

and comparisons of health service reforms at the national level, but notorious by its absence in many of the contributions is even a passing recognition that place matters.

Despite these shortcomings, *Implementing Planned Markets in Health Care* does offer a useful overview of some important health service reforms currently underway in several advanced industrial states. In particular, the experiences in Sweden and the UK, and to a lesser degree Finland, are well outlined. The comparisons between these publicly financed systems are particularly instructive reflecting the different historical developments of these systems—that is, between the more centrally planned British National Health Service and the highly decentralized health care delivery systems of Sweden and Finland. It is therefore puzzling that the book includes two studies of finance-side reforms, in Holland and the USA respectively, which are not readily comparable to delivery-side reforms addressed in the rest of the book.

There remains much that this collection does not address, not the least of which is the degree that 'social' responsibilities, more broadly defined than concerns for patient choice, are balanced when implementing competitive forces in predominantly publicly financed health systems. There are, however, many important questions raised which, although often left unanswered, serve as useful bellwethers for further study. For example, issues such as the proper role of public sector regulation and the competitive mechanisms (e.g. contract models, vouchers and so on) intended to balance conflicting policy objectives are certain to be major issues in nations experimenting with planned market reforms. It is hoped that, as public attention in these nations shifts increasingly to broader issues of social responsibility, future health services research will be more sensitive to issues of place and space in their accounts of planned market initiatives.

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Purchasing for Health: A Multidisciplinary Introduction to the Theory and Practice of Health Purchasing

J. Ovretveit
Open University Press, Buckingham
(1995) 350pp

Privatisation and Regulation: A Review of the Issues

P. Jackson and C. Price (eds)
Longman, Harlow (1994) 261pp

Purchasing for health and *Privatisation and regulation* are indicative of the rapidly increasing research interest in the British welfare state as a result of the Conservative government's policy of introducing competition to existing public services. Ovretveit's health purchasing text forms part of the successful Health Services Management series, while Jackson and Price's edited volume stands alone as a review of the debates and techniques of the privatisation process.

Drawing upon research mainly conducted in the NW Thames region, John Ovretveit's monograph can essentially be divided into two distinct halves. The first documents the theoretical aspects involved in purchasing, whilst the latter chapters seek to demonstrate the practical aspects of operationalising purchasing decisions within the framework of the NHS. To this end, it is the first half of the book (Chapters 2–6) that is considered here. For those interested in the new market-led NHS, *Purchasing for Health* is a detailed and thorough reader in health care purchasing. However, to what extent will this book be of value to readers of this journal? The answer lies in Chapters 3 and 4, in which Ovretveit scratches the surface of the 'locality matters' debate. The local-scale is defined as the most important scale for health care provision and whilst spatiality is commonly inferred, rather than explicated, notions of accessibility to care and the role of local planning are very briefly discussed.

According to Ovretveit, the solutions to local-level inequalities lie with *locality community purchasing*—devolving and decentralising purchasing sensitive to local needs.

Comparisons are made between this type of purchasing (as espoused by the Labour Party) and GP fundholding—allocating budgets to GPs to purchase care, with the author clearly favouring the former. However, the persuasive power of the argument is lost through persistent referencing to such nebulous terms as 'local' and 'community'. Ovretveit should have made his identification of scale more specific and perhaps discussed some of the problems associated with defining scales of health care as addressed by Moon (1990).

For the health geographer, the interest in Jackson and Price's book will be focused on Ray Robinson's chapter on markets in health care (Chapter 8), although Peter M. Jackson's review of quasi-markets and contracting out in the delivery of public services (Chapter 5) may be of some interest. Robinson's chapter, notably the shortest at 12 pages, presents a concise review of the issues surrounding the NHS internal market with particular reference to the acute sector. Robinson logically splits the functions of the internal market between the purchasers (demand) and the providers (supply). However, the lack of detail (due to the short chapter length) leaves the reader with a sense of being sold short. The remainder of the chapter details the objectives and performance indicators of health markets within the broad categories of *efficiency*, *patient choice*, *service quality* and *equity* in the distribution of health care. Arguably, it is the 'equity' section that is of direct relevance to geographers, although the 'efficiency' debate briefly alludes to the provision of hospital services and its effect upon access to care. In describing equity in the distribution of services, Robinson acknowledges the claims that the adoption of a market system may increase inequalities in health outcome between different income groups. However, he robustly defends the 'internal market' system, arguing that safeguards exist to ensure at least a modicum of equity.

Despite both books being 'aspatial' economics and management-