

QUALITY IN HEALTH CARE

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it considers should be adopted in the primary care of the 10 million people with arthritis in the United Kingdom. It has done so along the lines of primary health care charter recommended by the government and it lists twelve services that should be provided. Many of these have been adopted from the charter but, although many are undoubtedly and indisputably the required minimum standards, this document, like the charter,

suffers from an air of unrealism because of the extra funding which will be required to introduce the recommendations. At present there is little sign of support for such provision in a primary care setting. For example, direct access to occupational therapy is not generally available and would be unworkable without a large investment in this profession. Prescription of medication is a feature of three of the services and is clearly an area for

improvement, although it should be remembered that repeat prescription is one method for patient review. Also recommended is the provision of an up to date list of support and self help groups – this is easy, cheap, and very valuable service which should be mandatory and well displayed in every surgery.

ADAM YOUNG
Consultant Rheumatologist

DIARY

29 June–2 July

Warsaw, Poland: European Healthcare Management Association annual conference. Managing healthcare markets, subthemes: the uses and abuses of markets in health care; accountability and markets, management challenges and markets. Contact Rena Dooley, Manager, Membership Service, European Healthcare Management Association, Vergemount Hall, Clonkeagh, Dublin 6, Ireland (tel+353.1.283 9299; fax+353.1.283 8653).

30 June

Regent's College, London: Organising for success – a framework for quality in primary health care. A conference examining organisational audit in general practices and health centres within the wider context of quality in primary health care. It will draw on the experience of the pilot sites which have participated in the King's Fund Organisational Audit Programme, as well as that of respected national figures. (For members of primary healthcare teams, managers of community healthcare services, commissioners, family health service authorities, and community health councils.) (£75.) Contact Jane Moulder, King's Fund Organisational Audit, 14 Palace Court, London W2 4HT (tel 071 221 7141; fax 071 221 1266).

25–30 July

Manchester: Institute of Services Management. 1993 Quality master class. A six day programme for health service professionals responsible for improving quality and customer service. (£1500, including accommodation and all meals.) Further details from Tony Mosely, Institute of Services Management, Manchester Business School, Booth Street West, Manchester M15 6PB (tel 061 275 6333).

2 September

Newcastle upon Tyne: Newcastle Quality Centre, University of Newcastle. Special health services day – Quality and its Applications in Health Care, keynote speaker Professor Richard Grol; part of First Newcastle International Conference on Quality and its Applications (1–3 September). (£150 (£125 before 1 August), including coffee, lunch, and photocopy of health service papers.) Further information from Mrs Val Adams, Newcastle Quality Conference, Centre for Continuing Education, The University of Newcastle upon Tyne, Newcastle upon Tyne NE1 7RU, United Kingdom (tel 044 91 226546; fax 044 91 2227090).

5–7 October

Leeds: Nuffield Institute for Health Services Studies. Coming to grips with quality assurance. A workshop for those with professional and managerial responsibility for, or interest in, quality

assurance, whether as purchasers or providers. (£440, 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).

14 October

Birmingham: International Convention Centre. National MAAG delegate day. A national meeting looking at the future of audit in primary care. Topics include clinical audit, MAAG-management relationships, the purchaser-provider role, audit in fundholding, and staff development. (Nominal registration fee.) Further details and programme from Birmingham MAAG, Department of General Practice, University of Birmingham, Edgbaston, Birmingham B15 2TT (tel/fax 021 446 4368).

11 November

London: King's Fund Centre, British Medical Association, College of Health, *BMJ*, *Quality in Health Care* joint conference. Quality 93, a sequel to raising quality in the NHS. (£95 including refreshments and lunch.) Further information from Prue Walters, Conference Unit, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP (tel 071 383 6037; fax 071 383 6400).

