution of health care.

The GP should be able to demonstrate an understanding of:

- The epidemiology of problems presenting in primary care
- The risk factors for disease including alcohol and substance abuse, accidents, child abuse, diet, exercise, genetics, occupation, social deprivation and sexual behaviour
- The principles of prevention and preventative strategies
- The principles of immunisation and vaccination, and the UK's immunisation programmes
- The benefits and risks of immunisation and vaccination in order to reassure parents effectively
- The benefits and risks of screening programmes
- The importance of excellent communication and effective teamwork, the role of the public health specialist and how to access specialist public health advice
- The structure of the healthcare system and the function of primary care within the wider NHS
- The principles of health surveillance.

The GP should also be able to demonstrate the skills required to:

- Change patients' behaviour in health promotion and disease prevention.

Person-centred care

A person-centred and family-centred approach focuses on the patient and the family, taking into account the patient preferences and expectations at every step in a patient-centred consultation. Involving the patient and where appropriate his or her family in developing acceptable management plans is a key component of this approach. The GP should encourage questioning by the patient and encourage the patient, their carer (and family when appropriate) to access further information and use patient support groups.

To adopt a person-centred approach, the GP should be able to:

- Demonstrate an understanding of the patient's (and where appropriate the family's) expectations and the community, social and cultural dimensions of their lives
- Help the patient understand work–life balance and, where appropriate, help patients achieve a good work–life balance
- Demonstrate an understanding of the concept of risk and be able to communicate risk effectively to the patient and his or her family
- Describe the effects of smoking, alcohol and drugs on the patient and his or her family
- Promote health on an individual basis as part of the consultation
- Negotiate a shared understanding of problems and their management (including self-management) with the patient, so that the patient is empowered to look after his or her own health and has a commitment to health promotion and self-care
- Recognise and contend with the potential tension between the GP's health promotion role and the patient's own agenda
- Promote health through a health promotion or disease prevention programme.

Specific problem-solving skills

The GP requires appropriate skills to be able to promote health and apply prevention strategies for their patients in their communities.

The GP should be able to:

- Assess an individual patient's risk factors
- Use basic statistical techniques
- Interpret evidence about a screening programme and decide whether it is worthwhile – for individuals or groups
- Use routinely available data to describe the health of his or her local population, compare it with that of other populations, and identify localities or groups with poor health within it
- Undertake a needs assessment of a target group or service.

A comprehensive approach

The GP should aim at a holistic approach to the patient and his or her family, where the main focus would be in promoting their health and general wellbeing. Reducing risk factors by promoting self-care and empowering patients is an important task of the GP. The GP should aim to minimise the impact of the patient's symptoms on his or her wellbeing by taking into account the patient's personality, family, daily life and physical and social surroundings.

The GP has a vital role working with other members of the primary healthcare team to promote health and

wellbeing by applying health promotion and disease prevention strategies appropriately. The GP also has a central responsibility to coordinate a patient's care provided by other healthcare professionals and care provided by other agencies. The GP should also be prepared to act as an advocate for the patient and his or her family.

The GP should be able to:

- Understand the concept of health
- Understand approaches to behavioural change and their relevance to health promotion and self-care
- Be able to judge the point at which a patient will be receptive to the concept and the responsibilities of self-care
- Understand the role of the GP and the wider primary healthcare team in health promotion activities in the community
- Understand the importance of ethical tensions between the needs of the individual and the community, and to act appropriately
- Be able to work as an effective team member over a prolonged period of time and understand the importance of teamwork in primary care.

Community orientation

GPs have a responsibility for the individual patient, his or her family and the wider community. Because the work of GPs is determined by the makeup of the community in which they work they must, therefore, understand the characteristics of the community including socio-economic, ethnicity and health features.

The GP working with other members of the primary healthcare team and public health physicians can make an important contribution to the health of the wider community by engaging in the public health agenda and by influencing health policy in the community.

The GP should be able to describe:

- The need to reconcile the needs of individuals with the needs of the community in which they live
- The scale of health problems in a locality in terms of incidence and prevalence, and be able to make comparisons with other populations
- The interrelationships between health and social care including the wider determinants of health within communities, e.g. housing, employment and education
- The impact of poverty, genetics, ethnicity and local epidemiology on an individual and a local community's health
- The impact of inequalities and discrimination on health
- The inequalities in healthcare provision: the 'inverse care law'
- The structure of his or her local and national healthcare system and its economic limitations
- The roles of the other professionals involved in public health, e.g. school nurses, health visitors and public health specialists
- The importance of involving the public and communities in improving health and reducing inequalities.

