

QUALITY IN HEALTH CARE

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its own in exploring the relation between methodological or clinical heterogeneity and treatment effect and in recognising sources of bias.

For those wishing to embark on a systematic review for the first time the bibliography should prove a useful starting point.

JANE WADSWORTH
Senior Lecturer in Medical Statistics

Measuring Disease Specific Quality of Life. A Bowling (pp 374; £16.99). Buckingham: Open University Press, 1995. ISBN 0335-19226-2.

Healthcare technologies that rapidly diffuse around healthcare systems without formal evaluation are the object of universal concern. Patient based outcome measures are an unusual example of just such a technology. The term refers to a family of questionnaires and interview schedules that elicit information about patients' perceptions of symptoms, ability to function, and the impact of illness on quality of life. Largely developed in North America, the approach has spread remarkably rapidly around Europe. The principle of patient based outcomes feels exactly right. We are offered the allure of instruments designed to evaluate health services by the only criteria that ultimately matter, those of the patient. Yet, as with many rapidly diffusing technologies, we have little evidence of effectiveness – that is, improved health care as a result of evidence from patient based outcomes. It is not even clear that paper and pencil based self completed questionnaires are cheap once the skills required to process and interpret results are included. Yet the intellectual pace and achievements of this fast growing methodology are striking. Ann Bowling's book is impressive evidence of the staggering range of questionnaires and interviews to assess the patient's experiences of illness now available in almost every field of health care.

In an earlier volume Ann Bowling reviewed the diverse range of instruments commonly termed generic instruments, intended to be applicable to a wide range of health problems. In this current volume she turns her attention to so called disease specific instruments, intended to provide evidence of patients' experiences of a particular disease or condition. Whole chapters are devoted to reviews of specific fields such as cancer or rheumatological or neurological conditions. Each chapter reviews the range of available instruments for a particular health problem with considerable thoroughness. The scholarship involved is substantial as the author has tracked down and summarises not just the primary publications launching and describing new measures but also the secondary evidence of other research testing and applying instruments.

This volume will therefore provide an invaluable resource for anyone undertaking work to establish outcomes of

healthcare activities. They will still need to look up the original sources, at least because this volume is unable to reproduce the full version of any of the instruments described. Indeed, Ann Bowling argues strongly that journals should do more to encourage authors of new instruments to publish them in full to ease dissemination and access.

Towards the end of the volume the author lists several considerations potential users should work through when selecting scales for a particular application. It is in this issue of appropriateness of instruments for particular purposes that more analytical work is needed. At present too many users rather mechanically select patient based outcome instruments in a way that they would not when deciding laboratory measures. Or have I got that wrong?

RAY FITZPATRICK
University Lecturer in Medical Sociology

Purchasing for Health. John Øvretveit (pp 168; £42.50 (£18.99 pb)). Buckingham: Open University Press, 1994. ISBN 033-519-3323.

There are few authoritative texts on the theory and practice of health purchasing. Most of the available written material is in the form of guidance, project reports, or strategy documents. This new text, one of a series on health services management written by a Swedish professor of health policy (formerly an academic at Brunel University, United Kingdom), is a welcome addition. It potentially meets an important need.

The book's orientation is that of policy analysis, drawing on research undertaken in one of the English health regions and on comparisons with other healthcare systems around the world. Individual chapters cover topics such as markets for public health care, the purpose of purchasing and commissioning, contracting, rationing, effectiveness, collaboration with local authorities, as well as the integration of primary and secondary care.

Good conceptualisation of complex issues is a feature throughout the book, although at times this becomes quite daunting. There are too many issues, checklists, concept diagrams, and classifications for the reader to absorb within a topic area. Similarly, there is extensive use of quotations from government reports, speeches, and comments of influential people, as well as other published work. Sometimes these work well as thought provoking insights into the issues, at other times they do not seem particularly apt, they make the text disjointed, and they stop the flow. For these reasons the book will be of most value to someone seeking to study the subject rather than to read about it more generally.

Some topics could have benefitted from a more practical treatment. Quality in purchasing is one example, in which the pros and cons of quality clauses in

contracts as a mechanism for achieving change is discussed but not how they are framed and the strengths and weaknesses of different approaches. Clinical effectiveness is dealt with somewhat superficially, with little contextual reference to the evidence based healthcare movement. At a more general level more discussion of purchasing theory and practice in other sectors, such as industry, would have been helpful.

A book on this subject will inevitably date quite quickly, but for the moment it should join the more important texts on modern health service management on reading lists and in libraries.

LIAM J DONALDSON
*Regional General Manager
and Director of Public Health,
Northern and Yorkshire Regional Health Authority*

DIARY

23–24 May

Birmingham: Evidence into action. A two day conference on the challenges of putting evidence based health care into practice. Further information from: Lee Crutchley, Health Services Management Centre, The University of Birmingham, Park House, 40 Edgbaston Park Road, Birmingham B15 2RT (tel: 0121-414 7058. fax: 0121-414 7051).

26–30 May

Jerusalem: 13th International Conference of the International Society for Quality in Health Care. The Conference will have special sessions on the quality assurance of trauma care in emergency and disaster situations, with representatives of armed forces medical services and other trauma experts taking active part. Further information from: The Secretariat, ISAS International Seminars POB 574, Jerusalem 91004, Israel (tel 972-2-6520574; fax 972-2-6520558).

26–28 June

Cascais, Portugal: The 1996 EHMA Annual Conference. Healthcare Futures: The Managerial Agenda. The conference will consider three aspects of "Healthcare futures." As the focus of the conferences – and of the Association – in healthcare management, it is expected that all papers will focus on the managerial consequences of each of the following themes: Health futures; Social factors; Managerial futures. Further information from: Ms Rena Dooley, Manager, Membership Services, European Healthcare Management Association, Vergemount Hall, Clonskesgh, Dublin 6, Ireland.

Instructions for authors

Papers should be sent in triplicate to the editor, *Quality in Health Care*, BMA House, Tavistock Square, London WC1H 9JR (tel 071 383 6204). 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.
- Authors should submit questionnaires not established and well known.
- If requested, authors shall produce the data on which the manuscript is based for examination by the editor.
- 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.
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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.
- Give up to three keywords/phrases.
- Whenever possible give numbers of patients/subjects studied (not percentages alone).
- Articles may be submitted to outside peer review and assessment by the editorial board as well as statistical review; this may take up to ten weeks.
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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).
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LINE DRAWINGS

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References

- Should be numbered sequentially in the text.
- Should be typed in double spacing.
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