Healthcare professionals are being asked to use audit methods in everyday practice. The difficulties of knowing where to start are discussed in the manual; setting and measuring standards are presented as an important way of improving client care and, although examples of the college's core standards are given, these are common to other professions. Measuring the process of health care requires reliable and accurate data collection and analysis. The manual highlights the need to view this positively to facilitate an increased awareness of clinical activities by those within speech therapy and those outside the profession. The problems of measuring outcomes are introduced from both the therapist's and consumer's viewpoint.

Readers are introduced to practical audit methods, and guidelines are given for developing therapist outcome measures, consumer feedback techniques, peer review, and quality circles: advantages and disadvantages are identified and discussions are both clinically and service orientated. Samples of a range of questionnaires are included in the appendices.

This audit manual provides a useful introduction to those unfamiliar with audit and its practical applications. The extensive reference list will help those who wish to move beyond the introductory level, and although the manual was written specifically for speech and language therapists, other professionals would find it a useful reference.

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Forth Valley Health Board

If you wish to order the titles reviewed or require further information, please contact BMJ Bookshop, PO Box 295, London WC1H 9JR (tel 071 383 6244; fax 071 383 6662). Books are supplied free of postage in the UK and to BFPO addresses; overseas customers should add 15% for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank account or by credit card (Mastercard, Visa, or American Express) stating card number, expiry date, and full name. (The price and availability of titles are occasionally subject to revision by the publishers.)

MEETINGS REPORTS

Clinical audit 1994. Improving care through clinical audit, Birmingham, February 1994

The aim of the third national conference on clinical audit funded by the Department of Health and held on 17 February was to present examples of improvements and changes in practice achieved through collaboration between all healthcare professionals in clinical audit.

The conference slogan, "keeping the momentum going", and worn on red sweatshirts by all the organisers, did not seem to be a problem on the day; the delegates moved in determined and enthusiastic fashion between plenary sessions held at the start and end of the day, six separate presentations given in each of five parallel sessions, and three additional exhibition areas where posters were displayed. Attendance, limited to 600 delegates, reportedly could have been at least doubled.

The meeting marked the launch of "Evolution of Clinical Audit", a new booklet from the Department of Health looking at the practical measures needed to support the further development of multiprofessional clinical audit. Developed by a working party of the Regional Clinical Audit Co-ordinators' subgroup, this new title firmly places the development of clinical audit within the multiprofessional healthcare team, focusing on the patient and taking place within a culture of constant evaluation of clinical effectiveness focused on patient outcomes. It was encouraging how many of the thirty presentations were already addressing these issues: papers covered issues of equitable multidisciplinary input to audit, contracting, effective practice, patient focused audit, and the links between audit and contracting and with research and development.

The plenary sessions re-emphasised the emerging agenda of the clinical audit programme. Mr Brian McGinnis, special advisor to Mencap and one of two lay members of the Clinical Outcomes Group, reminded the conference that the focus of care was the patient, and of the rights and needs of patients to be involved in decisions concerning their care. Some of the difficulties of addressing this in a meaningful partnership were demonstrated in subsequent papers describing audits involving the views of clients and carers in the learning disabilities services and the residents of a nursing home.

In her speech Secretary of State Virginia Bottomley emphasised the links between audit and clinical effectiveness; the use of clinical audit to assess the effectiveness of what is done in order to inform future decisions and to monitor outcomes to ensure that what is considered good practice is having the expected results. Change in clinical practice as a result may be difficult for patients to accept; as Mrs Bottomley pointed out it may take longer for a surgeon to talk someone out of an inappropriate operation than to do it.

Ian Carruthers, chief executive of Dorset Health Commission, drew attention to the need to educate the public as well as clinicians as to what is effective and stated that purchasers, through open debate with providers, must facilitate the ability of the professionals to deliver effective care. Judging by the lack of room at the parallel session on contracting and audit, delegates were well aware of the importance of involvement of purchasers.

A short question and answer session completed the day. The overwhelming impression was that the clinical audit

initiative is providing some important changes in practice and that purchasers and providers alike are aware of the need for these to be based on appropriate and effective clinical care.

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Authority

Department of Health. *Evolution of clinical audit*. London: DOH, 1994. (Available from the Health Publications Unit, DSS Distribution Unit, Heywood stores, Manchester Road, Heywood, Lancs OL10 2PZ.)

COMMENT

Evaluating Audit: A Review of Initiatives. Walshe K, Coles J (pp 66; £7.50). London: CASPE Research, 1993.

Evaluating Audit: Developing a Framework. Walshe K, Coles J (pp 66; £7.50). London: CASPE Research, 1993.

The two reports are intended to be read as a pair, although the review of current evaluation initiatives is an easier, more enjoyable, armchair read than its companion; readers will most definitely have to get their brain into gear if they are to follow the authors' arguments and analytical processes in the more generic report *Developing a Framework*.