A holistic approach

Kemper suggested that holism involves:

*'caring for the whole person in the context of the person's values, their family beliefs, their family system, and their culture in the larger community, and considering a range of therapies based on the evidence of their benefits and cost.'*²⁶

For Pietroni, holism is:

*'a willingness to use a wide range of interventions ... an emphasis on a more participatory relationship between doctor and patient; and an awareness of the impact of the 'health' of the practitioner on the patient.'*²⁷

Both views indicate that the role of the GP in primary health care and the relationship between the individual patient and the doctor involves much more than that defined by bio-psycho-social model of modern medicine.

The GP should be aware of the concept of holism in their wider role as a family doctor with a key responsibility for the wider public's health and should have:

- Knowledge of the holistic concept and its implications for the patient's and his or her family's care
- An ability to understand a patient as a bio-psycho-social 'whole'
- Skills to transform holistic understanding into practical measures
- Knowledge of the cultural background and beliefs of the patient, in so far as they are relevant to health care
- Tolerance and understanding towards patients' experiences, beliefs, values and expectations, as they affect healthcare delivery.

Contextual aspects

The GP should be able to describe:

- The impact of the local community, including socio-economic factors, geography, culture and the workplace on patient care
- The impact of overall GP workload on the care given to the individual patient, and the facilities (e.g. staff, equipment) available to deliver that care
- The financial and legal frameworks in which health care is given at practice level
- The impact of the doctor's working environment on the care that he or she provides.

Attitudinal aspects

GPs should have an awareness of:

- Self – an understanding of their own capabilities and values and that their attitudes and feelings are important determinants of how they practise
- The interaction of work and the doctor's own private life, and striving for a good balance between them
- Ethical aspects of clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles).

Scientific aspects

The essential scientific aspects relating to this statement on *Healthy People: promoting health and preventing disease* necessarily cross-links to other RCGP curriculum statements, notably *Clinical Ethics and Values-Based Practice*, *Promoting Equality and Valuing Diversity*, *Evidence-Based Practice* and *Research and Academic Activity*.

The GP should be able to describe:

- How to access, read and assess medical literature critically
- The general principles, methods and concepts of scientific research and the fundamentals of statistics (incidence, prevalence, predicted value, etc.)
- The scientific backgrounds of public health, epidemiology and preventative health care.

Further Reading

Examples of relevant texts and resources

- ACHESON D. *Independent Inquiry into Inequalities in Health* London: HMSO, 1998
- BIRCH K, FIELD SJ, SCRIVENS E. *Quality in General Practice* Oxford: Radcliffe Medical Press, 2000
- BLACK D (Chair of working group). *Inequalities in Health* London: DHSS, 1980
- BRITTON J. *ABC of Smoking Cessation* London: BMJ Books, 2004
- BURY M. *Health and Illness in a Changing Society* London: Routledge, 1997
- CHAMBERS R. *Involving Patients and the Public: how to do it better* Oxford: Radcliffe Medical Press, 2003
- CHAMBERS R AND MOHANNA K. *Risk Matters in Healthcare: communicating and explaining risk* Oxford: Radcliffe Medical Press, 2001
- CHIEF MEDICAL OFFICER. *Annual Report of the Chief Medical Officer 2004* London: Department of Health, 2005
- DEPARTMENT OF HEALTH. *Immunisations against Infectious Disease* London: HMSO, 1996 (and later updates)
- DEPARTMENT OF HEALTH. *Health Promotion England* London: DH, 2001
- DEPARTMENT OF HEALTH. *Tackling Health Inequalities: a programme for action* London: DH, 2003
- FARMER R. *Lecture Notes on Epidemiology and Public Health Medicine* Oxford: Blackwell Science, 1996
- HEALTH INEQUALITIES STANDING GROUP OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS. *Hard Lives: improving the health of people with multiple problems* London: RCGP, 2003
- JONES R, BRITTEN N, CULPEPPER L, *et al.* (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- PENCHEON D, GUEST C, MELZER D, *et al.* *The Oxford Handbook of Public Health Practice* Oxford: Oxford University Press, 2001
- SACKETT DL, HAYNES BR, GUYATT G, *et al.* *Clinical Epidemiology: a basic science for clinical medicine* Boston: Lippincott, Wilkins & Williams, 1991
- TUDOR HART J. *New Kind of Doctor* London: Merlin Press, 1988
- WANLESS D. *Securing Good Health for the Whole Population: final report* London: HSMO, 2004
- WARRELL D, COX TM, FIRTH JD, *et al.* (eds). *Oxford Textbook of Medicine (4th edn)* Oxford: Oxford University Press, 2004

