LETTER

Critical incident techniue for auditing in primary care

The report by Redpath et al of facilitated critical incident discussions in primary care in County Durham, after deaths by suicide, represents a valuable contribution to a difficult area. However, the authors do not refer to a similar method, significant event auditing. We have used this way of auditing in part of our critical incident research. A research study evaluated the effect of implementing team based case discussions in practices in Manchester and Lincolnshire. The participating primary care teams included discussions of suicide and self harm among various other clinical and organisational events. These authors found that groups familiar with traditional audit were better able to start conducting such discussions. Significant facilitation, for instance by audit support staff, seemed to be helpful, especially in dealing with sensitive areas. They commend the method as being suitable for reflection and peer support after emotionally disturbing events, as well as offering insights into the quality of care delivered by the practice team. The Royal College of General Practitioners, encouraged by Pringle, require significant event discussions in the portfolio of audits expected for Fellowship by Assessment of the College.

We have endeavoured to promote significant event auditing in Warwickshire, starting with a questionnaire survey of all 79 county practices in November 1996. Out of 203 total respondents from 49 practices, including general practitioners, nurses, and practice managers, 94 (46%) wished to know more about the methods. Only three practices seemed already to be performing appreciateable event auditing. We have since organised a study day, attended by 23 varying team members from 15 practices, and we are now offering practices initial facilitation of meetings.

JOHN WILMOT
Vice chairman
KAREN MILLS
Coordinator, Warwickshire Multidisciplinary Audit Advisory Group
Correspondence to: Dr John F Wilmot, Clarendon Lodge, 16 Clarendon Street, Leamington Spa CV32 6SS.


DIARY

30-31 October 1997
London, UK. Promoting Patient Choice Together. This international conference aims to encourage public debate and stimulate developments in the area of shared clinical decision making and patent choice. For further details: Pat Tawn, King’s Fund, 11-13 Cavendish Square, London. W1M OAN. Tel: 0171 307 2672.

26-27 November 1997
London, UK. Clinical Audit ‘97. At the heart of effective clinical practice, is to be held at the Business Design Centre, London on behalf of the National Centre for Clinical Audit.

Aims of the conference:
- Provide a forum for the exchange of sound, practical ideas on how to use clinical audit to support effective clinical practice and to facilitate change.
- Clarify the role of clinical audit in relation to other initiatives.
- Support greater multi-disciplinary working across the different clinical and managerial disciplines to achieve change.
- Share knowledge on the successful implementation of clinical audit.

For further details: telephone the NCCA on 0171 383 6451 or fax 0171 383 6373.

16-18 April 1998
Vienna, Austria. Call for papers for the 3rd European Forum on Quality Improvement in Health Care. The event will consist of one day teaching courses, invited presentations, plenary sessions, posters, and presentations selected from submissions. For further information please contact the BMA/BMJ Conference Unit, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP. Tel 0171 383 6605. Fax 0171 383 6869. Email 106005, 2356@compuserve.com

BOOK REVIEW


This book contains six essays on aspects of healthcare policy of particular relevance to our rapidly changing health service. They were commissioned from national organisations concerned about the issues under review and were informed by think tank discussions.

There is one chapter that encapsulates all of the topics analysed in this book. This examines the media coverage of the recent case of a girl with leukaemia whose second bone marrow transplant was refused by her doctors on the grounds that it was very unlikely to succeed and would not be in her best interests. Here are all the complex issues relating to difficult decisions that have to be made by doctors and health service managers and their impact on patients and families. If a medical opinion is unacceptable families may decide to go outside the consultation process. In this second opinion differed from the original one, but the Health Authority refused to pay for the recommended treatment. When this decision was challenged in the court, the Health Authority was asked to reconsider their decision. The Appeal Court judges later overturned the high court ruling and said that the Health Authority had actuated rationally and fairly in making their decision. An anonymous benefactor provided the money for the treatment her father wanted but it was not successful enough to merit a second bone marrow transplant. Instead he treated the child with an unevauluated treatment of donor lymphocyte infusion.

In examining the different ways in which the media covered the case we recognise the following themes: the basis of decisions about treatment (clinical and financial considerations); the allocation of public funds; the expectation that something can and should be done to save every ill child; health technology assessment and considerations of the effectiveness of health care; the concept of informed patient choice; the use of the legal system; the role of medical advice; priorities and rationing, and the portrayal of doctors and health service managers in the press.

This brilliant case analysis serves to inform future health policy debates. The other chapters also throw light on complex issues of public health advocacy, the limits of professional freedom, the impact of information technology, the limits of evidence based medicine, and the so called democratic deficiency in the National Health Service at local level. However this one case analysis as seen through the press really does seem fresh and makes this book relevant to all concerned with the limits of a finite health service in the real world.

BEN ESSEX
General practitioner, St Albans

group.bmj.com on August 14, 2017 - Published by http://qualitysafety.bmj.com/Downloaded from http://qualitysafety.bmj.com/ on August 14, 2017 - Published by group.bmj.com
Critical incident technique for auditing in primary care

John Wilmot and Karen Mills

Qual Health Care 1997 6: 176
doi: 10.1136/qshc.6.3.176

Updated information and services can be found at:
http://qualitysafety.bmj.com/content/6/3/176.1.citation

These include:
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/