MEETINGS REPORTS


The healthy outcomes conference was a spirited and invigorating event designed to challenge the current enthusiasm for health outcomes – as a means of measuring success in health service management, as a method for quality assurance, and as a way of involving consumers more closely in decisions about how much and what health services are available. For an initiative which is profoundly inter-professional, requiring the skills of academics – researchers and economists – public health specialists, managers of health services, and clinicians, the conference did well in attracting a representative audience and an appropriate cross section of speakers, including experience and – it has to be said – energy from the United States.

The event raised the many practical issues surrounding health service improvement in the UK. Do we have the information systems to link people’s individual symptoms and signs with their eventual health outcome? Do we have the expertise to understand the likely causal relations between health care inputs and health outcomes? Can we predict the outputs per unit of input? Do we understand enough about the influence of confounding variables such as sociodemographic status, existing disease, age, income, and social class to make inferences about cause and effect? How will developing information and existing but unused information support policy makers and quality management by providers?

Overriding these issues was the assumption that the opportunities afforded by the NHS reforms to refocus the health service on a greater appreciation of the population’s health values should be seized. The speakers raised various ways of tackling the scientific questions. On the question of outcomes, move health care Klim McPherson, professor of public health epidemiology, Health Promotion Sciences Unit, suggested a hierarchy of uncertainty which could begin to establish priorities for outcomes measures, and refocused the discussion on the question of outcome measurement.

It is quite bizarre that the United States manages to spend such a vast amount on health care with so little to show for it. It is claimed that $900 of the sale price of each car produced by General Motors is absorbed by the company’s employees. The medical profession, the insurance companies, and the providers who make profits seem to be too small a part of the equation. This is not the answer until we have some cost controls and business and labour are interested and willing to help do their part in controlling costs.

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Free copies of this book may be obtained by calling (213) 395-3587, ext. 205, Michelle Michel, Health Plan Administration Division, California PERS, PO Box 720724, Sacramento, CA 94229-0724, USA.

Advancing day surgery. North East and North West Thames Regional Health Authorities and NHS Management Executive, London, January

This seminar brought together clinicians, general managers, and chief executives to discuss the key issues of day surgery. From their professional backgrounds, each tackled the main issues from a different standpoint and offered practical advice in achieving a quality service in clinical care, management arrangements, and environment. The overriding concern of them all was that in the drive for efficiency and cost effectiveness emphasis must remain on quality.

The demand for day surgery is growing and it is important to make sure it is well managed. This means considering resources, the impact on the community as well as that on the rest of the hospital. Day surgery is not a short cut; more time is invested in informing patients and there is a higher cost and a higher time factor in communicating with GPs and community nurses. Paul Jarrett, a consultant surgeon, mentioned that day surgery cannot be seen as a cost cutting exercise if quality is to be maintained, and David Wilkinson, a consultant anaesthetist, underlined the need for swift and accurate information to be received by GPs. The question of medical care facilities was discussed by Mike Paul and Elspeth Alstead from Forest Healthcare NHS Trust.