Web resources

The Faculty of Public Health

The Faculty of Public Health is the standard-setting body for specialists in public health – it is a joint faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow). It was established as a registered charity in 1972. Its aims and charitable objectives are to promote, for the public benefit, the advancement of knowledge in the field of public health and to develop public health with a view to maintaining the highest possible standards of professional competence and practice, and to act as an authoritative body for consultation in matters of education or public interest concerning public health

www.fphm.org.uk

The Health Protection Agency

The Health Protection Agency (HPA) is an independent body that protects the health and wellbeing of the population – the agency plays a critical role in protecting people from infectious diseases and in preventing harm when hazards involving chemicals, poisons or radiation occur. They also prepare for new and emerging threats, such as a bio-terrorist attack or virulent new strain of disease.

The Health Protection Agency was established as a special health authority (SpHA) in 2003. Its role is to pro-

vide an integrated approach to protecting UK public health through the provision of support and advice to the NHS, local authorities, emergency services, other arm's length bodies, the Department of Health and the devolved administrations. On 1 April 2005, the agency was established as a non-departmental public body, replacing the HPA SpHA and the National Radiological Protection Board (NRPB), and with radiation protection as part of health protection incorporated in its remit.

The HPA has a large network of staff based regionally and locally throughout England (and working with locally based colleagues employed within the devolved administrations), a central office based in London and three major centres, at Colindale, Porton and Chilton. The Centre for Infections at Colindale is the base for communicable disease surveillance and specialist microbiology. The Centre for Radiation, Chemical and Environmental Hazards is based at Chilton and the Centre for Emergency Preparedness and Response, focusing on applied microbiological research and emergency response, is based at Porton.

www.hpa.org.uk/

National Office for NHS Cancer Screening Programmes

This site gives information about national screening programmes for breast and cervical cancer. It also provides information about screening for bowel and prostate cancer.

www.cancerscreening.nhs.uk

National Library for Health and Public Health Specialist Library

The aim of the National Library for Health (NLH) is to provide clinicians with access to the best current know-how and knowledge to support health care-related decisions. Patients, carers and the public are also welcome to use the site, because the NLH is open to all. The ultimate aim is for the Library to be a resource for the widest range of people both directly and indirectly.

The main priority for the NLH is to help the NHS achieve its objectives. However, it is also aimed at those healthcare professionals who are working in the private sector where common standards should apply. For example, the National Screening Committee is not only an NHS advisory committee, but its mission is also to promote the health of the whole population and its recommendations are relevant to the private sector. Part of the content of the NLH such as Clinical Evidence and Cochrane Library is licensed from commercial providers. There are two other groups of health and care professionals whose needs will also be met by the NLH – those working in public health and in social care. The Public Health Specialist Library is intended for all public health professionals, many of whom work in local government. It has been developed by the Health Development Agency.

www.library.nhs.uk

www.library.nhs.uk/publichealth/

NHS Immunisation Information

The most comprehensive, up-to-date and accurate source of information on vaccines, disease and immunisation in the UK – an excellent site for patients and health professionals.

www.immunisation.org.uk

Picker Institute Europe

Works with patients, professionals and policy-makers to promote understanding of the patient's perspective at all levels of healthcare policy and practice – 'they undertake a unique combination of research, development and policy activities which together work to make patients' views count'.

www.pickereurope.org

UK National Screening Committee

The UK National Screening Committee (NSC) is chaired by the Chief Medical Officer for Northern Ireland and advises ministers, the devolved national assemblies and the Scottish Parliament on all aspects of screening

policy. It has a Fetal Maternal and Child Health Coordinating Group (FMCH) that deals with antenatal and child health screening issues. In forming its proposals, the NSC draws on the latest research evidence and the skills of specially convened multidisciplinary expert groups, which always include patient and service user representatives.

The NSC assesses proposed new screening programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. In 1996, the NHS was instructed not to introduce any new screening programmes until the NSC had reviewed their effectiveness.

www.nsc.nhs.uk

Promoting Learning about Healthy People

Work-based learning – in primary care

Primary care both inside and outside the practice is the ideal environment to learn about the principles of public health, to acquire the appropriate skills and to engage in their application.

Specialty registrars (GP) should be involved in their teaching practice's public health, health promotion, prevention and screening activities, learning as part of the multiprofessional primary healthcare team. They should take the opportunity to attend their local primary care organisation to meet with the public health specialists and their teams to discuss the wider public health agenda and perhaps become involved in some of their activities.

Work-based learning – in secondary care

While working in hospital placements there are many opportunities to explore the public health agenda, particularly in the area of screening, e.g. breast screening services.