QUALITY QUOTES

It is the quality of our work which will please God and not the quantity – MAHATMA GANDHI

Consider the postage stamp: its usefulness consists in the ability to stick to one thing till it gets there – JOSH BILLINGS

I was to learn later in life that we tend to meet any new situation by reorganising; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralisation – PETRONIUS ARBITER

It's not what you pay a man, but what he costs you that counts – WILL ROGERS



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

Instructions for authors

Papers should be sent in triplicate to the editor, *Quality in Health Care*, North West Thames Regional Health Authority, 40 Eastbourne Terrace, Paddington, London W2 3QR (tel 071 725 5477). They should be prepared according to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Vancouver agreement) (*BMJ* 1991;302:338-41).

General

- All material submitted for publication is assumed to be submitted exclusively to the journal unless the contrary is stated.
- All authors must give signed consent to publication. (Guidelines on authorship are given in *BMJ* 1991;302:338-41.)
- The editor retains the customary right to style and if necessary to shorten material accepted for publication.
- Type all manuscripts (including letters) in double spacing with 5 cm margins at the top and left hand margin.
- Number the pages.
- Give the name and address and telephone and fax numbers of the author to whom correspondence and proofs should be sent.
- Do not use abbreviations.
- Express all scientific measurements (except blood pressure (mm Hg)) in SI units.
- Permission to reproduce previously published material must be obtained in writing from the copyright holder (usually the publisher) and the author and acknowledged in the manuscript.
- Keep a copy of the manuscript for reference.
- An acknowledgement of receipt of the manuscript will be sent, with a manuscript reference number and the approximate time to receipt of a proof.

Specific points

ARTICLES

Articles report research and studies relevant to quality of health care. They may cover any aspect, from clinical or therapeutic intervention, to promotion, to prevention. They should usually present evidence indicating that problems of quality of practice may exist, or suggest indications for changes in practice, or contribute towards defining standards or developing measures of outcome. Alternatively, they should contribute to developing approaches to measuring quality of care in routine practice. The journal is interprofessional and welcomes articles from anyone whose work is relevant, including health professionals, managers, practitioners, researchers, policy makers, or information technologists. Papers are usually up to 2000 words long with up to six tables or illustrations. Shorter practice reports, which may not be original in concept but must contain information sufficiently novel to be of importance to other units, are also invited. Articles of a discursive or debating nature, which do not conform to the criteria for original papers given above, will be considered.

- Give the authors' names, initials, and appointment at the time of the study.
- Articles should generally conform to the conventional format of structured abstract (maximum 250 words; see *BMJ* 1988;297:156), introduction, patients/materials and methods, results, discussion, and references.
- Whenever possible give numbers of patients/subjects studied (not percentages alone).
- Any article may be submitted to outside peer review and assessment by the editorial board as well as statistical assessment; this may take up to eight weeks.
- Manuscripts rejected for publication will not be returned.

LETTERS

- Should normally be a maximum of 400 words and 10 references.
- Must be signed by all authors.
- Preference is given to those taking up points in articles published in the journal.
- Authors do not receive proofs.

Tables

- Should be on separate sheets from the text.
- Should not duplicate information given in the text of the article.
- Should have a title.
- Should give numbers of patients/subjects studied (not percentages alone) whenever possible and relevant.

Figures

- Should be used only when data cannot be expressed clearly in any other form.
- Should not duplicate information given in the text of the article.
- Should be accompanied by the numerical data in the case of graphs, scattergrams, and histograms (which may be converted into tables).
- Should include numbers of patients/subjects (not percentages alone) whenever possible and relevant.
- Legends should be given on a separate sheet.

LINE DRAWINGS

- Should be in Indian ink on heavy white paper or card or presented as photographic prints. One original and two photocopies of each must be submitted.

HALF TONES

- Should usually be submitted as prints, not negatives, transparencies, or x ray films.
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- The top should be marked on the reverse in pencil.
- Labelling should be on copies, not the prints.
- The identity of patients in photographs should be concealed or their written consent to publication obtained.

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- Should be numbered sequentially in the text.
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- Should give the names and initials of all the authors (unless there are more than six, when the first six should be given followed by *et al*); the title of the article or chapter, and the title of the journal (abbreviated according to the style of *Index Medicus*), year of publication, volume number, and first and last page numbers or the names of any editors of the book, title of the book, place of publication, publisher, and year of publication, and first and last pages of the article.
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