The reports are derived from the first stage of CASPE's work, commissioned by the Department of Health, to evaluate the medical audit programme in hospital and community health services in England, which has the potential to be the most authoritative study yet. In the first report an amazing number of other evaluation projects – over 20 – have been identified, each carefully dissected to provide a fascinating and informed insight to the current state of medical audit. The results compare structures, processes, and outcomes of audit projects and programmes from a variety of perspectives, and identify the areas remaining to be evaluated.

The second report, *Developing a Framework*, dissects the meaning, rationale, and methods of evaluation applicable to health care and quality improvement programmes. The chapter on improving quality and health care provides a succinct and authoritative review of the difficulties of definition faced by the evaluator. The definitions of quality quoted confirm the barriers to "measuring quality," as they require measurement of risks and benefits or knowledge of "best outcome," where certainty and consensus are seldom found.

Readers might take issue with the authors' conclusion that the structure-process-outcome paradigm proposed by Donabedian remains the one to use. Maxwell's dimensions remain attractive to those who take the "public perspective" of quality as opposed to the "service" or "professional" perspective, to which Donabedian's model is more suited. Many readers may be confused by the terminology of quality, audit, review, and evaluation Can evaluation be used to

monitor, control, confirm, or refute effectiveness? It will require careful and concentrated thought to establish whether evaluation of audit is the same as researching audit or even auditing audit. Confused? These two reports really can help.

The authors' analysis of the future direction of audit in the NHS may not be universally shared, although their list of key issues is commonly accepted. That the authors have been able to draw together

and usefully distil the evidence and methodologies used to evaluate audit bodes well for the next stages of their own evaluative study. Whatever your perspectives or involvement in audit, the further reports promised should make not only interesting reading but will undoubtedly inform future policy and action.

BILL ENNIS
Medical Audit Facilitator

DIARY

28-30 June

London: Clifton Ford Hotel. Preparing for a clinical audit: experience with the FDA. A course for regulatory, quality assurance and quality control, and medical staff involved in planning, initiating, and conducting clinical research to standards required by good clinical practice regulations in the United States. (£750 excluding VAT.) Further details from Christine Bull, Rostrum, Lewis House, 1 Mildmay Road, Romford, Essex RM7 7DA (tel 0708 735 191; fax 0708 734876).

28 June-1 July

Chantilly, nr Paris: European Healthcare Management Association Annual Conference. Ethics in healthcare management. (£650 inclusive) Further details and registration forms from Rena Dooley, Manager Membership Services, European Healthcare Management Association (EHMA), Vergemount Hall, Clonskeagh, Dublin 6, Ireland (tel +353 1 283 9299; fax +353 1 283 8653).

29 June

London: Royal Society of Medicine. Forum on quality in health care conference. Quality and continuity of care for people with mental illness and disability. (£35, including materials, lunch, and refreshments (£25, forum/section members)). Further details from Nicole Taub, RSM, 1 Wimpole Street, London W1M 8AE (tel 071 290 2986; fax 071 290 2989).

7 July

London: Royal College of Physicians of London. Health care: international comparisons. A conference in which changes in the Commonwealth, America, Europe, and the United Kingdom will be considered by a panel of international speakers directly involved in health care issues and in which the value of the changes being implemented, common ground in the various schemes, and scope for further developments will be explored. Further details from the conference office, RCP, 11 St Andrews Place, Regent's Park, London NW1 (tel 071 935 1174, ext 252/300; fax 071 487 5218.)

11-12 July

London: Holiday Inn Crown Plaza, Heathrow. International Communications for Management (ICM) conference. Labels and PILS. A conference for consumer organisations, Department of Health policymakers, NHS chief executive offices, fundholding general practitioners, medical advisers, and medical information managers on practical considerations of compliance with the new European Union directive on pharmaceutical labelling and patient information leaflets. (£934.13 including course materials, lunch, and refreshments.) Contact Debbie Lock, ICM Marketing Ltd, 14 Frederick Sawyer Road, Surrey Research Park, Guildford, Surrey GU2 5YD (tel 0483 37557/37107; fax 0483 33082).

QUALITY QUOTES

Obviously, the highest type of efficiency is that which can utilise existing material to the best advantage - JEWAHARLAL NEHRU

He who will not economise will have to agonise - CONFUCIUS

There can be no economy where there is no efficiency - BEACONSFIELD

Do not attempt to do a thing unless you are sure of yourself; but do not relinquish it simply because someone else is not sure of you - STEWART E WHITE

Quality is never an accident ... it is always the result of intelligent effort - JOHN RUSKIN

"It's all part of the 'Have a Nice Inpatient Stay' Campaign..."

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