The BAMB conference was a refreshing and uplifting event, which was striking for the genuine enthusiasm of the delegates for their emerging organisation. There were the strong swirls of opinion that new formations generate before they become hidebound by convention and their own little traditions. I doubt that the members of the association will have to put on white gloves to vote in their president.

The delegates seemed to have come to the conference to get down to work, and the well attended sessions quickly generated discussions from the floor. As a non-medical manager, I had been invited to talk about the expectations that chief executives would have of medical managers. Some delegates seemed disappointed with my number one requirement – personal integrity, a quality well distributed in the audience and much undervalued by those with it. Delegates were looking for the “golden fleece” – managerial technique. They felt keenly their inexperience but were mostly people who had already succeeded in getting on in a fiercely competitive environment.

One of the case studies was a typical management trap: a bundle of half relevant facts and clues with a request for a decision. A horse race bet. Like so many management decisions, a free guess between two choices, yes or no. The answer comes through hindsight. Some delegates betrayed their scientific origins by a strong instinct to use the deductive process and a reluctance to guess. I later saw the same case study tackled by personnel managers, who were untroubled by the lack of evidence and delighted to stick in their personal opinions.

Signs of budget phobia were diminished but still visible. Medical managers make financial management into a psychologically daunting challenge and remain, on the whole, easy meat for old lags in the treasurer's department when it comes to being twisted on their budgets. However, given the number of doctors coming into the game and the willingness to learn shown at the conference, there will be few years left for finance departments to forget to mention inflation if the clinical director forgets first.

I did not catch the outcome of the internal debate about letting other professions join as members – I hope that the association remains mainly a grouping of doctors. The separate training and late entry to management brings about problems but also a clearly different perspective to the management culture of the NHS, which has a danger of becoming a bit stuffy and administrative. The Trust Federation should encourage all of its medical managers to join the association, and I commend next year's conference to them all.

ANDY BLACK
Chief Executive,
Central Middlesex Hospital
NHS Trust

The theme “quality is the key ...” attracted an impressive array of involved clinicians to the second annual conference of the British Association of Medical Managers, and the quality of the meeting was clear from the full turnout of delegates to all the sessions despite the rival enticements of Eastbourne during a heatwave.

Opening the conference, Sir Roy Griffiths reviewed the introduction of general management into the health service and emphasised his view that it was a means towards providing a quality service. The current reforms, by clarifying accountability, were a further move in this direction, and he expressed a strong belief that they needed to involve doctors in order to achieve the ideals of the health service. Professor Kakabadse then gave a masterly exposition of the characteristics and executive skills found in successful leadership teams, and the opening session concluded with a wide ranging panel discussion about the clinicians' roles in management, which illustrated the wealth of practical experience already acquired and indicated some useful evolutionary patterns for the future.

Workshop sessions dealing with medical management in general and quality in particular occupied a day and a half of the meeting, and they were particularly illuminating for those clinicians previously regarding medical audit as the main index of quality and health care. The concept of the flat, empowered organisation, seeking continuous improvement in quality at all times, at all levels, and aiming primarily for consumer satisfaction, was emphasised throughout. The necessity for top management to talk with and to train its people to aim for zero defect, “to work smarter not harder,” and to remember that everyone is a customer and a supplier emphasised themes in quality management familiar to other organisations and which the health service is slowly coming to terms with. The sessions on good communication methods, essential in introducing a quality approach, were particularly valuable; the necessity of focusing the service on patients and of using multiple methods of assessing patient satisfaction were emphasised. The pursuit of quality implies major significant and continuous change within the service, and the effects of such change and strategies for coping with it were discussed in the closing address by Professor Carnall. Clarity of vision by top management with the ability to channel the undoubted creativity of the workforce towards achieving that vision was the key for success.

The feeling as the conference closed was that change which is continuous and leads to better quality is now an inevitable part of the NHS. In future we will hear less of “what the doctor ordered” and more emphasis on “the customer is king.”

JOHN RIORDAN
Consultant Physician and
Medical Director,
Central Middlesex
NHS Hospital Trust

Association for Quality in Healthcare (formerly National Association for Quality Assurance in Healthcare) annual conference, Solihull, May 1992

The main messages of this two day conference, whose theme was “The Quality Transformation: Designing the Future of Healthcare,” were about organising for quality, better communication, and a more customer/client oriented system.

Introducing the conference, Nancy Dixon, chairperson of the association, encouraged a redesign of approach to meet current and future challenges, enhanced by addressing the patient/client experience, by empowerment, and by staff support programmes.

Kate James described the objective of the NHS Management Executive, which is to create a better NHS by ensuring that services are of the highest quality and responsive to the needs and wishes of patients, relatives, and friends. She explained how the executive intends to achieve this by ensuring that quality is a central issue; through the patients' charter; and by disseminating good practice, setting standards, and changing the culture to create a more patient focused service.