Non-work-based learning

Specialty registrars (GP) should also have access to courses on these public health issues provided locally as part of training programme activities or by postgraduate deaneries working with public health specialists and primary care organisations.

Learning with other healthcare professionals

Many opportunities exist in primary care to be involved with nurses, health visitors and public health specialists, all of whom should be engaged in the practice's education and public health programmes.

References

- 1 VAN REE JW. The role of primary care in public health. In: Jones R, Britten N, Culpepper L, *et al.* *Oxford Textbook of Primary Care* Oxford: Oxford University Press, 2004
- 2 MCWHINNEY IR. *A Textbook of Family Medicine* Oxford: Oxford University Press, 1989
- 3 WORLD HEALTH ORGANIZATION. *Primary Health Care: report of the International Conference on Primary Care Alma-Ata, USSR* Geneva: WHO, 1978
- 4 SHAW M, DAVEY SMITH G, DORLING D. Health inequalities and New Labour: how the promises compare with real progress *BMJ* 2005; 330: 1016–21
- 5 ACHESON D. *Independent Inquiry into Inequalities in Health* London: HMSO, 1998
- 6 DEPARTMENT OF HEALTH. *Tackling Health Inequalities: a programme for action* London: DH, 2003
- 7 WANLESS D. *Securing Good Health for the Whole Population: final report* London: HSMO, 2004
- 8 BLACK D (Chair of working group). *Inequalities in Health* London: DHSS, 1980
- 9 TUDOR HART J. Commentary: three decades of the inverse care law *BMJ* 2000; 320(7226): 18–19
- 10 TUDOR HART J. *A New Kind of Doctor* London: Merlin Press, 1988
- 11 WATT G. The inverse care law today *Lancet* 2002; 360: 252–4
- 12 MENOTTI A, MULDER I, NISSINEN A, *et al.* Prevalence of morbidity and multimorbidity in elderly male populations and their impact on 10 year all cause mortality: FINE study (Finland, Netherlands, Elderly) *J Clin Epidemiol* 2001; 54: 680–6
- 13 SCHELLEVIS FG, VAN DER VELDEN J, VAN DE LISDONK EH, *et al.* Co morbidity of chronic diseases in general practice *J Clin Epidemiol* 1993; 46: 463–73
- 14 STIRLING AM, WILSON P, MCCONNACHIE A. Deprivation, psychological distress and consultation length in general practice *Br J Gen Pract* 2001; 51: 456–60
- 15 FREEMAN GK, HORDER JP, HOWIE JG, *et al.* Evolving general practice consultations in Britain: issues of length and context *BMJ* 2002; 324: 880–2
- 16 HAGGERTY JL, REID RJ, FREEMAN GK, *et al.* Continuity of care: a multidisciplinary review *BMJ* 2003; 327: 1219–21
- 17 STEWART M. Continuity, care and commitment: the course of patient–clinician relationships *Ann Fam Med* 2004; 2(5): 388–90
- 18 SAULTZ JW AND ALBEDAIWI W. Interpersonal continuity of care and patient satisfaction: a critical review *Ann Fam Med* 2004; 2(5): 445–51
- 19 MAINOUS III AG, GOODWIN MA, STANGE KC. Patient–physician shared experiences and value patients place of continuity of care *Ann Fam Med* 2004; 2(5): 452–4
- 20 DEPARTMENT OF HEALTH. *Choosing Health – making healthier choices easier* London: DH, 2004
- 21 DEPARTMENT OF HEALTH. *Consultation on the Smoke Free Elements of the Health Protection and Improvement Bill* London: DH, 2005
- 22 HANNAFORD P. The individual and the population. In: Jones R, Britten N, Culpepper L, *et al.* (eds). *Oxford Textbook of Primary Care* Oxford: Oxford University Press, 2004
- 23 PARKER C. Immunization and vaccination. In: Jones R, Britten N, Culpepper L, *et al.* (eds). *Oxford Textbook of Primary Care* Oxford: Oxford University Press, 2004
- 24 MANT D. Principles of prevention. In: Jones R, Britten N, Culpepper L, *et al.* (eds). *Oxford Textbook of Primary Care* Oxford: Oxford University Press, 2004
- 25 FLEMING DM AND ROSS A. Health surveillance. In: Jones R, Britten N, Culpepper L, *et al.* (eds). *Oxford Textbook of Primary Care* Oxford: Oxford University Press, 2004
- 26 KEMPER KJ. Holistic pediatrics = good medicine *Pediatrics* 2000; 105: 214–18
- 27 PIETRONI P. Holistic medicine: new lessons to be learned *Practitioner* 1987; 231: 1386–90