availability of such training should improve health communication.

The book is a valuable addition to any health professional undergraduate and one that, together with the topic of health communication, was missing from my undergraduate days. For researchers new to this field the book must represent a useful starting point. For professionals in the 'field' or at 'the coal face' it would provide a useful reference and background for many of the skills that they use and the issues that they face everyday – potentially, as the book discusses, without ever having had too much training. Finally, for the reader with the ability to reflect, reading the book may be part of the, uncomfortable but necessary, journey of improving their communication skills and their patient care.

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doi: 10.1111/j.1369-7625.2007.00479.x

Healthy democracy: the future of involvement in health and social care

By Edward Andersson, Jonathan Tritter and Richard Wilson. Involve and NHS Centre for Involvement, 2007, PB £5, 134 pp, <http://www.involve.org.uk>. ISBN 1-12345-123-1

This edited volume – a joint venture between Involve and the NHS Centre for Involvement – aims to critique developments in patient and public involvement (PPI) in England and to assess new proposals. The editors brought together a diverse collection of academics and practitioners from the field. Each was asked to do three things: examine the key challenges facing PPI, identify good examples of overcoming these challenges and explore the implications for the future and the imminent reforms of the PPI system.

Given the current background of yet another reform of PPI, the book is certainly timely. It is also well organized. By giving the authors a clear framework, the editors have ensured that the work has an overall coherence and a minimum of overlap and duplication. The chapters are organized into five sections: 'theory and overviews' (which covers principles, concepts and trends and examines the rationale behind PPI), 'structures in health care' (which looks at the roles of the NHS Centre for Involvement, the Healthcare Commission and local health overview and scrutiny committees), 'beyond the NHS' (covers the role of the voluntary sector and the involvement of social care users), 'involvement in primary care' (patient participation groups and practice-based commissioning) and 'new innovations' (foundation trusts and networked information systems).

The chapters are short and to-the point, written in a clear and accessible manner and will appeal to a non-expert audience. All the contributors are experienced in their particular field, and include such PPI stalwarts as Harry Cayton, Anna Coote and Angela Coulter alongside the distinguished political scientist Albert Weale. Several contributors are from Involve (Edward Andersson, Stella Creasey, Richard Wilson) and the NHS National Centre for Involvement (Jonathan Tritter, Ian Brittain, Jane Martin). The other contributors are Graham Box (chief executive, National Association for Patient Participation), Brian Fisher (a GP and PPI lead for the NHS Alliance), Francis Hasler (Head of User and Public Involvement at the Commission for Social Care Inspection), Belinda Pratten (National Council for Voluntary Organizations), Sue Slipman (director of the Foundation Trust Network) and Paul Hodgkin (a GP and chief executive of Patient Opinion).

The book does cover most of the key aspects of the contemporary PPI field (though additional chapters on complaints, advocacy and PALS would have been useful). However, it is rather short at 134 pages. Each chapter is relatively short and this does not facilitate the kind of critical approach that the editors were

probably aiming for. The individual chapters simply do not have the space to develop arguments and ideas. Some even struggle to summarize the knowledge base. For example, the chapter on voluntary and community organizations fails to mention important recent research into health consumer and patients' organizations.¹

The book examines the English experience of PPI. There is nothing wrong with this in principle, and indeed it provides a clear focus for the work. However, it would have been useful to refer to developments in PPI other parts of the UK. Similarly, the chapters could have included more examples from countries outside the UK, both as comparisons and to illustrate broader international trends in PPI.

The permanent revolution of PPI systems means that unfortunately the book has dated quickly since publication. Although the current round of reforms (Local Involvement Networks, abolition of CPPIH and the patient forums) is mentioned, there is little detail given about these changes. This is unfortunate, although perfectly understandable in the context of rapid change. What is missing is a critique of the whole system of PPI and its recent reform. Surely the key questions are: why was the system of PPI reformed? why has it been such a policy disaster? and how can we avoid such a scenario occurring

again? Several contributors have perhaps been too close to the action to engage in a detached analysis. Some are clearly wedded to a particular model or have loyalties to particular institutions. As a result their accounts lack a critical edge (although this is not to say that they cannot yield important insights or make key observations).

The value of this book is that it charts the territory of contemporary PPI and offers some interesting insights and observations. It is an ideal 'primer' for someone who wants to acquire some basic knowledge about PPI in the English context. Because the contributions are well written and accessible, it will appeal particularly to non-academic audiences. However, those wishing to see a powerful critique of recent PPI policy and practice and a thorough analysis of future trends will have to look elsewhere.

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doi: 10.1111/j.1369-7625.2007.00480.x

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