Jonathan Boyce described how the role of the Audit Commission has been primarily to focus on value for money but that this must be set in the context of consumerism, NHS reform, professional self audit, and quality. He listed the weaknesses in the NHS in terms of quality activities as isolation, focus on easy measures, underrepresentation of patients' views, and the lack of appropriate evaluation mechanisms. The commission, he said, could contribute to quality improvement as an independent organisation providing a comparative overview, even though it had a short term record in health care. It could help to bridge the perceived gap between theory and practice in quality.

At the hard end of health quality lies litigation. In a thought provoking account of risk management Geoffrey Roberts of the Medical Defence Union emphasised the importance of the four s's – speed, sympathy, satisfaction, and say sorry – in dealing with complaints procedures. Perhaps 80% of complaints involving medical care might be avoided, reducing the £180m a year incurred in litigation costs.

Deborah Harman, quality and training adviser, South East Staffordshire Health Authority, reviewed BS5750. This standard specifies the requirements for quality systems designed to generate products and services which meet the agreed specifications within an organisation. She gave a balanced account of the merits and demerits of the approach and reiterating that the effect of BS5750 quality systems is to ensure consistency – and reliably good or reliably bad services! Questioning whether the NHS is ready to work to BS5750, she raised the issue of confidentiality of medical records, which is difficult to resolve satisfactorily for all parties.

Another external accreditation system is the organisational audit process. As

described by David Fry of the King's Fund, currently nine of the 40 hospitals in the programme are going through a second survey. The survey standards have been revised and the accreditation element of this approach may be given a higher profile. It is planned to extend the approach into community services and general practice and health centres.

Changing the culture within organisations was covered by Nancy Saldona, in outlining how Cigna Employee Benefits adopted a total quality management

approach by integrating into its corporate culture the phrase "do it, test it, fix it."

Steve Nixon, however, illustrated how success can bring its own problems. One of the dilemmas in his surgical unit is that of lengthening waiting lists as a result of advances in laparoscopic surgery. In his view, patients should have the choice of doctor, hospital, and appointment. He felt that more data bring better interaction between professionals and patients and should enable a balance to be achieved between the needs of patients, surgeons,

managers and training, research, and teaching.

The lessons of the commercial and industrial sectors are being repeated in health care. Gaining the most from quality improvement requires a strategy encompassing many organisations. There is still a long way to go, but the various elements of the health care sector can learn from each other, from international perspectives on health, and from the non-health care sectors.

NORMA DOHERTY

Vice Chair, Association for Quality in Healthcare

DIARY

19-21 October

Leeds: Nuffield Institute for Health Services Studies. Coming to grips with quality assurance. A workshop to help managers to develop strategies for implementing quality assurance. (£425, excluding accommodation.) Further details from Sally Sugden, Nuffield Institute for Health Services Studies, 71-75 Clarendon Road, Leeds LS2 9PL (tel 0532 459034; fax 0532 460899).

1 November

Deadline for abstracts. The Hague, Netherlands: WONCA (World

Organisation of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians)/SIMG (International Society of General Practitioners) congress 13-17 June 1993. Quality of care in family medicine/general practice. Guidelines for abstracts, abstract forms, provisional programme from WONCA/SIMG Congress 1993, NHG, PO Box 3231, 3502 GE Utrecht, The Netherlands.

3 November

Leeds: Nuffield Institute for Health Services Studies. Techniques for identifying training and development needs. A workshop that introduces two different techniques for analysing individual development needs and strengths. (£105.) Further details from Sally Sugden (see above).

17 December

London: St Bartholomew's Hospital Medical College, London. National conference on public priorities for health care. (£78). Topics include: methods of consulting the public; results from surveys and focus group approaches in three DHAs in England, how to incorporate the results into planning and contracting for hospital, community and primary care services. Details from Dr Ann Bowling, Health Needs Assessment Unit, St Bartholomew's Hospital Medical College, Charterhouse Square, London, EC1M 6BQ (or telephone Lisa Burnett: 071 601 7747).

QUALITY QUOTES

"One of the greatest pains to human nature is the pain of a new idea." - WALTER BAGEHOT (1826-1877)

"And how his audit stands who knows save heaven?" - SHAKESPEARE, *Hamlet*, verse 80

"We must show subscribers how their money was being spent and what amount of good was being done with it." - FLORENCE NIGHTINGALE, 1859

"Quality costs money; money does not necessarily buy quality; some improvements in quality are not worth the added cost." - DONABEDIAN, 1986

"Quality is like sex appeal; most people know what it is; some people think they manage it rather well; but they all have different notions about what it consists of and those notions vary from age to age and place to place." - DEPARTMENT OF TRADE AND INDUSTRY, Introduction, *The Quality Approach*, 1992

Amusing or erudite items relating to quality - including examples of "qualityspeak", cartoons, etc - are welcomed for publication and should be addressed to the editor